| 04/1 2. CFD 93.2 | 70 - Adult Viral Hepatitis Preven | except that any additions or imposed remain in effect un intion and Control erative Agreement | less specifically rescinded | | | | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------|-------------------------------------------|
| | rmerly | Other | | 7.11.000 1.1 | | | | |
| 4a. FAIN | NU51PS005112 | 5a. ACTION T | YPE Post Award Amendment | | NOTICE | OF AWAR | D | |
| | NAME NAME | Through | MM/DD/YYYY 04/30/2021 MM/DD/YYYY 04/30/2021 | AUTHORIZATION (Legislation/Regulations) Sections 301 and 317N of the Public Health Service Act (42 U.S.C. section 241 and 247b-15, as amended | | | | |
| Imp | E OF PROJECT (OR PROGRA proving Hepatitis B and C Care | Cascades; Focus on Increase | d Testing and Diagnosis | | | | | |
| HE. PO MIS | INTEE NAME AND ADDRESS ALTH AND SENIOR SERVICES BOX 570 SSOURI DEPARTMENT OF HE ferson City, MO 65102-0570 | S, MISSOURI DEPARTMENT | | Ms. Nic 920 Wil Jeffersc | EE PROJECT DIRECTOR ole. Massey dwood on City, MO 65102-0570 573-751-6431 | | | |
| Ms 920 Jef | ANTEE AUTHORIZING OFFIC . Marcia A Mahaney) Wildwood Drive ferson City, MO 65109-5796 one: 573-751-6014 | IAL | | Mr. We 12 Corp Atlanta | AL PROJECT OFFICER ntzel Mitchell orate Square Blvd, NE GA 30329 404-718-3226 | | | |
| | | | ALL AMOUNTS ARE | | | | | |
| I Fina | ROVED BUDGET (Excludes Di ancial Assistance from the Fede al project costs including grant f Salaries and Wages | eral Awarding Agency Only | articipation 1 214,775.00 | a. Amount of b. Less Und c. Less Cum | COMPUTATION of Federal Financial Assistance (fron bligated Balance From Prior Budget ulative Prior Award(s) This Budget F OF FINANCIAL ASSISTANCE THI | Periods Period | | 252,876.0 0.0 73,063.0 179,813.0 |
| b. | Fringe Benefits | | 20,900.00 | | eral Funds Awarded to Date for P | | | 727,154.0 |
| c. Total Personnel Costs | | | | 14. RECOMMENDED FUTURE SUPPORT | | | | |
| d. | Equipment | | 0.00 | (Subject t | o the availability of funds and satisfa | ctory progress of the | project): | |
| e. | Supplies | | 405.00 | YEAR a. 5 | TOTAL DIRECT COSTS | YEAR d. 8 | TOTAL | DIRECT COSTS |
| f. | Travel | | 3,123.00 | b. 6 | | e. 9 | | |
| g. | Construction | | 0.00 | C. 7 | | f. 10 | - | |
| h. | Other | | 1,773.00 | 15. PROGRAM ALTERNATIVES | INCOME SHALL BE USED IN ACCORD WITH S: | ONE OF THE FOLLOWING | | |
| i. | | | 0.00 | a. b. c. | DEDUCTION ADDITIONAL COSTS MATCHING | | | b |
| j. | TOTAL DIRECT COSTS | | 240,976.00 | d. e. | OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) | | | |

REMARKS (Other Terms and Conditions Attached - X Yes Financial Assistance: Supplemental Award approved in the amount of \$179,813 REMARKS (Other Terms and Conditions Attached -

A: The grant program legislation b. The grant program regulations. 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 shall 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. No)

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation
b. The grant program regulations.

11,900.00

252,876.00

252,876.00

0.00

GRANTS MANAGEMENT OFFICIAL:

TOTAL APPROVED BUDGET

INDIRECT COSTS

Federal Share

n.

