1. DATE ISSUED A	/M/DD/YYYY	1a. SUPERSED	DES AWARD NOTI	CE dated 06/12/2020		
08/18/2020		except that any additions or restrictions previously imposed remain in effect unless specifically rescinded				
2. CFDA NO. 93.323 - Epidemiol	2. CFDA NO. 93.323 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)					
3. ASSISTANCE TYP	E Cooperative	Agreement				
4. GRANT NO. 6 NU50CK000546-01-07		07	5. TYPE OF AWARD			
Formerly			Demonstration			
4a. FAIN NU50CK0	00546	5	a. ACTION TYPE	Post Award Amendment		
6. PROJECT PERIO	D MM/DD/	YYYY		MM/DD/YYYY		
From	08/01/2	019	Through	07/31/2024		
7. BUDGET PERIOD	MM/DD/	YYYY		MM/DD/YYYY		
From	08/01/20	)19	Through	07/31/2020		

# 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) 301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

#### 8. TITLE OF PROJECT (OR PROGRAM)

CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

9a. GRANTEE NAME AND ADDRESS		9b. GRAN	EE PROJECT DIRECTOR			
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF		HOW	ARD PUE			
920 Wildwood Dr		920 W	ILDWOOD DRIVE P.O. BOX 570			
Jefferson City, MO 65109-5796		MISSO	OURI STATE DEPT. OF HEALTH &			
		JEFFE	ERSON CITY, MO 65102-0570			
		Phone	:: [NO DATA]			
10a. GRANTEE AUTHORIZING OFFICIAL		10b. FEDER	RAL PROJECT OFFICER			
Ms. Tonya R Loucks		Angel	ica O'Connor			
920 Wlildwood Drive		1600	Clifton Rd			
Jefferson City, MO 65109-5796		Atlant	a, GA 30333			
Phone: 573-751-6014		Phone	e: 404-639-7379			
Al	LL AMOUNTS ARE	SHOWN IN U	SD			
11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD	COMPUTATION			
I Financial Assistance from the Federal Awarding Agency Only		a. Amount	of Federal Financial Assistance (from	item 11m)		149,176,078.00
Il Total project costs including grant funds and all other financial participation	1	b. Less Unobligated Balance From Prior Budget Periods c. Less Cumulative Prior Award(s) This Budget Period 149,17		0.00		
a. Salaries and WageS	6,370,739.00			eriod	149,176,078.00	
5: B 6		d. AMOUN	FOF FINANCIAL ASSISTANCE THE	S ACTION		0.00
b. Fringe Benefits	3,767,804.00	13. Total Fe	deral Funds Awarded to Date for Pr	oject Period		151,474,819.00
c. Total Personnel Costs	10,138,543.00		MENDED FUTURE SUPPORT	-		
d. Equipment	1,457,284.00	(Subject to t	he availability of funds and satisfactor	ry progress of the	project):	
e. Supplies	13,679,845.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL	DIRECT COSTS
	264,171.00	a. 2		d. 5		
f. Travel	204,171.00	b. 3		e. 6		
g. Construction	0.00	c. 4		f. 7		
h. Other	1,598,800.00	15. PROGRAM ALTERNATIVE	INCOME SHALL BE USED IN ACCORD WITH S:	ONE OF THE FOLLOW	ING	
i. Contractual	119,985,717.00	PEDIATION			b	
j. TOTAL DIRECT COSTS	147,124,360.00	c. MATCHING d. OTHER RESEARCH (Add / Deduct Option)				
k, INDIRECT COSTS	2,051,718.00	e.	OTHER (See REMARKS)			
K. INDIRECT COOTS	2,001,110.00		RD IS BASED ON AN APPLICATION SUBMITTE			
, TOTAL APPROVED BUDGET	149,176,078.00	ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:		D EITHER DIRECTLY		
i. TOTAL ALTROYLE BUSSE!		a. b.	The grant program legislation The grant program regulations.			
m. Federal Share 149,176,078.00		c. This award notice including terms and conditions, if any, noted below under REMARKS.     d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.  In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence sha			his grant.	
n. Non-Federal Share 0.00			the grant payment system.	knowledged by the gr	antee when fund	s are drawn or otherwise
REMARKS (Other Terms and Conditions Attached -						
Approved revised budget.						
. pp. 5.55 . 541000 budget.						

#### GRANTS MANAGEMENT OFFICIAL:

Kathy Raible 2920 Brandywine Rd Mailstop E09 Atlanta, GA 30341-5539 Phone: 770-488-2045

17.0BJ CL	ASS 41.51	18a. VENDOR CODE		18b. EIN		19. DUNS	878092600	20. CON	NG. DIST. 03
F'	Y-ACCOUNT NO.	DOC	UMENT NO.	А	DMINISTRATIVE CODE	AMT A	CTION FIN ASST	AP	PPROPRIATION
21. a.	0-9390EPX	b. 19NU	50CK000546CV	C.	CK	d.	\$0.00	e.	75-2022-0943
22. a.		b.		C.		d.		e.	
23. a.		b.		C.		d.		e.	

# NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3		DATE ISSUED 08/18/2020
GRANT NO. 6 NU		50CK000546-01-07

### **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 08/18/2020	
GRANT NO.	6 NU50CK000546-01-07	

Federal Financial Report Cycle				
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date	
08/01/2019	07/31/2020	Annual	10/29/2020	
08/01/2020	07/31/2021	Annual	10/29/2021	

## **AWARD ATTACHMENTS**

### Missouri Department of Health

6 NU50CK000546-01-07

- 1. Revised Notice of Cooperative Agreement
- 2. Approved IPC Training and Enhancing Detection Budgets

Notice of Funding Opportunity (NOFO): CK19-1904

**Award Number:** 6 NU50CK000546-01-07 **Award Type:** Cooperative Agreement

### ADDITIONAL TERMS AND CONDITIONS

**REVISED BUDGET:** The purpose of this amended Notice of Grant Award (NGA) document is to grant retroactive approval of the revised budget submitted by your organization, dated June 19, 2020, via the Grantsolutions system. Funds have been distributed as indicated in the approved budget of this NGA document.

**PROGRAMMATIC REQUIREMENT**: Within 30 days of the receipt of this amended NGA document, recipients are required to address all concerns located in the "CDC Program Notes" section for each flagged line item in the Excel budget, as applicable.

Responses should be submitted at <a href="www.Grantsolutions.gov">www.Grantsolutions.gov</a> as a Grants Note with the subject line: "Additional Details for COVID-19 Budgets."

The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All 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.

### **CK19-1904: ELC Cooperative Agreement**

Recipient	MO
Funding	COVID-19
	Community-based
Designation	Surv

Cost Category	Award
Grand Total	

Recipient	MO
Eunding	COVID-19 ELC
Funding	Enhancing
Designation	Detection

Cost Category	Award
Salaries	\$5,227,377
Fringe	\$3,109,950
Travel	\$204,000
Equipment	\$1,177,000
Supplies	\$12,288,645
Contractual	\$110,572,615
Other	\$1,089,323
Indirect	\$1,675,804
<b>Grand Total</b>	\$135,344,714

Recipient	MO	
Funding Designation	COVID-19 IPC	
	Training	

Cost Category	Award
Salaries	\$110,000
Fringe	\$66,000
Travel	\$25,473
Equipment	\$0
Supplies	\$0
Contractual	\$850,000
Other	\$2,568
Indirect	\$35,376
<b>Grand Total</b>	\$1,089,417