1. DATE ISSUED: 05/24/2019

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AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA No.

93.070 - Environmental Public Health and Emergency Response

3. ASSISTANCE TYPE: Cooperative Agreement

4. GRANT NO. 5 NUE2EH001325-05-00

Formerly: 1UE2EH001325-01

4a. FAIN: NUE2EH001325

5a. ACTION TYPE: Non-Competing Continuation

5. TYPE OF AWARD: Other

6. PROJECT PERIOD:

MM/DD/YYYY: Through

From: 09/30/2015

Through: 09/29/2020

7. BUDGET PERIOD:

MM/DD/YYYY: Through

From: 09/30/2019

Through: 09/29/2020

8. TITLE OF PROJECT OR PROGRAM:

MO: SUPPORT FOR PUBLIC HEALTH DRINKING WATER PROGRAMS TO REDUCE DRINKING WATER EXPOSURES

9a. GRANTEE NAME AND ADDRESS

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

920 Wildwood Dr

Community and Public Health-DUP

Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR

Mr. Jeff Wenzel

930 Wildwood Dr

Jefferson City, MO 65109-5796

Phone: 573-526-4911

10a. GRANTEE AUTHORIZING OFFICIAL

Ms. Tonya R Loucks

920 WILDWOOD DR

Jefferson City, MO 65109-5796

Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER

Connie Thomas

4770 Buford Hwy, NE; MS F58

Atlanta, GA 30341

Phone: 770-488-3631

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

11a. Financial Assistance from the Federal Awarding Agency Only

11b. Total project costs including grant funds and all other financial participation

a. Salaries and Wages

b. Fringe Benefits

c. Total Personnel Costs

d. Equipment

e. Supplies

f. Travel

g. Construction

h. Other

i. Contractual

j. TOTAL DIRECT COSTS

11k. INDIRECT COSTS

11l. TOTAL APPROVED BUDGET

12. AWARD COMPUTATION

12a. Amount of Federal Financial Assistance (from item 11m)

12b. Less Unobligated Balance From Prior Budget Periods

12c. Less Cumulative Prior Award(s) This Budget Period

12d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION

13. Total Federal Funds Awarded to Date for Project Period

14. RECOMMENDED FUTURE SUPPORT

14a. YEAR

14b. TOTAL DIRECT COSTS

14c. TOTAL DIRECT COSTS

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

15a. DEDUCTION

15b. ADDITIONAL COSTS

15c. MATCHING

15d. OTHER RESEARCH (Add / Deduct Option)

15e. OTHER (See REMARKS)

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:

16a. The grant program legislation

16b. The grant program regulations

16c. The award notice including terms and conditions, if any, noted below under REMARKS.

16d. Federal administrative requirements, cost principles and audit requirements applicable to the grant.

16e. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail.

16f. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

17. OBJ CLASS: 41.51

18a. VENDOR CODE

18b. EIN

19. DUNS

20. CONG. DIST.

21a. FY-ACCOUNT NO. 9-03906EZ

21b. DOCUMENT NO. 001325EH15

21c. CFDA 59.070

21d. ADMINISTRATIVE CODE EH

21e. AMT ACTION FIN ASS'T $134,000.00

21f. APPROPRIATION 75-19-0947

22a.

22b.

22c.

23a.

23b.

23c.

GRANTS MANAGEMENT OFFICIAL:

Ralph U Robinson, Grants Management Officer

2960 Brandywine Rd

Mableton E01

Atlanta, GA 30341-5509

Phone: 770-488-2441
# Direct Assistance

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1. Terms and Conditions
2. Technical Review
AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at [https://www.cdc.gov/grants/federalregulationspolicies/index.html](https://www.cdc.gov/grants/federalregulationspolicies/index.html), the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number EH15-1507, entitled **Support for Public Health Drinking Water Programs to Improve Efficiency & Effectiveness for Controlling Drinking Water Exposures**, and application dated May 7, 2019, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

**Approved Funding:** Funding in the amount of $134,000.00 is approved for the Year 5 budget period, which is **September 30, 2019 through September 29, 2020**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

1. Provide consultation, guidance, technical assistance and support for activities related to project development, design, planning, implementation, evaluation, data analysis, and reporting.
2. Provide guidance and support in evaluating required activities through the use of CDC staff, commitment, time and subject matter expertise.
3. Provide review and approval for program project work plans.
4. Facilitate the exchange of information and coordinate interactions between and among grantee organizations by sharing information through CDC supported communication, Web-sites, related stakeholders meetings and websites, scheduled grantee meetings and direct communication.
5. CDC will lead and organize grantee meetings in related national workgroups covering relevant topics of concern on unregulated drinking water systems and private wells; participate on teams and committees as appropriate.
6. CDC shall share information related to the cooperative agreement and its projects with grantees. Information shall be related to but not limited to improved practices, lessons learned, understanding barriers to project implementation and identifying solutions to overcome barriers, performance measures and indicators, quality improvement tools and evaluation results.
7. CDC shall disseminate information through grantee meetings, teleconferences with technical monitors and project officers, written and communicated guidance material.
Webinars, stakeholder meetings, committees, conference calls, working groups, and social media.

