

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE
 01/20/2016 | 93.733 | Project Grant

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Procurement and Grants Office

2920 Brandywine Road
 Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
 PHS 317, 42 USC, SEC. 247B

1a. SUPERSEDES AWARD NOTICE dated 09/11/2015
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. | 5. ACTION TYPE
 6 NH23IP001017-01-01 | Post Award
 Formerly 1H23IP001017-01 | Amendment

6. PROJECT PERIOD MM/DD/YYYY | MM/DD/YYYY
 From 09/30/2015 | Through 09/29/2017

7. BUDGET PERIOD MM/DD/YYYY | MM/DD/YYYY
 From 09/30/2015 | Through 09/29/2017

8. TITLE OF PROJECT (OR PROGRAM)
 2015 Missouri Increasing Awareness and Implementation of the Standards for Adult Immunization Practice
 Through Partnerships With State and Local Immunization Programs Application

9a. GRANTEE NAME AND ADDRESS
 Missouri Dept. of Health and Senior Services/DSS&R
 920 Wildwood Dr
 -DUP
 Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
 Cathy Sullivan
 920 WILDWOOD DRIVE
 PO BOX 570
 MISSOURI DEPT OF HHS
 JEFFERSON CITY, MI 65102-0570

10a. GRANTEE AUTHORIZING OFFICIAL
 Cathy Sullivan
 920 WILDWOOD DRIVE
 PO BOX 570
 MISSOURI DEPT OF HHS
 JEFFERSON CITY, MI 65102-0570
 Phone: [NO DATA]

10b. FEDERAL PROJECT OFFICER
 Mr. David Kim
 1600 Clifton Rd
 Atlanta, GA 30333
 Phone: 404-639-0969

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	50,835.00
b. Fringe Benefits	25,419.00
c. Total Personnel Costs	76,254.00
d. Equipment	0.00
e. Supplies	1,000.00
f. Travel	9,813.00
g. Construction	0.00
h. Other	201,931.00
i. Contractual	351,000.00
j. TOTAL DIRECT COSTS →	639,998.00
k. INDIRECT COSTS	15,937.00
l. TOTAL APPROVED BUDGET	655,935.00
m. Federal Share	655,935.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	655,935.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	655,935.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	655,935.00

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.		d.	
b.		e.	
c.		f.	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
a. DEDUCTION	b
b. ADDITIONAL COSTS	
c. MATCHING	
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 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: **Anella Higgins**

17. OBJ CLASS	18a. VENDOR CODE	18b. EIN	19. DUNS	20. CONG. DIST.
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 5-939ZMPT	b. 001017SP15	c. IP	d. \$0.00	e. 75-X-0951
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 6 NH23IP001017-01-01	

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

AWARD ATTACHMENTS

Missouri Dept. of Health and Senior
Services/DSS&R

6 NH23IP001017-01-01

1. Missouri Department of Health and Senior Services

Additional Terms and Conditions of Award
NH23IP001017-01-01

The purpose of this amended Notice of Award is to approve your response to the summary statement. We have reviewed the information dated, October 27, 2015, as submitted by the Missouri Department of Health and Senior Services, in response to the identified weakness of your proposal and the revised budget and find it to be acceptable.

If there are any questions regarding this amendment, please contact Michael Vance, Grants Management Specialist at 770-488-2686 or email at MVance@cdc.gov.

All 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