

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
42 USC 241 31 USC 6305 42 CFR 52

1. DATE ISSUED MM/DD/YYYY 09/26/2016	2. CFDA NO. 93.323	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated 08/26/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 6 NU50CK000428-03-04 Formerly 3U50CK000428-02S1	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From 03/31/2015 Through 07/31/2019	MM/DD/YYYY MM/DD/YYYY	
7. BUDGET PERIOD From 08/01/2016 Through 07/31/2017	MM/DD/YYYY MM/DD/YYYY	

8. TITLE OF PROJECT (OR PROGRAM)
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 Dept. of Health and Senior Services/DSS&R 920 Wildwood Dr COMMUNITY AND PUBLIC HEALTH 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 Phone: [NO DATA]
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10a. GRANTEE AUTHORIZING OFFICIAL HOWARD PUE 920 WILDWOOD DRIVE P.O. BOX 570 MISSOURI STATE DEPT. OF HEALTH & JEFFERSON CITY, MO 65102-0570 Phone: [NO DATA]	10b. FEDERAL PROJECT OFFICER De'Lisa Simpson 1600 Clifton Rd Atlanta, GA 30333 Phone: 404-639-3629
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ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 2,329,079.00	
II Total project costs including grant funds and all other financial participation I		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	1,131,053.00	c. Less Cumulative Prior Award(s) This Budget Period 2,279,079.00	
b. Fringe Benefits	553,778.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 50,000.00	
c. Total Personnel Costs	1,684,831.00	13. Total Federal Funds Awarded to Date for Project Period 5,160,109.00	
d. Equipment	765,322.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	518,349.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	140,728.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 4	d. 7
h. Other	-1,652,394.00	b. 5	e. 8
i. Contractual	474,626.00	c. 6	f. 9
j. TOTAL DIRECT COSTS	1,931,462.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	397,617.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	2,329,079.00	b. ADDITIONAL COSTS	
m. Federal Share	2,329,079.00	c. MATCHING	
n. Non-Federal Share	0.00	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:	
		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 - Yes No)

NOTE: Supplemental Funds are approved for Year 03 budget period which is 08/01/2016 through 07/31/2017 Only

GRANTS MANAGEMENT OFFICIAL: Louvern Asante

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 6-939ZSXH	b. 000428CK14	c. 93.323	d. CK	e. \$50,000.00
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

AWARD ATTACHMENTS

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

6 NU50CK000428-03-04

1. TCs

Funding Opportunity Announcement (FOA) Number: RFA-CK14-1401PPHF14

Award Number: **CK000428-03S1**

Award Type: **Cooperative Agreement**

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

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD
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Approved Funding: The purpose of this revised Notice of Award is to award an additional **\$50,000.00** in supplemental funding to support the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) – Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Department for the Year 03 budget period which is **08/01/2016 through 07/31/2017.**

The purpose of the supplemental funds is to support the necessary additional epidemiologic surge capacity necessary for effective response to an outbreak emergency.

Award Funding: Not Funded by the Prevention and Public Health Fund.

REVISED BUDGET REQUIREMENT: By **October 26, 2016** the grantee must submit a **revised budget with a narrative justification, 424A budget form and work plan.** Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

PAYMENT MANAGEMENT SYSTEM SUBACCOUNT: The grant document number and subaccount title below must be known in order to draw downs funds from the P Account.

Grant Document Number: 000428CK14

Subaccount Title: CK141402ELCBUISTCA14

Stewardship: The grantee 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 and Technical Contact:

De'Lisa Simpson, Project Officer
Centers for Disease Control
National Center for Epidemiology and Laboratory
Capacity for Infectious Diseases (NCEZID)
1600 Clifton Road, NE Mailstop: C18
CLFT Bldg. 24, Cube 11113.3
Telephone: 404.639.3629
Fax: 404.639.1874
Email: ion9@cdc.gov

REPLACEMENT TERMS AND CONDITIONS PAGE

Funding Opportunity Announcement (FOA) Number: RFA-CK14-1401PPHF14

Award Number: **CK000428-03S2 AMENDMENT**

Award Type: **Cooperative Agreement**

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

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD
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The purpose of this amendment is to make an administrative correction on the Notice of Cooperative Agreement dated September 26, 2016 to provide the correct subaccount number for this award. Subaccount number as follows:

Subaccount Title: CK141401ELCBIUSTCA14

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 (s) in all correspondences with CDC.