**Summary Statement/Technical Review Statement Response Requirement:** The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements is not required.

**Budget Revision Requirement:** By October 31, 2019 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date. Please include the following information in the revised budget with a narrative justification:

- For in-state and out-of-state travel,
  - The names and positions of the “Epidemiology Staff” who will travel to Local Public Health Agencies to conduct training
    - What type of training will the “Epidemiology Staff” conduct
  - The dates of travel for in-state and out-of-state travel
  - The travel locations for in-state travel

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

**FUNDING RESTRICTIONS AND LIMITATIONS**

**Indirect Costs:**

Indirect costs are approved based on the negotiated indirect cost rate agreement dated June 19, 2018, which calculates indirect costs as follows: A Provisional Rate is approved at a rate of 21.30% of the base which includes direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2019 to June 30, 2021.

**REPORTING REQUIREMENTS**

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-1132 “Performance Progress and Monitoring Report”, Expiration Date 8/31/2019. The components of the PPMR are available for download at: [https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html](https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html).

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely.
manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Lisa DeBouse, Grants Management Specialist
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2939 Brandywine Rd
Atlanta, GA 30341
Fax: 770-488-8350 (Include “Mandatory Grant Disclosures” in subject line)
Email: wxn5@cdc.gov (Include “Mandatory Grant Disclosures” in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201
Fax: (202)-205-0604 (Include “Mandatory Grant Disclosures” in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

### PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the “P
Account”. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

**PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS**

The final programmatic report format required is the following:

**Final Performance Progress and Monitoring Report (PPMR):** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at: [https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html](https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html)

Information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-1132, “Performance Progress and Monitoring Report”, Expiration Date 8/31/2019.

**CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**GMS Contact:**
Lisa DeBouse, Grants Management Specialist  
Centers for Disease Control and Prevention  
OD, Environmental, Occupational Health & Injury Prevention Services Branch  
2939 Brandywine Rd  
Atlanta, GA 30341  
Telephone: 770-488-3198  
Email: wzn5@cdc.gov

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Programmatic Contact:**
Connie Brooks-Thomas, Project Officer  
Centers for Disease Control and Prevention  
National Center for Environmental Health  
4770 Buford Highway, Mailstop F58  
Atlanta, GA 30341  
Telephone: 770-488-3631  
Email: cbthomas@cdc.gov
**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. GMO contact information is located on Page 1 of this NOA.
Recipient’s Name: Missouri Department of Health and Senior Services
Recipient #: State of Missouri 1UE2EH001325-01 Budget Year: 2019
Requested Award: $ 134,000 Recommended Award: $ 134,000

1. **Response to Technical Review (check one):**

   - The recipient must submit a response to the weakness(es) and recommendations identified in the technical review within 30 days from receipt date of the notice of award. *(Note: The recipient’s response should be reflective only of the weaknesses identified therefore, resubmission of the entire application is not required.)*

   - X No response to Technical Review is required.

2. **Budget and Work-plan (check one):**

   - Revised Budget and Work-plan are needed due to a reduction in proposed budget, which affects the proposed activities/work-plan. *(Attach budget mark-up and justification to be used by GMS to request revised budget and work-plan.)*

   - Revised budget and work-plan are required due to – (provide reason(s)):

     - 

   - X Revised budget and work-plan are NOT required.

3. **Performance (check one):**

   - X The project officer certifies performance is satisfactory to date and continued funding is recommended.

   - The project officer certifies performance is not fully satisfactory to date and weaknesses and recommendations should be addressed, continued funding should be restricted until attached recommendations are met.

   - The project officer has determined performance to date has been less than satisfactory and continued funding is denied. The project officer’s determination is based factual data as published in the announcement.

Project Officer’s Name: Connie Brooks-Thomas

(Project Name)

Project Officer’s Signature (mandatory): [Digital signature]

Date: 2019.05.10 12:45:03 -04'00'
4. Annual Performance Report / Narrative: 
A thorough review of the Annual Performance Report (APR) has been conducted. The review considered the evaluation criteria published in the funding opportunity announcement. Based on the review, the followings were identified:

A. Annual Performance Report (APR):

Summary of Major Strengths:

The Missouri Department of Health and Senior Services (MDHSS) continues to address programmatic priorities identified in their initial assessment of programmatic gaps. MDHSS continues to focus on Essential Services 1, 2, 3, 7, and 8.

In essential services area #1 (Diagnose and investigate environmental public health problems and health hazards in the community) MDHSS has worked to continue supporting collaboration and data sharing between themselves and the State Public Health Laboratory. MDHSS has expanded the reporting to include all laboratory water testing, not just water quality results related to hazardous wastes sites. Healthy Drinking Water Program supported SPHL to implement a new Laboratory Information Management System (LIMS). The new system has improved sample management capability, data integrity, and reduced potential for human error when manually entering data.

In essential services area #2 (Diagnose and investigate environmental public health problems and health hazards in the community) MDHSS is working with their Information Technology (IT) program to develop a database to store and display historical private well testing data. His work also includes the development of maps based on this historical data. The maps will be displayed on the department website and indicate contaminants affected areas of concern in the state.

In essential services area #3 (Inform, educate, and empower people about environmental public health issues) MDHSS has provided numerous analytics of website use and downloads. Most all baseline measures have shown increases in use over 55%.

In essential services area #7 (Link people to needed environmental public health services and assure the provision of environmental public health services when unavailable) MDHSS has established an MOU with the Missouri Department of Natural Resources (MDNR) to collaborate on and share information on issues of mutual concern. MDHSS also makes referrals to LPHAs for blood-lead testing.

In essential services area #8 (Assure competent environmental health workforce) MDHSS Bureau of Environmental Epidemiology (BEE) staff have been participating in training webinars provided by PrivateWellClass.org, WellOwner.org, and the Tulane University Learning Management System Safe Water Program Improvement e-Learning Series (SWPI) courses. HWDP is continuing to learn more about the training needs of LPHA staff. The great majority of activities conducted by MDHSS have focused on developing and planning for one-day Private Drinking Water Training sessions with the Midwest Rural Community Assistance Program (RCAP) with Local Public Health Agencies (LPHAs) across the state.

Summary of Major Weaknesses:

None

Recommendations and other Relevant Comments for APR:

Continue to quantify results and report quantified results as they become available. Present quantified results during technical monitor calls.
B. New Budget Period Proposed Objectives:

Summary of Proposed Objectives:

MDHSS will continue to work program objectives aligned with essential service area #1 (Monitor environmental and health status to identify and solve community environmental public health problems). MDHSS will use an assessment form to identify programmatic gaps. MDHSS will also continue to use year-1 assessment results describing LPHA deficiencies to develop training and outreach activities. MDHSS will continue to identify specific opportunities to strengthen collaborations with partners such as LPHAs, MDHSS, Bureau of Environmental Health Services (BEHS), SPHL, MDNR, the EPA, and private laboratories. Specific activities that MDHSS will continue to implement and address are:

- Develop a data management tool with EPHT and SPHL, with IT support to manage incoming data on private wells.
  - Refine and finalize data management tool.
  - Evaluate data to identify areas of concern on an ongoing basis.
- Develop partnerships with LPHAs within the identified regions to implement focused interventions.

MDHSS will continue to work program objectives aligned with essential service area #1 (Diagnose and investigate environmental public health problems and health hazards in the community). MDHSS will evaluate available private drinking water data to determine data gaps and potential areas of concern. Activities will include

- Collaborating with EPHT and BRDI to assist in tracking and analyzing trends in private drinking water data and to correlate any disease outbreaks to potential water contamination.
- Using subject matter experts to address most common private drinking water concerns, and develop and enhance a private drinking water program.
- Assist LPHAs within targeted regions to plan and implement interventions.

MDHSS will address essential service area #3 (Inform, educate, and empower people about environmental public health issues) by working on workforce gaps with LPHAs, developing educational and outreach materials as needed, and developing and implementing training.

MDHSS will continue to work program objectives aligned with essential service area #7 (Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable). MDHSS will

- Identify workforce gaps and make recommendations to enhance delivery of private drinking water services.
- Collaborate with SPHL to increase the State’s private drinking water testing capacity.
- Work to increase public awareness of private drinking water sampling services.

MDHSS will address essential service area #7 (Assure a competent environmental health workforce). To do this, MDHSS will

- Include safe drinking water competencies MDHSS staff position descriptions.
- Develop trainings and educational materials/resources for MDHSS and LPHA staff involved in providing private drinking water services.
- Work with stakeholders to improve SOPs to assist communities with private drinking water related needs.

Summary of Major Strengths:

- MDHSS is moving closer to finalizing some of their larger project activities in collaboration with EPHT and IT within their department. The completion of these activities should allow for more collaboration with environmental health services and epidemiological expertise to address well water contamination events and issues.
• Performance measures align nicely although MDHSS presents some in very simplistic terms.

Summary of Major Weaknesses:

None

Project Sustainability (check one):

_____ Recipient included a statement to address program sustainability and described a plan to continue program services beyond EH15-1507 SafeWATCH.

___X___ Recipient did not include a statement to address program sustainability and described a plan to continue program services beyond EH15-1507 SafeWATCH.

Performance Measure / Evaluation Plan (check one):

___X___ Recipient submitted Performance Measures / Evaluation Plan:

_____ Recipient did not submit Performance Measures / Evaluation Plan:

Recommendation and other Relevant Comments New Budget Period Objectives:

Continue to quantify results and report quantified results as they become available. Present quantified results during technical monitor calls.