Enhance and increase the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging or re-emerging infectious diseases.

**9a. GRANTEE NAME AND ADDRESS**

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
920 Wildwood Dr
Jefferson City, MO 65109-5796

**9b. GRANTEE PROJECT DIRECTOR**

HOWARD PUE
920 WILDWOOD DRIVE P.O. BOX 570
MISSOURI STATE DEPT. OF HEALTH &
JEFFERSON CITY, MO 65102-0570

**12. AWARD COMPUTATION**

<table>
<thead>
<tr>
<th>Financial Assistance from the Federal Awarding Agency Only</th>
<th>Total Federal Funds Awarded to Date for Project Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Amount of Federal Financial Assistance (from item 11a)</td>
<td>2,614,369.00</td>
</tr>
<tr>
<td>b. Less Unobligated Balance From Prior Budget Periods</td>
<td>160,387.00</td>
</tr>
<tr>
<td>c. Less Cumulative Prior Award(s) This Budget Period</td>
<td>2,453,982.00</td>
</tr>
<tr>
<td>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Federal Funds Awarded to Date for Project Period</td>
<td>6,989,213.00</td>
</tr>
</tbody>
</table>

**15. PROGRAM INCOME SHALL BE SHOWN ACCORDING TO THE FOLLOWING ALTERNATIVES:**

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. 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.
- In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail.

The purpose of this action is to approve a 12 month extension to Zika funds awarded in budget period 03 in the Notice of Award issued on 12/16/2016. The revised budget period is from 01/01/2017 until 07/31/2019. New activities are not allowed and no further extensions will be given.

**GRANTS MANAGEMENT OFFICIAL:** Jon Messick, Grants Management Officer
<table>
<thead>
<tr>
<th>FY-ACCOUNT NO.</th>
<th>DOCUMENT NO.</th>
<th>CFDA.</th>
<th>ADMINISTRATIVE CODE</th>
<th>AMT ACTION FIN</th>
<th>APPROPRIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.a. 7-939082Z</td>
<td>b. 000428CK17</td>
<td>c. 93.323</td>
<td>d. CK</td>
<td>e. $0.00</td>
<td>f. 75-17-0943</td>
</tr>
</tbody>
</table>
1. Zika Terms and Conditions
Notice of Funding Opportunity (NOFO) Number: **CK14-1401**
Award Number: **6 NU50CK000428-03-08**
Award Type: Cooperative Agreement

**TERMS AND CONDITIONS OF AWARD**

**Zika Extension:** The purpose of this amendment is to approve a 12 month Zika Extension per the request submitted by your organization dated **April 18, 2018**. The budget period end date has been extended to **July 31, 2019**.

**Payment Management System (PMS):**

Grant Document Number: 000428CK17
Subaccount Title: CK141401COOPAGREFY17

**Assistance Award Closeout Requirements (ZIKA):** Recipient shall submit all closeout reports no later than **October 29, 2019**. Reporting timeframe is **January 1, 2017** through **July 31, 2019**.

**Final Performance Progress Report (ZIKA)** is due no later than **October 29, 2019**. This final performance progress report should summarize progress made through the entire project period: **January 01, 2017** through **July 31, 2019**. At a minimum it should include the following:

* A statement of progress made toward the achievement of originally stated aims
* A description of results (positive or negative) considered significant
* A list of publications resulting from the project, with plans, if any, for further publication

**Final Federal Financial Report (FFR) (ZIKA):** Is due no later than **October 29, 2019**. The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. Reporting period is **January 1, 2017** through **July 31, 2019**.

Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).
**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

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 reference your award number on all correspondence including each page of all attachments.

**Programmatic Contact:**
De’Lisa Simpson, Project Officer
Centers for Disease Control & Prevention
1600 Clifton Rd, NE,
Atlanta, GA 30329
Telephone: **404.639.3629**
Email: ion9@cdc.gov

**Grants Management Contact:**
Karen Zion, Grants Management Specialist
Centers for Disease Control & Prevention
Office of Grant Services
2920 Brandywine Rd., MS E-15
Atlanta, GA 30341
Telephone: **770.488.2729**
Email: wvf8@cdc.gov

Erica Stewart, Grants Management Officer
Centers for Disease Control & Prevention
Office of Grant Services
2920 Brandywine Rd., MS E-15
Atlanta, GA 30341
Telephone: **770.488.2769**
Email: ity9@cdc.gov