

1. DATE ISSUED MM/DD/YYYY 08/13/2018 | 2. CFDA NO. 93.977 | 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 07/01/2018
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 NH25PS004345-05-03
Formerly 5H25PS004345-03 | 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY
From 01/01/2014 Through 12/31/2018

7. BUDGET PERIOD MM/DD/YYYY
From 01/01/2018 Through 12/31/2018

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
PHS ACT, SECT. 318 (42U.S.C. SEC 247C)

8. TITLE OF PROJECT (OR PROGRAM)
IMPRVG STD PRGMS THRU ASSMT, ASSRNC, PLCY DEV & PREV STRAT

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
920 Wildwood Dr
COMMUNITY AND PUBLIC HEALTH
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Ms. Nicole Massey
920 WILDWOOD DR
MISSOURI DEPT OF HLTH
JEFFERSON CITY, MO 65109
Phone: [NO DATA]

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Tonya R Loucks
920 WILDWOOD DR
Business Official
JEFFERSON CITY, MO 65109-5796
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
Kenya Taylor
1600 Clifton Rd
Atlanta, GA 30333
Phone: 800-232-4636

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	<input type="checkbox"/>
II Total project costs including grant funds and all other financial participation	<input type="checkbox"/>
a. Salaries and Wages	475,977.00
b. Fringe Benefits	252,268.00
c. Total Personnel Costs	728,245.00
d. Equipment	0.00
e. Supplies	30,889.00
f. Travel	26,415.00
g. Construction	0.00
h. Other	356,956.00
i. Contractual	433,254.00
j. TOTAL DIRECT COSTS →	1,575,759.00
k. INDIRECT COSTS	155,844.00
l. TOTAL APPROVED BUDGET	1,731,603.00
m. Federal Share	1,731,603.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	1,731,603.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	1,653,798.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	77,805.00
13. Total Federal Funds Awarded to Date for Project Period	9,100,083.00

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. 6		d. 9	
b. 7		e. 10	
c. 8		f. 11	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
a. DEDUCTION	<input type="checkbox"/>
b. ADDITIONAL COSTS	<input type="checkbox"/>
c. MATCHING	<input type="checkbox"/>
d. OTHER RESEARCH (Add / Deduct Option)	<input type="checkbox"/>
e. OTHER (See REMARKS)	<input type="checkbox"/>

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)

Supplemental Funding: Financial Assistance in the amount of \$77,805
Change in Business Official - Approved
Carryover Request Disapproved

GRANTS MANAGEMENT OFFICER Arthur Lusby, Grants Management Officer, Team Lead

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. 8-939ZRPZ	b. 004345AA14	c. 93.977	d. PS	e. \$77,805.00
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
01/01/2014	12/31/2014	Annual	03/31/2015
01/01/2015	12/31/2015	Annual	03/30/2016
01/01/2016	12/31/2016	Annual	03/31/2017
01/01/2017	12/31/2017	Annual	03/31/2018
01/01/2018	12/31/2018	Annual	03/31/2019

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

6 NH25PS004345-05-03

1. Revised Terms

Notice of Funding Opportunity (NOFO): PS14-1402

Award Number: H25 PS004345

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

ADDITIONAL TERMS AND CONDITIONS

PURPOSE: This Notice of Award is to provide supplemental funding in the amount of **\$ 77,805** for “**Supporting the Expansion of Assessment, Assurance, Policy and Cross-Cutting Activities for STD Prevention and Control.**” These funds are provided for the following period 01/01/2018 through 12/31/2018.

These funds are approved for the current fiscal year budget period only with no commitment for continued support in future budget periods.

CHANGE OF KEY PERSONNEL: This amendment also approves Ms. Tonya Loucks as the Business Official replacing Ms. Pat Bedell as requested by your organization in the letter dated **May 23, 2018**.

CARRYOVER DISAPPROVAL: The carryover request amount of **\$4,764** have been denied, due to the recent use of offset unobligated funds authorized by Program, no unobligated funds are remaining to carryover at this time.

Please be advised that grantee 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:

Portia R. Brewer, MBA
Grants Management Specialist
Centers for Disease Control
Infectious Diseases Services Branch (IDSB)
2060 Brandywine Rd MS-E15
Atlanta, GA 30341
Telephone: 770-488-3185
Email: Pbrewer@cdc.gov

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE