1. DATE ISSUED	MM/DD/YYYY	
09/28/2020		

1a. SUPERSEDES AWARD NOTICE dated 08/18/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO.

93 323 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

3. ASSISTANCE TYPE Cooperative Agreement				
4. GRANT NO. 6 NU50CK Formerly	000546-01-08	5. TYPE OF AWA Demonstration	RD	
4a. FAIN NU50CK000546		5a. ACTION TYPE	Post Award Amendment	
6. PROJECT PERIOD	MM/DD/YYYY		MM/DD/YYYY	
From	08/01/2019	Through	07/31/2024	
7. BUDGET PERIOD	MM/DD/YYYY		MM/DD/YYYY	
From	08/01/2019	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

9a. GRANTEE NAME AND ADDRESS	9b. GRANTEE PROJECT DIRECTOR
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF	HOWARD PUE
920 Wildwood Dr	920 W LDWOOD DRIVE P.O. BOX 570
Jefferson City, MO 65109-5796	MISSOURI STATE DEPT. OF HEALTH &
	JEFFERSON CITY, MO 65102-0570
	Phone: [NO DATA]
10a. GRANTEE AUTHORIZING OFFICIAL	10b. FEDERAL PROJECT OFFICER
Ms. Marcia A Mahaney	Angelica O'Connor
920 Wildwood Drive	1600 Clifton Rd
Jefferson City, MO 65109-5796	Atlanta, GA 30333
Jefferson City, MO 65109-5796 Phone: 573-751-6014	Atlanta, GA 30333 Phone: 404-639-7379

ALL AMOUNTS ARE SHOWN	IN USD
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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				
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods			0 00			
a.	Salaries and WageS		6,370,739.00	c. Less Cun	nulative Prior Award(s) This Budget P	eriod		149,176,078 00
	-			d. AMOUNT	OF FINANCIAL ASSISTANCE THIS	S ACTION		0 00
b.	Fringe Benefits		3,767,804.00	13. Total Fee	leral Funds Awarded to Date for Pro	oject Period		151,484,720.00
С.	Total Personnel Cost	s	10,138,543.00		IENDED FUTURE SUPPORT			
d.	Equipment		1,457,284.00	(Subject to t	he availability of funds and satisfactor	y progress of the	project):	
e.	Supplies		13,679,845.00	YEAR	TOTAL D RECT COSTS	YEAR	TOTA	L D RECT COSTS
f.	Travel		264,171.00	a. 2 b. 3		d. 5 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 O S:	ONE OF THE FOLLOW	VING	
i.	Contractual		119,985,717.00	a. b.	DEDUCTION ADDITIONAL COSTS			b
j.	TOTAL D RECT COS	sts>	147,124,360.00	с. d. е.	MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS)			
k.	NDIRECT COSTS		2,051,718.00	40				
	TOTAL APPROVED BU	DGET	149,176,078.00	ON THE ABOVE	D IS BASED ON AN APPLICATION SUBMITTED TITLED PROJECT AND IS SUBJECT TO THE TE NCE IN THE FOLLOWING:	d to, and as appr Frms and conditio	OVED BY, THE FE NS INCORPORAT	EDERAL AWARDING AGENCY ED EITHER DIRECTLY
				a. b.	The grant program legislation The grant program regulations.			
m.	Federal Share	•	149,176,078.00	c. d.	This award notice including terms and conditions Federal administrative requirements, cost princip	les and audit requirem	nents applicable to	-
n.	Non-Federal Share		0.00	In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence sl 0.00 prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.				
RE	MARKS (Other Terms a	nd Conditions Attached -	Yes	No)				

GRANTS MANAGEMENT OFFICIAL

Brownie Anderson-Rana, Grants Management Officer 2939 Flowers Road Mailstop TV2 Atlanta, GA 30341-5509 Phone: 770-488-2771

17.0BJ CI	LASS 41 51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
- I	FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a.	0-9390EPX	b. 19NU50CK000546CV	c. CK	d. \$0.00	e. 75-2022-0943
22. a.		b.	C.	d.	e.
23. a.		b.	C.	d.	e.

PAGE 2 of 3	DATE ISSUED
	09/28/2020

GRANT NO. 6 NU50CK000546-01-08

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 09/28/2020

GRANT NO. 6 NU50CK000546-01-08

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 NU50CK000546-01-08

1. Revised Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

CHANGE IN KEY STAFF

The purpose of this revised Notice of Award is to respond to your request submitted September 1, 2020 to change the Authorizing Official from Tonya Loucks to Marcia Mahaney. This request is hereby approved.

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

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

PLEASE REFERENCE THE GRANT NUMBER ON ALL CORRESPONDENCE.