- 1. DATE ISSUED
- 12/30/2019

1a. SUPERSEDES AWARD NOTICE dated 03/01/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA No.

93.977 - Preventive Health Services_Sexually Transmitted Diseases Control Grants

MM/DD/YYYY

3. ASSISTANCE TYPE Cooperative Agree	ement
4. GRANT NO. 6 NH25PS005142-01-02	5. TYPE OF AWARD
Formerly	Other
4a. FAIN NH25PS005142	5a. ACTION TYPE Post Award Amendment
6. PROJECT PERIOD MM/DD/YYYY	MM/DD/YYYY
From 01/01/2019	Through 12/31/2023
7. BUDGET PERIOD MM/DD/YYYY	MM/DD/YYYY
From 01/01/2019	Through 12/31/2019

8. TITLE OF PROJECT (OR PROGRAM)

Strengthening STD Prevention and Control for Health Departments (STD PCHD)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2939 Brandywine Road Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations) [AWARD AUTHORITY NOT DEFINED FOR PS10-10136.NU2G]

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 Wildwood Dr							
920 Wildwood Dr		Ms. Ch	ristine Smith				
	920 W	Idwood Drive					
Jefferson City, MO 65109-5796		Jeffers	on City, MO 65109-5796				
		Phone	573-751-6439				
GRANTEE AUTHORIZING OFFICIAL		10b. FEDER	AL PROJECT OFFICER				
Ms. Linda M. Cade		Ms. Cassandra Davis					
920 Wildwood Drive		12 Corporate Blvd NE					
MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES		Brookhaven, GA 30329-1909					
Jefferson City, MO 65109-5796		Phone	404.498.3099				
Phone: 573-751-6028							
	AMOUNTS ARE						
APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD	COMPUTATION				
Financial Assistance from the Federal Awarding Agency Only		a. Amount	of Federal Financial Assistance (from	n item 11 ^m)		1,662,974.00	
II Total project costs including grant funds and all other financial participation			b. Less Unobligated Balance From Prior Budget Periods				
a. Salaries and Wages	451,648.00	c. Less Cur	1,662,974.00				
	261 056 00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION			0.00		
b. Fringe Benefits	261,956.00 713,604.00	13. Total Federal Funds Awarded to Date for Project Period 2,074			2,074,439.00		
c. Total Personnel Costs	14. RECOMMENDED FUTURE SUPPORT						
d. Equipment	0.00	(Subject	to the availability of funds and satisfa	actory progress of th	e project):		
e. Supplies	43,340.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTA	L DIRECT COSTS	
f. Travel	24,353.00	a. 2		d. 5			
1. Havel		b. 3		e. 6			
g. Construction	0.00	C. 4		f. 7			
h. Other	366,943.00	15. PROGRAM ALTERNATIVE	INCOME SHALL BE USED IN ACCORD WITH S:	ONE OF THE FOLLOWIN	IG		
i. Contractual	362,735.00	a. b.	DEDUCTION ADDITIONAL COSTS			b	
j. TOTAL DIRECT COSTS	1,510,975.00	с. d. е.	MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS)				
k. INDIRECT COSTS	151,999.00	16. THIS AWAR	RD IS BASED ON AN APPLICATION SUBMITT	ED TO, AND AS APPROV	ED BY, THE F	EDERAL AWARDING AGENCY	
			TITLED PROJECT AND IS SUBJECT TO THE T	ERMS AND CONDITIONS	INCORPORAT	ED EITHER DIRECTLY	
I. TOTAL APPROVED BUDGET		OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation					
	1,662,974.00	b. c.	The grant program regulations. This award notice including terms and condition				
m. Federal Share	1,662,974.00	d Eederal administrative requirements, cost principles and audit requirements applicable to this grant					
n. Non-Federal Share	0.00	prevail. Accept	tance of the grant terms and conditions is a the grant payment system.				

GRANTS MANAGEMENT OFFICIAL:

Edna Green, Grants Management Officer 2939 Flowers Rd Mailstop TV2 Atlanta, GA 30341-5509

Phone: 770-488-2858

17. OBJ	J CLASS	41.51	18a. \	ENDOR CODE			18b. El	N		19.	DUNS	878092600	20	. CONG. DIST.	03
	FY-ACCOL	JNT NO.		DOCUMENT NO.	(CFDA		ADMINIS	TRATIVE CODE		АМТ АСТІС	ON FIN ASST		APPROPRIATION	V
21. a.	9-9392	ZRJQ	b.	19NH25PS005142	C.	93.977		d.	PS	e.		\$0.00	f.	75-19	9-0950
22. a.	9-9392	ZRPZ	b.	19NH25PS005142	C.	93.977		d.	PS	e.		\$0.00	f.	75-19	9-0950
23. а.			b.		C.			d.		e.			f.		

PAGE 2 of 3	DATE ISSUED
	12/30/2019

GRANT NO. 6 NH25PS005142-01-02

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED
	12/30/2019

GRANT NO. 6 NH25PS005142-01-02

Federal Financial Report Cycle							
Reporting Period Start Date Reporting Period End Date Reporting Type Reporting Period Due Date							
01/01/2019	12/31/2019	Annual	03/30/2020				
01/01/2020	12/31/2020	Annual	03/31/2021				
01/01/2021	12/31/2021	Annual	03/31/2022				
01/01/2022	12/31/2022	Annual	03/31/2023				
01/01/2023	12/31/2023	Final	03/30/2024				

AWARD ATTACHMENTS

Missouri Department of Health

6 NH25PS005142-01-02

1. Revised Terms PS005142

REVISED NOTICE OF AWARD

Funding Opportunity Announcement (FOA) Number: PS19-1901 Award Number: 6 NH25PS005142-01-02 Award Type: Cooperative Agreement Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

This amendment approves **Ms. Marcia Mahaney** as the Authorized Official, replacing Ms. Tonya R. Loucks as requested by your organization in the letter dated **December 12**, **2019**.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Portia R. Brewer, MBA

Grant Management Specialist Office of Grants Services (OGS) Office of Financial Resources (OFR) Office of the Chief Operating Officer (OCOO) Centers for Disease Control and Prevention (CDC) pbrewer@cdc.gov | 770-488-3185 office

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE