**Title:** Cooperative Agreement

**Document Type:** Post Award Amendment

**Date:** 10/25/2018

**Department:** Centers for Disease Control and Prevention

**Address:** 1600 Clifton Road, Atlanta, GA 30329

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**Subject:** Cooperative Agreement

### 1. Date Issued

10/25/2018

### 2. CFDA No.

93.136

### 3. Assistance Type

Cooperative Agreement

### 4. Grant No.

6 NU17CE924853-03-01

### 5. Action Type

Post Award Amendment

---

**Grant Number:** 6 NU17CE924853-03-01

**Formerly:** 6-939ZSPT

**Project Period:**

- From: 09/01/2016
- Through: 08/31/2021

**Budget Period:**

- From: 09/01/2018
- Through: 08/31/2019

---

**Grantee Address:**

- 4770 Buford Hwy
- Atlanta, GA 30341
- Phone: 770-488-4244

- 920 WILDWOOD DR
- Jefferson City, MO 65109-5796
- Phone: 573-526-0452

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**Grantee Name and Address:**

Missouri Collecting Violent Death Information Using National Violent Death Reporting System (NVDRS)

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**Title of Project (or Program):**

Missouri Collecting Violent Death Information Using National Violent Death Reporting System (NVDRS)

---

**11. Approved Budget (Excludes Direct Assistance):**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Salaries and Wages</td>
<td>105,608.00</td>
</tr>
<tr>
<td>b. Fringe Benefits</td>
<td>61,253.00</td>
</tr>
<tr>
<td>c. Total Personnel Costs</td>
<td>166,861.00</td>
</tr>
<tr>
<td>d. Equipment</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Supplies</td>
<td>2,816.00</td>
</tr>
<tr>
<td>f. Travel</td>
<td>7,226.00</td>
</tr>
<tr>
<td>g. Construction</td>
<td>0.00</td>
</tr>
<tr>
<td>h. Other</td>
<td>12,946.00</td>
</tr>
<tr>
<td>i. Contractual</td>
<td>131,674.00</td>
</tr>
<tr>
<td>j. Total Direct Costs</td>
<td>321,523.00</td>
</tr>
<tr>
<td>k. Indirect Costs</td>
<td>35,541.00</td>
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<tr>
<td>l. Total Approved Budget</td>
<td>357,064.00</td>
</tr>
<tr>
<td>m. Federal Share</td>
<td>357,064.00</td>
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<tr>
<td>n. Non-Federal Share</td>
<td>0.00</td>
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</tbody>
</table>

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**12. Award Computation:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Amount of Federal Financial Assistance (from item 11a)</td>
<td>357,064.00</td>
</tr>
<tr>
<td>b. Less Unobligated Balance From Prior Budget Periods</td>
<td>0.00</td>
</tr>
<tr>
<td>c. Less Cumulative Prior Award(s) This Budget Period</td>
<td>0.00</td>
</tr>
<tr>
<td>d. Amount of Financial Assistance This Action</td>
<td>0.00</td>
</tr>
</tbody>
</table>

---

**13. Total Federal Funds Awarded to Date for Project Period:**

921,418.00

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**14. Recommended Future Support:**

(Subject to the availability of funds and satisfactory progress of the project)

**15. Program Income Shown in Accord with One of the Following Alternatives:**

- Deduction
- Additional Costs
- Matching
- Matching (Add/Deduct Option)
- 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:**

- The grant program legislation
- The grant program regulations
- The award notice including terms and conditions, if any, noted below under REMARKS
- Federal administrative requirements, cost principles and audit requirements applicable to this grant.

---

**REMARKS**

(Other Terms and Conditions Attached - Yes No)

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**Grants Management Officer:**

Brownie Anderson-Rana, Grants Management Officer
## Direct Assistance

<table>
<thead>
<tr>
<th>BUDGET CATEGORIES</th>
<th>PREVIOUS AMOUNT (A)</th>
<th>AMOUNT THIS ACTION (B)</th>
<th>TOTAL (A + B)</th>
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</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
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<tr>
<td>Travel</td>
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<tr>
<td>Equipment</td>
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<tr>
<td>Supplies</td>
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<td>$0.00</td>
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<tr>
<td>Contractual</td>
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<tr>
<td>Construction</td>
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<td>Reporting Period Start Date</td>
<td>Reporting Period End Date</td>
<td>Reporting Type</td>
<td>Reporting Period Due Date</td>
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<tr>
<td>----------------------------</td>
<td>---------------------------</td>
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</tr>
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<td>11/29/2018</td>
</tr>
<tr>
<td>09/01/2018</td>
<td>08/31/2019</td>
<td>Annual</td>
<td>11/29/2019</td>
</tr>
</tbody>
</table>
1. Revised terms and Conditions
NOTE 1: Revised Budget: The purpose of this amended Notice of Award is to approve the revised budget redirection request submitted by your organization dated September 27, 2018. Funds have been distributed as indicated in the approved budget of this Notice of Award.

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 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 THE NOFO AND AWARD NUMBER ON ALL CORRESPONDENCE

CDC Contacts:
LaQuanda Lewis, Grants Management Specialist
Office of Financial Resources
Office of Grants Services
2960 Brandywine Rd
Atlanta GA 30341
Email: hrf6@cdc.gov
Phone: 770-488-2969

Brownie Anderson-Rana
Grants Management Officer
Office of Financial Resources
2960 Brandywine Rd
Atlanta GA 30341
Telephone: 770-488-2771
Email: BAndersonRana@cdc.gov