| | |
|---|---|
| **1. DATE ISSUED** *MM/DD/YYYY* 01/07/2019 | **1a. SUPERSEDES AWARD NOTICE dated** 06/15/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded |
| **2. CFDA No.** 93.184 - Disabilities Prevention | |
| **3. ASSISTANCE TYPE** Cooperative Agreement | |
| **4. GRANT NO.** 6 NU27DD000013-03-01 **Formerly** | **5. TYPE OF AWARD** Other |
| **4a. FAIN** NU27DD000013 | **5a. ACTION TYPE** Post Award Amendment |
| **6. PROJECT PERIOD** *MM/DD/YYYY* **From** 07/01/2016 | *MM/DD/YYYY* **Through** 06/30/2021 |
| **7. BUDGET PERIOD** *MM/DD/YYYY* **From** 07/01/2018 | *MM/DD/YYYY* **Through** 06/30/2019 |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**CDC Office of Financial Resources**

1600 Clifton Road
Atlanta, GA 30329

# NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Sections 317C [42 U.S.C. 247b-4] of the Public Health Service Act.

**8. TITLE OF PROJECT (OR PROGRAM)**
Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs

**9a. GRANTEE NAME AND ADDRESS**
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
920 Wildwood Dr
-DUP6
Jefferson City, MO 65109-5796

**9b. GRANTEE PROJECT DIRECTOR**
Mr. Steve Cramer
930 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 5735222806

**10a. GRANTEE AUTHORIZING OFFICIAL**
Mr. Bret743162 Fischer
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
Phone: 573-751-6014

**10b. FEDERAL PROJECT OFFICER**
Mary Helen Witten
Centers for Disease Control and Prevention
CCHP/NCBDDD/DHDD
Atlanta, GA 30333
Phone: 404-498-3023

**ALL AMOUNTS ARE SHOWN IN USD**

**11. APPROVED BUDGET** (Excludes Direct Assistance)

| | | |
|---|---|---|
| I Financial Assistance from the Federal Awarding Agency Only | | |
| II Total project costs including grant funds and all other financial participation | | I |
| a. Salaries and Wages | | 26,551.00 |
| b. Fringe Benefits | | 14,072.00 |
| c. Total Personnel Costs | | 40,623.00 |
| d. Equipment | | 0.00 |
| e. Supplies | | 240.00 |
| f. Travel | | 2,452.00 |
| g. Construction | | 0.00 |
| h. Other | | 2,103.00 |
| i. Contractual | | 95,889.00 |
| j. TOTAL DIRECT COSTS | 141,307.00 | |
| k. INDIRECT COSTS | 8,693.00 | |
| l. **TOTAL APPROVED BUDGET** | 150,000.00 | |
| m. Federal Share | | 150,000.00 |
| n. Non-Federal Share | | 0.00 |

**12. AWARD COMPUTATION**

| | |
|---|---|
| a. Amount of Federal Financial Assistance (from item 11m) | 150,000.00 |
| b. Less Unobligated Balance From Prior Budget Periods | 0.00 |
| c. Less Cumulative Prior Award(s) This Budget Period | 150,000.00 |
| d. **AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION** | 0.00 |
| **13. Total Federal Funds Awarded to Date for Project Period** | 450,000.00 |

**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. 4 | | d. 7 | |
| b. 5 | | e. 8 | |
| c. 6 | | f. 9 | |

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

b

**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:**
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 - [X] Yes [ ] No)

**GRANTS MANAGEMENT OFFICIAL:**
Patricia French, Grants Management Officer
2960 Brandywine Road
Mailstop E09
Atlanta, GA 30341
Phone: 770-488-2849

| **17. OBJ CLASS** 41.51 | **18a. VENDOR CODE** [redacted] | **18b. EIN** [redacted] | **19. DUNS** 878092600 | **20. CONG. DIST.** 03 |
|---|---|---|---|---|

| FY-ACCOUNT NO. | DOCUMENT NO. | CFDA | ADMINISTRATIVE CODE | AMT ACTION FIN ASST | APPROPRIATION |
|---|---|---|---|---|---|
| 21. a. 8-93905XJ | b. 16NU27DD000013 | c. 93.184 | d. DD | e. $0.00 | f. 75-18-0958 |
| 22. a. | b. | c. | d. | e. | f. |
| 23. a. | b. | c. | d. | e. | f. |

| Federal Financial Report Cycle | | | |
|---|---|---|---|
| Reporting Period Start Date | Reporting Period End Date | Reporting Type | Reporting Period Due Date |
| 07/01/2016 | 06/30/2017 | Annual | 09/28/2017 |
| 07/01/2017 | 06/30/2018 | Annual | 09/28/2018 |
| 07/01/2018 | 06/30/2019 | Annual | 09/28/2019 |

# AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV 6 NU27DD000013-03-01

1. Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Technical Review**: The purpose of this amended Notice of Award is to approve the response to the Technical Review submitted by your organization dated July 31, 2018**.**

LaShanda Washington, MPH
Grants Management Specialist (GMS)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
LNWashington@cdc.gov I 770-488-2766

Patricia French
Grants Management Officer (GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
PFrench@cdc.gov I 770-488-2849