- 1. DATE ISSUED 02/13/2020
- 1a. SUPERSEDES AWARD NOTICE dated 09/12/2019 except that any additions or restrictions previously

imposed remain in effect unless specifically rescinded

2. CFDA No.

93.184 - Disabilities Prevention

MM/DD/YYYY

3. ASSISTANCE TYPE Cooperative Agreement				
4. GRANT NO. 6 NU27DD000013-04-03 Formerly	5. TYPE OF AWARD Other 5a. ACTION TYPE Post Award Amendment			
4a. FAIN NU27DD000013				
6. PROJECT PERIOD MM/DD/YYYY From 07/01/2016	<i>MM/DD/YYYY</i> Through 06/30/2021			
7. BUDGET PERIOD MM/DD/YYYY From 07/01/2019	MM/DD/YYYY Through 06/30/2020			

### 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) Sections 317C [42 U.S.C. 247b-4] of the Public Health Service Act.

8. TITLE OF PROJECT (OR PROGRAM)

Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs

9a. GRANTEE NAME AND ADDRESS		9b. GRANTE	E PROJECT DIRECTOR									
HEALTH AND SENIOR SERVICES, M	ISSOURI DEPARTMENT OF			ve Cramer								
920 Wildwood Dr -DUP6 Jefferson City, MO 65109-5796		930 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 5735222806										
						10a. GRANTEE AUTHORIZING OFFICIAL			10b. FEDER	AL PROJECT OFFICER	_	
						Ms. Marcia Mahaney			Mr. Just	tin Lushbaugh 404.498.3036		
920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796		4770 Buford Hwy Atlanta, GA 30341-3717										
						Phone: 573-751-6014			Phone:	404.498.3036		
		MOUNTS ARE S										
11. APPROVED BUDGET (Excludes Direct			12. AWARD C	COMPUTATION	the state							
I Financial Assistance from the Federal A			1	of Federal Financial Assistance (fr		165,000 00						
II Total project costs including grant funds	and all other financial participation			bligated Balance From Prior Budg		0 00						
a. Salaries and Wages		21,930.00	c. Less Cumulative Prior Award(s) This Budget Period d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION		165,000 00							
b. Fringe Benefits		13,158.00				0 00						
			and the second second	eral Funds Awarded to Date for	Project Period	615,000.00						
c. Total Personnel Costs		35,088.00		IENDED FUTURE SUPPORT		Contra D						
d. Equipment		0.00	(Subject t	o the availability of funds and satis	sfactory progress of t	he project):						
e. Supplies		165.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL D RECT COSTS						
f. Travel		2,476.00	a. 5		d. 8							
I. Hayet		0.00	b. 6		e. 9							

g.	Construction	0 00	C. 7 f. 10		
h.	Other	7,934 00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:		
į.	Contractual	111,828.00	a. DEDUCTION b. ADDITIONAL COSTS b		
j.	TOTAL D RECT COSTS	157,491.00	c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See <i>REMARKS</i> )		
k.	INDIRECT COSTS	7,509.00	ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:		
J.	TOTAL APPROVED BUDGET	165,000.00			
m.	Federal Share	165.000.00	<ul> <li>c. Instawaro notce mousing terms and containons, if any, noted below under reparters.</li> <li>d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.</li> <li>In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall</li> </ul>		

**GRANTS MANAGEMENT OFFICIAL** Patricia French, Grants Management Officer 2960 Brandywine Road Mailstop E09 Atlanta, GA 30341 Phone: 770-488-2849 17. OBJ CLASS 41.51 18a. VENDOR CODE 18b. EIN **19. DUNS** 878092600 20. CONG. DIST. 03 FY-ACCOUNT NO. DOCUMENT NO. CFDA ADMINISTRATIVE CODE AMT ACTION FIN ASST APPROPRIATION 21.a. 9-93905XJ 16NU27DD000013 93.184 DD \$0.00 b. C d. e. f 75-19-0958 22. a. b. C. d. e. f. 23. a. b. d. e. C. f.

## NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED
	02/13/2020

GRANT NO. 6 NU27DD000013-04-03

Federal Financial Report Cycle						
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date			
07/01/2016	06/30/2017	Annual	09/28/2017			
07/01/2017	06/30/2018	Annual	09/28/2018			
07/01/2018	06/30/2019	Annual	09/28/2019			
07/01/2019	06/30/2020	Annual	09/28/2020			

# AWARD ATTACHMENTS

### Missouri Department of Health

6 NU27DD000013-04-03

1. Terms and Conditions

#### ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Key Personnel:** The purpose of this amendment is to approve the Authorizing Official Representative change to Ms. Marcia Mahaney. This is in response to the request submitted by your organization dated December 16, 2019.

LaShanda Washington, MPH Grants Management Specialist (GMS) Office of Grants Services (OGS) Office of Financial Resources (OFR) Office of the Chief Operating Officer (OCOO) Centers for Disease Control and Prevention (CDC) LNWashington@cdc.gov I 770-488-2766