

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 06/04/2018
GRANT NO. 6 NU17CE924884-02-04	

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 STATE DEPT/ HEALTH & SENIOR
SRV

6 NU17CE924884-02-04

1. Revised Terms and Conditions

NOTE 1 Carryover: The purpose of this amended Notice of Award is to approve carryover of unobligated funds in the amount of \$119,696 from budget period 01 to budget period 02. This is in response to a request submitted by your organization dated February 28, 2018. These funds have been distributed as indicated in the approved budget of this Notice of Award.

Unobligated funds in the amount of \$119,696 have been applied to this award. Please note that if the actual amount of available unobligated funds is less than the amount used in this action, the total approved budget may be reduced by the difference in a subsequent award action, thus reducing the amount of the current award.

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

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 NOFO and Award number on all correspondence

CDC Contacts:

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