

1. DATE ISSUED MM/DD/YYYY 06/26/2017  
 2. CFDA NO. 93.733  
 3. ASSISTANCE TYPE Project Grant

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Centers for Disease Control and Prevention**  
**CDC Office of Financial Resources**  
 2920 Brandywine Road  
 Atlanta, GA 30341

1a. SUPERSEDES AWARD NOTICE dated 06/05/2017  
 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 NH23IP001017-01-03  
 Formerly 1H23IP001017-01  
 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY  
 From 09/30/2015 Through 09/29/2018

7. BUDGET PERIOD MM/DD/YYYY  
 From 09/30/2015 Through 09/29/2018

**NOTICE OF AWARD**  
 AUTHORIZATION (Legislation/Regulations)  
 PHS 317, 42 USC, SEC. 247B

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  
 Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR  
 Ms. Alicia Davis  
 920 Wildwood Dr  
 STATE OF MISSOURI  
 Jefferson City, MO 65109-5796  
 Phone: 573-526-6643

10a. GRANTEE AUTHORIZING OFFICIAL  
 Mr. Bret Fischer  
 920 Wildwood Dr  
 Jefferson City, MO 65102-0570  
 Phone: 573-751-6014

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

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	<b>I</b>
II Total project costs including grant funds and all other financial participation	
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
<b>l. TOTAL APPROVED BUDGET</b>	<b>655,935.00</b>
m. Federal Share	655,935.00
n. Non-Federal Share	0.00

<b>12. AWARD COMPUTATION</b>	
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
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>0.00</b>
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>655,935.00</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> (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.	

<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>		<b>b</b>
a. DEDUCTION		
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 AWARING 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)

Request for 12 month extension to 9/29/18 is approved. No new activities are approved as part of this extension and no further extensions will be granted.

GRANTS MANAGEMENT OFFICIAL: Jon Messick

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 5-939ZMPT	b. 001017SP15	c. 93.733	d. IP	e. \$0.00
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 06/26/2017
GRANT NO. 6 NH23IP001017-01-03	

**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
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

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

6 NH23IP001017-01-03

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1. Terms and Conditions

Funding Opportunity Announcement (FOA) Number: **IP15-1502**  
Award Number: **6 NH23IP001017-01** (Amendment #3)  
Award Type: Cooperative Agreement  
Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

**PURPOSE:** The purpose of this administrative amendment is to provide a 12 month no-cost extension for the current budget period as outlined in the Funding Opportunity Announcement **CDC-RFA-IP15-1502**. The revised budget period is as follows:

**Budget Period: September 30, 2014 through September 29, 2018.**

**REVISED REPORTING REQUIREMENTS:** The final Federal Financial Report (FFR), SF 425 and final Progress Report are due on the following dates:

Federal Financial Report due date: **December 31, 2018.**

Progress Report due date: **December 31, 2018.**

Payment Management System Subaccount

**Grant Document Number: 001017SP15**

**Subaccount Title: IP15-1502PPHF15**

**CLOSEOUT REQUIREMENTS:** All reports must be submitted to the Grants Management Specialist within 90 days following the expiration of this award.

Federal Financial Report - Grantee must submit a cumulative final financial status report for this project by **December 31, 2018.**

Progress Report - Final progress report is due **December 31, 2018.** This report must summarize the entire project.

Equipment Inventory - A complete inventory must be submitted for all major equipment acquired, or furnished under this project with a unit acquisition cost of \$5,000 or more. If no equipment was purchased or provided, then submit a page stating No Equipment purchased or include the statement in a cover letter.

Final Invention Statement - Final Invention Statement and Certification, (Form HHS 568) should be submitted by **December 31, 2018** if any inventions were conceived under this award. If no inventions were conceived under this award, then please state that in a cover letter.

**Stewardship:** The grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

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.

**Please reference your award number on all correspondence including each page of all attachments.**

**David Kim**, Project Officer  
Centers for Disease Control  
Centers for Disease Control & Prevention  
1600 Clifton Rd, NE, MS-A19  
Atlanta, GA 30329  
Telephone: 404-639-0969  
Email: [ddk5@cdc.gov](mailto:ddk5@cdc.gov)

Grants Management Contact:  
**Karen Zion**, Grants Management Specialist  
Centers for Disease Control & Prevention  
Office of Grant Services  
2920 Brandywine Rd., MS E-15  
Atlanta, GA 30341  
Telephone: 770-488-2729  
Email: [wvf8@cdc.gov](mailto:wvf8@cdc.gov)