1.	DATE ISSUED
	03/23/2020

1a. SUPERSEDES AWARD NOTICE dated 12/17/2019 except that any additions or restrictions previously imposed

remain in effect unless specifically rescinded

#### 2. CFDA NO.

93.116 - Project Grants and Cooperative Agreements for Tuberculosis Control Programs

3. ASSISTANCE TYPE Cooperative Agreement						
4. GRANT NO. 6 NU52PS	910202-01-01	5. TYPE OF AWARD				
Formerly		Other				
4a. FAIN NU52PS910202		5a. ACTION TYPE	Post Award Amendment			
6. PROJECT PERIOD	MM/DD/YYYY		MM/DD/YYYY			
From	01/01/2020	Through	12/31/2024			
7. BUDGET PERIOD	MM/DD/YYYY		MM/DD/YYYY			
From	01/01/2020	Through	12/31/2020			

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

Tuberculosis Elimination and Laboratory in Missouri

MM/DD/YYYY

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# **Centers for Disease Control and Prevention**

2939 Brandywine Road Atlanta, GA 30341

# NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations) [AWARD AUTHORITY NOT DEFINED FOR PS10-10136.NU2G]

9a. GRANTEE NAME AND ADDRESS	9b. GRANTEE PROJECT DIRECTOR
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF	Ms. Rachael Hahn
920 Wildwood Dr	920 Wildwood Drive
Health and Senior Services	Comm. Disease Control/Prevent
Jefferson City, MO 65109-5796	Jefferson City, MO 65109-5796
	Phone: 573-751-6137
10a. GRANTEE AUTHORIZING OFFICIAL	10b. FEDERAL PROJECT OFFICER
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Tonya Loucks	10b. FEDERAL PROJECT OFFICER Dawn Tuckey
Ms. Tonya Loucks	Dawn Tuckey
Ms. Tonya Loucks 920 WILDWOOD DR	Dawn Tuckey 1600 Clifton Rd

### ALL AMOUNTS ARE SHOWN IN USD

11. APP	ROVED BUDGET (Exclud	es Direct Assistance)		12. AWARD (	OMPUTATION		
I Financial Assistance from the Federal Awarding Agency Only			a. Amount of Federal Financial Assistance (from item 11m) 652,050.00				
II Total project costs including grant funds and all other financial participation		n	b. Less Unobligated Balance From Prior Budget Periods			0.00	
a.	Salaries and WageS		169,369.00	c. Less Cumulative Prior Award(s) This Budget Period			163,012.00
α.	0			d. AMOUNT	OF FINANCIAL ASSISTANCE TH	S ACTION	489,038.00
b.	Fringe Benefits		101,623.00				652,050.00
с.	Total Personnel Cost	s	270,992.00	14. RECOMM	IENDED FUTURE SUPPORT	-	· · · · · ·
d.	Equipment		0.00	(Subject to t	he availability of funds and satisfacto	ry progress of the p	project):
e.	Supplies		15,922.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
f.	Travel		19,226.00	a. 2 b. 3		d. 5 e. 6	
g.	Construction		0.00	c. 4		f. 7	
h.	Other		17,620.00	15. PROGRAM ALTERNATIVE	INCOME SHALL BE USED IN ACCORD WITH	ONE OF THE FOLLOWI	NG
i.	Contractual		270,297.00	a. b.	DEDUCTION ADDITIONAL COSTS		b
j.	TOTAL DIRECT CO	sts —	594,057.00	C. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See <i>REMARKS</i> )			
k.	INDIRECT COSTS		57,993.00				VED BY, THE FEDERAL AWARDING AGENCY
I.	TOTAL APPROVED BU	DGET	652,050.00	ON THE ABOVE OR BY REFERE	TITLED PROJECT AND IS SUBJECT TO THE T NCE IN THE FOLLOWING:		
				a. b.	The grant program legislation The grant program regulations.	a if any poted below und	IN DEMARKS
m. Federal Share 652,		652,050.00	<ul> <li>c. This award notice including terms and conditions, if any, noted below under REMARKS.</li> <li>d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.</li> </ul>			nts applicable to this grant.	
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 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.				
RE	MARKS (Other Terms a	nd Conditions Attached -	es	No)			

Supplemental Funding: Financial Assistance in the amount of \$489,038.

#### GRANTS MANAGEMENT OFFICIAL:

Arthur Lusby, Grants Management Officer, Team Lead 2960 Brandywine Rd Mailstop TV-2 Atlanta, GA 30341-5509 Phone: 770.488.2865

17.0BJ CL	<b>LASS</b> 41.51	18a. VENDOR CODE	1	8b. EIN		19. DUNS	878092600	20. CONG. DIST.	03
F	Y-ACCOUNT NO.	DOCUMEN	IT NO.	ADMINIST	RATIVE CODE	AMT A	CTION FIN ASST	APPROPRIAT	TION
21. а.	0-9211183	b. 20NU52P	S910202 C	).	PS	d.	\$63,295.00	e. 75	5-20-0950
22. а.	0-9213485	b. 20NU52P	S910202 C	).	PS	d.	\$367,174.00	e. 75	5-20-0950
23. a.	0-9214095	b. 20NU52P	S910202 C	).	PS	d.	\$58,569.00	e. 75	5-20-0950

PAGE 2 of 3	DATE ISSUED
	03/23/2020

GRANT NO. 6 NU52PS910202-01-01

### **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 03/23/2020

GRANT NO. 6 NU52PS910202-01-01

Federal Financial Report Cycle				
Reporting Period Start Date Reporting Period End Date Reporting Type Reporting Period Due Date				
01/01/2020	12/31/2020	Annual	03/31/2021	

# AWARD ATTACHMENTS

# Missouri Department of Health

6 NU52PS910202-01-01

1. Terms and Conditions

Notice of Funding Opportunity (NOFO): PS20-2001 Award Number: U52PS910202-01 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 revised Notice of Award is to award additional funding in the amount of <u>\$489.038</u> Previously, <u>\$163.012</u> had been awarded, making the current total available award amount <u>\$652.050</u> of the approved budget <u>\$652.050</u> for the Year **01** budget period which is <u>01/01/2020</u> through <u>12/31/2020</u>.

# **COMPONENTS:**

P&C: \$543,029 HRD: \$24,629 Lab: \$84,392

This award is fully funded for this budget period.

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.

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, necessary and reasonable.

# GMS Contact:

Romero M. Stokes, MPA Grants Management Specialist Infectious Diseases Services Branch (IDSB) Office of Financial Resources (OFR) Centers for Disease Control and Prevention (CDC) 2939 Flowers Drive South, MS-TV2 Atlanta, Georgia 30341 Telephone: (770) 488-2075 Email: rstokes@cdc.gov

# PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE