1. DATE ISSUED: 08/15/2016

3. SUPERSEDES AWARD NOTICE dated: 07/27/2016

4a. AWARD NO.: 6 H3HRH00010-15-02

6. PROJECT PERIOD: FROM: 09/01/2016 THROUGH: 05/31/2019

7. BUDGET PERIOD: FROM: 09/01/2016 THROUGH: 05/31/2017

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)

Ben Harvey
MISSOURI DEPARTMENT OF HEALTH
912 Wildwood Dr
Jefferson City, MO 65109-5796

12. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a. Salaries and Wages: $6,646.00
b. Fringe Benefits: $3,323.00
c. Total Personnel Costs: $9,969.00
d. Consultant Costs: $0.00
e. Equipment: $0.00
f. Supplies: $0.00
g. Travel: $0.00
h. Construction/Alteration and Renovation: $0.00
i. Other: $9,857.00
j. Consortium/Contractual Costs: $380,846.00
k. Trainee Related Expenses: $0.00
l. Trainee Stipends: $0.00
m. Trainee Tuition and Fees: $0.00
n. Trainee Travel: $0.00
o. TOTAL DIRECT COSTS: $402,756.00
p. INDIRECT COSTS (Rate: % of S&W/TADC): $400,672.00
q. TOTAL APPROVED BUDGET: $2,084.00
r. Less Cumulative Prior Awards(s) This Budget Period $0.00
s. Less Unawarded Balance of Current Year’s Funds $0.00
t. Additional Authority $0.00
u. Less Unobligated Balance from Prior Budget Periods $0.00
v. Offset $0.00
w. Total Financial Assistance $392,899.00
x. LESS UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS $0.00
y. LESS CUMULATIVE PRIOR AWARDS(S) THIS BUDGET PERIOD $0.00
z. AMOUNT OF DIRECT ASSISTANCE THIS ACTION $9,857.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>$392,899.00</td>
</tr>
<tr>
<td>17</td>
<td>$392,899.00</td>
</tr>
</tbody>
</table>

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance $0.00
b. Less Unawarded Balance of Current Year’s Funds $0.00
c. Less Cumulative Prior Awards(s) This Budget Period $0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION $0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

A=Addition B=Deduction C=Cost Sharing or Matching D=Other

Estimated Program Income: $0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS 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 cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. 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.

REMARKS: (Other Terms and Conditions Attached [ X ]Yes [ ]No)

Electronically signed by Inge Cooper , Grants Management Officer on : 08/15/2016

17. OBJ. CLASS: 41.51
18. CRS-EIN: 878092600
19. FUTURE RECOMMENDED FUNDING: $0.00

FY-CAN CFDA DOCUMENT NO. AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM CODE SUB ACCOUNT CODE
16 - 3704132 93.301 16H3HRH00010 $9,857.00 $0.00 16SRHIP

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.
HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA’s Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Condition(s)

1. Due Date: Within 15 Days of Award Issue Date
   PO recommends submission of revised work plan only. Disregard other prior conditions.

Grant Specific Term(s)

1. Due to administrative adjustment, a one-time supplement has been added to your FY16 Award.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda M Cade</td>
<td>Authorizing Official</td>
<td><a href="mailto:linda.cade@health.mo.gov">linda.cade@health.mo.gov</a></td>
</tr>
<tr>
<td>Ben Harvey</td>
<td>Program Director</td>
<td><a href="mailto:ben.harvey@health.mo.gov">ben.harvey@health.mo.gov</a></td>
</tr>
</tbody>
</table>

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Jeanene Meyers at:
ORHP
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: jmeyers@hrsa.gov
Phone: (301) 443-2482
Fax: (301) 443-2803

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Benjamin White at:
Division of Grants Management Operations
MailStop Code: 10NWH04
HIV/AIDS & Rural Health Branch
5600 Fisher Lane
Rockville, MD, 20857-0001
Email: BWhite@hrsa.gov
Phone: (301) 945-9455
Fax: (301) 443-5461