

1. DATE ISSUED MM/DD/YYYY 01/14/2019

1a. SUPERSEDES AWARD NOTICE dated 10/15/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.991 - Preventive Health and Health Services Block Grant

3. ASSISTANCE TYPE Block Grant

4. GRANT NO. 6 NB01OT009221-01-02 Formerly

5. TYPE OF AWARD Other

4a. FAIN NB01OT009221

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 10/01/2017 Through 09/30/2019

7. BUDGET PERIOD MM/DD/YYYY From 10/01/2017 Through 09/30/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources

1600 Clifton Road
Atlanta, GA 30329

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

8. TITLE OF PROJECT (OR PROGRAM)
Preventive Health and Health Services Block Grant 2018

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Mr. Randall Williams
920 WILDWOOD DR
Business Official
JEFFERSON CITY, MO 65109-5796
Phone: 573-751-6400

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Tonya R Loucks
920 WILDWOOD DR
Jefferson City, MO 65109-5796
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
Jeffrey Brock
1825 Century Boulevard
DPHPI/HDSDB
Atlanta, GA 30345
Phone: 404 498-3078

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation	I
a. Salaries and WageS	0.00
b. Fringe Benefits	0.00
c. Total Personnel Costs	0.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	0.00
g. Construction	0.00
h. Other	4,204,769.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS	4,204,769.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	4,204,769.00
m. Federal Share	4,204,769.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	4,204,769.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	4,204,769.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	4,204,769.00

14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

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

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER (See REMARKS)

b

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.
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.

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL:

Brownie Anderson-Rana, Grants Management Officer
2960 Brandywine Rd
Mailstop E01
Atlanta, GA 30341-5509
Phone: 770-488-2771

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. 8-93909T9	b. 18NB01OT009221B	c. OT	d. \$0.00	e. 75-X-0943
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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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)

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
10/01/2017	09/30/2019	Annual	12/29/2019

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

6 NB01OT009221-01-02

1. Terms and Conditions

The purpose of this amendment is to approve the Authorizing Official change to Tonya Loucks . This is in response to the request submitted by your organization dated October 4, 2018.

Please be advised that the recipient 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.

GMS Contact:

Rhonda Burton, Grants Management Specialist
Centers for Disease Control and Prevention
Office of Financial Resources
Office of Grant Services
2920 Brandywine Road, Mail Stop E01
Atlanta, GA 30341-4146
Telephone: 770-488-1381
Email: bgr2@cdc.gov