1. DATE ISSUED MM/DD/YYYY|2. CFDA NO. | 3. ASSISTANCE TYPE 06/08/2018 Cooperative Agreement 93.817 1a. SUPERSEDES AWARD NOTICE dated 04/04/2018except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4. GRANT NO. 5. ACTION TYPE 6 U3REP150489-01-05 Post Award Amendment Formerly 6. PROJECT PERIOD MM/DD/YYYY MM/DD/YYYY From 05/18/2015 Through 05/17/2020 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY Through From 05/18/2015 05/17/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSISTANT SECRETARY FOR PREPAREDNESS & RESPONSE

ASPR Acquisition Management Contracts and Grants

200 C Street, SW Washington, DC 20024

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations) Pub. L. 109-148 119 Stat. 2680, 2786 (2005)

8. TITLE OF PROJECT (OR PROGRAM)

Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities

9a. GRANTEE NAME AND ADDRESS 9b. GRANTEE PROJECT DIRECTOR HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR Ms. MELISSA FRIEL PO BOX 570 SRV COMMUNITY AND PUBLIC HEALTH JEFFERSON CITY, MO 65102-0570 Phone: 573-751-8589 920 Wildwood Dr Jefferson City, MO 65109-5796 10a. GRANTEE AUTHORIZING OFFICIAL 10b. FEDERAL PROJECT OFFICER Mr. Bret Fischer Ms. Angela Krutsinger 920 Wildwood Dr Jefferson City, MO 65102-0570 Phone: 573-751-6014 200 C Street, S.W. Assistant Secretary Preparedness and Response Washington, DC 20024 Phone: 816-426-3290

			ALL AMOUNTS	S ARE	SHOWN I	N USD				_
11. APPI	ROVED BUDGET (Exclude	es Direct Assistance)			12. AWARD C	OMPUTATION				
I Financial Assistance from the Federal Awarding Agency Only				a. Amount of Federal Financial Assistance (from item 11m) 1,648,208.00						
Il 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			c. Less Cumulative Prior Award(s) This Budget Period			1,648,208.	00			
a.	_		11,521.00		d. AMOUNT	OF FINANCIAL ASSISTANCE THI	S ACTION		0.0	00
b.	Fringe Benefits		6,106.00	•	13. Total Federal Funds Awarded to Date for Project Period 1 . 648 .			1,648,208.	0.0	
C.	. Total Personnel Costs		17 607 00		14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):					
d.	Equipment	17,627.00								
u.			0	.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTA	L DIRECT COSTS	—
e.	Supplies		60	.00	a. 2	TOTAL DIRECT GOOTS	d. 5	1017	E DIRECT COOTS	—
f.	Travel		4,661	.00	b. 3		e. 6			
g.	Construction		. 0	.00	c. 4		f. 7			
h.	Other			0.00	15. PROGRAM	INCOME SHALL BE USED IN ACCORD WITH	ONE OF THE FOLLO	WING		_
i.	Contractual		1,621,838	.00	a.	DEDUCTION ADDITIONAL COSTS			b	
j.	TOTAL DIRECT	COSTS -	1,644,436	5.00		MATCHING OTHER RESEARCH (Add / Deduct Option)				
k.	INDIRECT COSTS		3,772	.00			D TO AND AS ADDE	OVED BY THE E	EDERAL AWARRING ACEA	NCV
	I. TOTAL APPROVED BUDGET				ON THE ABOVE	TITLED PROJECT AND IS SUBJECT TO THE T				WC T
I.			1,648,208.00		a.	The grant program legislation				
m.	Federal Share		1,648,208.00		C.	This award notice including terms and conditions			this grant.	
n.	Non-Federal Share		0	.00	prevail. Accept	ance of the grant terms and conditions is ac				
l.	k. INDIRECT COSTS I. TOTAL APPROVED BUDGET m. Federal Share		1,648,208.00		d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS) 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING 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.				edence s	

REMARKS (Other Terms and Conditions Attached - X Yes No)

This NOA is amended to restrict HPP Part A Ebola funds in the amount of \$164,821.00. Please refer to Program Special Conditions.

GRANTS MANAGEMENT OFFICIAL: Virginia Simmons, Chief Grants Management Officer

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03	
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION	
21. a. 5-1990501	b. U3REP0489A	c. HOS07	d. \$0.00	e. 75-1519-0140	
22. a.	b.	c.	d.	e.	
23. a.	b.	c.	d.	e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of	2	DATE ISSUED
		06/08/2018
GRANT NO. 6 U3		REP150489-01-05

Federal Financial Report Cycle					
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date		
05/18/2015	12/31/2015	Annual	03/30/2016		
01/01/2016	12/31/2016	Annual	03/31/2017		
01/01/2017	12/31/2017	Annual	03/31/2018		
01/01/2018	12/31/2018	Annual	03/31/2019		
01/01/2019	12/31/2019	Annual	03/30/2020		
01/01/2020	05/17/2020	Final	08/15/2020		

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

6 U3REP150489-01-05

1. Program Special Condition

The NOA is amended to apply Program Special Conditions due 60 days from issuance of award.

The awardee must demonstrate programmatic management of cooperative agreement funds and proper progress towards meeting requirements. The awardee must disburse funds to subawardees and ensure facilities have proper resources. Once the awardee has disbursed at least 20% of the funding allocated to all designated Ebola treatment centers or assessment hospitals, as evidenced by financial records and confirmed through the Payment Management System, restricted funds can be released.