

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 01/29/2018
GRANT NO. 6 NU17CE924853-02-02	

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

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/01/2016	08/31/2017	Annual	11/29/2017
09/01/2017	08/31/2018	Annual	11/29/2018

AWARD ATTACHMENTS

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

6 NU17CE924853-02-02

1. Revised Terms and Conditions

Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

AWARD INFORMATION

NOTE 1: The purpose of this amendment is to notify the recipient organization that the Authorizing/Business Official has changed from Bret Fisher to Patricia Bedell per the recipient's request dated December 21, 2017. We have reviewed the information submitted by your organization and find it to be acceptable.

NOTE 2: 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, necessary and reasonable.

NOTE 3: 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 INCLUDE THE FOA AWARD NUMBER ON ALL CORRESPONDENCE

Financial Contacts:

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Office of Grants Services
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Financial Contact:

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