| 1. DATE ISSUED MM/DD/YYYY | 1a. SUPERSEDES AWARD NO | | | |
|---|--|--------------------------------|-------------------------------|--|
| 09/12/2019 | except that any additions or resi imposed remain in effect unless | | DEPARTMENT OF HEA | |
| 2. CFDA No. 93.184 - Disabilities Prevention | | | Centers for Disease | |
| 93.184 - Disabilities Prevention | | | CDC Office of | |
| 3. ASSISTANCE TYPE COOD | erative Agreement | | | |
| 4. GRANT NO. 6 NU27DD00001 | 3-04-02 5. TYPE OF AWA | ARD | Atlanta | |
| Formerly | Other | | | |
| 4a. FAIN NU27DD000013 | 5a. ACTION TYPE | Post Award Amendment | NOTICE | |
| 6. PROJECT PERIOD MM/DD | /YYYY | MM/DD/YYYY | AUTHORIZATION | |
| From 07/01/2 | 016 Through | 06/30/2021 | Sections 317C [42 U.S.C. 247] | |
| 7. BUDGET PERIOD MM/DI | D/YYYY | MM/DD/YYYY | | |
| From 07/01/2 | 019 Through | 06/30/2020 | | |
| | ith Mobility Limitations and Intellect | ual Disabilities through State | -based Public Health Programs | |
| 9a. GRANTEE NAME AND ADDRESS | 9b. GRANTEE PROJECT DIRECTOR | | | |
| HEALTH AND SENIOR SERVICE 920 Wildwood Dr | Mr. Steve Cramer | | | |
| -DUP6 | 930 Wildwood Dr Jefferson City, MO 65109-5796 | | | |
| Jefferson City, MO 65109-5796 | | | Phone: 5735222806 | |
| 10a. GRANTEE AUTHORIZING OFFIC | CIAL | | 10b. FEDERAL PROJECT OFFICER | |
| Ms. Tonya Loucks | | | Mary Helen Witten | |
| 920 WILDWOOD DR | Centers for Disease Control and Preventio | | | |

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.

| | ANTEE AUTHORIZING OFFICIAL | | 10b. FEDER | AL PROJECT OFFICER | | | |
|--|---|-------------------|---|--|----------------------------|--------------------------|-----------------------|
| | s. Tonya Loucks | | . , | elen Witten | | | |
| 92 | 0 WILDWOOD DR | | Centers | for Disease Control and Prevention | | | |
| JE | FFERSON CITY, MO 65109-5796 | | CCHP/N | ICBDDD/DHDD | | | |
| Ph | one: 000-000-0000 | | Atlanta, | GA 30333 | | | |
| | | | Phone: | 404-498-3023 | | | |
| | | ALL AMOUNTS ARE S | HOWN IN U | SD | | | |
| | ROVED BUDGET (Excludes Direct Assistance) | | 12. AWARD C | OMPUTATION | | | |
| I Fin | ancial Assistance from the Federal Awarding Agency Only | | a. Amount of Federal Financial Assistance (from item 11m) 165,000.00 | | | | |
| II Total project costs including grant funds and all other financial participation | | | b. Less Unobligated Balance From Prior Budget Periods | | | | |
| a. | Salaries and Wages | 21.930.00 | c. Less Cumulative Prior Award(s) This Budget Period 165,000 | | | | |
| a. | Galaries and Wages | , | d. AMOUNT | OF FINANCIAL ASSISTANCE THIS | ACTION | | 0.00 |
| b. | Fringe Benefits | 13,158.00 | 13. Total Fed | eral Funds Awarded to Date for Pr | oject Period | | 615,000.00 |
| c. | Total Personnel Costs | 35,088.00 | | | | | |
| d. | Equipment | 0.00 | (Subject to the availability of funds and satisfactory progress of the project): | | | | |
| e. | Supplies | 165.00 | YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL | DIRECT COSTS |
| - | | 2,476.00 | a. 5 | | d. 8 | | |
| f. | Travel | | b. 6 | | e. 9 | | |
| g. | Construction | 0.00 | C. 7 | | f. 10 | | |
| h. | Other | 7,934.00 | 00 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: | | | | |
| i. | Contractual | 111,828.00 | a. b. | DEDUCTION ADDITIONAL COSTS | | | b |
| j. | TOTAL DIRECT COSTS | 157,491.00 | c. MATCHING | | | | |
| k. | INDIRECT COSTS | 7,509.00 | 16. THIS AWAR | D IS BASED ON AN APPLICATION SUBMITTED | D TO, AND AS APPROVI | ED BY, THE FE | DERAL AWARDING AGENCY |
| | | | | TITLED PROJECT AND IS SUBJECT TO THE TE | RMS AND CONDITIONS | INCORPORATE | D EITHER DIRECTLY |
| I. | TOTAL APPROVED BUDGET | 165.000.00 | a. | The grant program legislation | | | |
| | | , | b. c. | The grant program regulations. This award notice including terms and conditions | , if any, noted below unde | r REMARKS. | |
| m. | Federal Share | 165,000.00 | | Federal administrative requirements, cost princip | | | |
| n. | Non-Federal Share | 0.00 | in the event there are conflicting or otherwise moonsistent poincies applicable to the grant, the above order or precedence | | | s are drawn or otherwise | |
| RE | MARKS (Other Terms and Conditions Attached - | Yes | No) | | | | |

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. E | IN | 19. DUNS | 878092600 | 20. CON | G. DIST. 03 |
|---------|--------------------|-------------------|----------|--------|---------------------|----------|--------------|---------|--------------------|
| | FY-ACCOUNT NO. | DOCUMENT NO. | CFDA | | ADMINISTRATIVE CODE | AMT ACT | ION FIN ASST | APP | ROPRIATION |
| 21. a. | 9-93905XJ | b. 16NU27DD000013 | c. 93.18 | 34 | d. DD | e. | \$0.00 | f. | 75-19-0958 |
| 22. a. | | b. | C. | | d. | e. | | f. | |
| 23. a. | | b. | C. | | d. | e. | | f. | |

NOTICE OF AWARD (Continuation Sheet)

| PAGE 2 of 2 | | DATE ISSUED 09/12/2019 |
|-------------|------|---------------------------|
| GRANT NO. | 6 NU | 27DD000013-04-02 |

| 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 NU27DD000013-04-02

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget: The purpose of this amended Notice of Award is to approve the revised budget request submitted by your organization dated August 8, 2019. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated January 24, 2019 which calculates indirect costs as follows, a Fixed rate is approved at a rate of 21.40% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2019 to June 30, 2020.

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

Patricia French
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Office of Financial Resources (OFR)
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