Non-Federal Share

Arthur Lusby, Grants Management Officer, Team Lead

2960 Brandywine Rd Mailstop TV-2 Atlanta, GA 30341-5509

Phone: 770.488.2865

| 17. OBJ | J CLASS 41.51 | 18a. | VENDOR CODE | | | 18b. E | IN | | 19. DU | NS 878092600 | 20 | . CONG. DIST. | 04 |
|---------|----------------|------|--------------|----|--------|--------|----|--------------------|--------|-------------------|----|---------------|---------|
| | FY-ACCOUNT NO. | | DOCUMENT NO. | | CFDA | | ΑI | OMINISTRATIVE CODE | AM | T ACTION FIN ASST | | APPROPRIATIO | N |
| 21. a. | 0-9390C2C | b. | 005112PS17 | C. | 93.270 |) | d. | PS | e. | \$17,780.00 | f. | 75-2 | 20-0950 |
| 22. a. | 0-9390EVQ | b. | 005112PS17 | C. | 93.270 |) | d. | PS | e. | \$109,845.00 | f. | 75-2 | 20-0950 |
| 23. a. | 0-939ZRPQ | b. | 005112PS17 | C. | 93.270 |) | d. | PS | e. | \$52,188.00 | f. | 75-2 | 20-0950 |

NOTICE OF AWARD (Continuation Sheet)

| PAGE 2 of 3 | | DATE ISSUED 04/17/2020 |
|-------------|------|---------------------------|
| GRANT NO. | 6 NU | 51PS005112-04-02 |

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 04/17/2020 | |
|-------------|------|---------------------------|--|
| GRANT NO. | 6 NU | 51PS005112-04-02 | |

| Federal Financial Report Cycle | | | | | | | |
|--------------------------------|---------------------------|----------------|---------------------------|--|--|--|--|
| Reporting Period Start Date | Reporting Period End Date | Reporting Type | Reporting Period Due Date | | | | |
| 11/01/2016 | 10/31/2017 | Annual | 01/29/2018 | | | | |
| 11/01/2017 | 10/31/2018 | Annual | 01/29/2019 | | | | |
| 11/01/2018 | 10/31/2019 | Annual | 01/29/2020 | | | | |
| 11/01/2019 | 10/31/2020 | Final | 01/29/2021 | | | | |

AWARD ATTACHMENTS

Missouri Department of Health

6 NU51PS005112-04-02

1. Terms and Conditions for this Supplement

Notice of Funding Opportunity (NOFO): PS17-1702

Award Number: NU51PS005112 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

Purpose: This Notice of Award is to provide additional funding in the amount of \$52.188. These funds are provided for the following period for 11/01/2019 through 10/31/2020.

Program Supplemental Funding: This Notice of Award also includes Program Supplemental Funding in the amount of \$109.845. Supplemental funds are provided for extending the Budget Period and Project Period end date: 11/01/2020 to 04/30/2021.

Supplemental Funding: Supplemental funding for the "Infectious Disease of the Opioid" is approved in the amount of \$17.780.

Total amount of this award \$179.813

The total approved funding for the current Budget Period \$252,876

Revised Budget Requirement: The recipient must provide a revised budget and work plan to match the total approved budget no later than **May 30, 2020**.

ASSISTANCE AWARD CLOSEOUT REQUIREMENTS: Award recipient shall submit within 90 days after the last day of the final budget period the following final reports and other programmatic reports as required by the terms and conditions of the assistance award.

<u>FINAL PERFORMANCE REPORT</u> is due no later than <u>July 30, 2021</u>. This final Performance report should summarize progress made through the entire project period: <u>November 01, 2019</u> through <u>April 30, 2021</u>. At a minimum it should include the following:

- A statement of progress made toward the achievement of originally stated aims
- A description of results (positive or negative) considered significant
- A list of publications resulting from the project, with plans, if any, for further publication

FINAL FINANCIAL STATUS REPORT (FFR) is due no later than July 30, 2021. Reporting period is November 01, 2019 through April 30, 2021.

EQUIPMENT INVENTORY REPORT is due no later than July 30, 2021. An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and

cost, percentage of Federal funds used in the acquisition of the item. You should also identify each item of equipment that you wish to retain for continued use in accordance with **45 CFR Part 75**. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter (**45 CFR Part 75**) for State and Local Governments. We will notify you if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than **\$5,000** that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

FINAL INVENTION STATEMENT is due no later than **July 30, 2021**. An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting http://grants1.nih.gov/grants/hhs568.pdf. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

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

Office of Grants Services Contact:

Valerie McCloud, Grants Management Specialist Center for Disease Control Infectious Diseases Services Branch

Telephone: (770-488-4790 **Email: VMcCloud@cdc.gov**

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE