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
COMMUNITY AND PUBLIC HEALTH
Jefferson City, MO 65109-5796

10a. GRANTEE AUTHORIZING OFFICIAL
HOWARD FUE
920 WILDCROV DRIVE P.O. BOX 570
MISSOURI STATE DEPT. OF HEALTH &
JEFFERSON CITY, MO 65102-0570
Phone: [NO DATA]

b. GRANTEE PROJECT DIRECTOR
HOWARD FUE
920 WILDCROV DRIVE P.O. BOX 570
MISSOURI STATE DEPT. OF HEALTH &
JEFFERSON CITY, MO 65102-0570
Phone: [NO DATA]

10b. FEDERAL PROJECT OFFICER
DeLisa Simpson
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404-639-3629

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Salaries and Wages</td>
</tr>
<tr>
<td>b.</td>
<td>Fringe Benefits</td>
</tr>
<tr>
<td>c.</td>
<td>Total Personnel Costs</td>
</tr>
<tr>
<td>d.</td>
<td>Equipment</td>
</tr>
<tr>
<td>e.</td>
<td>Supplies</td>
</tr>
<tr>
<td>f.</td>
<td>Travel</td>
</tr>
<tr>
<td>g.</td>
<td>Construction</td>
</tr>
<tr>
<td>h.</td>
<td>Other</td>
</tr>
<tr>
<td>i.</td>
<td>Contractual</td>
</tr>
<tr>
<td>j.</td>
<td>TOTAL DIRECT COSTS</td>
</tr>
<tr>
<td>k.</td>
<td>INDIRECT COSTS</td>
</tr>
<tr>
<td>l.</td>
<td>TOTAL APPROVED BUDGET</td>
</tr>
<tr>
<td>m.</td>
<td>Federal Share</td>
</tr>
<tr>
<td>n.</td>
<td>Non-Federal Share</td>
</tr>
</tbody>
</table>

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11a) 2,329,079.00
b. Less Unobligated Balance From Prior Budget Periods 0.00
c. Less Cumulative Prior Award(s) This Budget Period 2,329,079.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 50,000.00

13. Total Federal Funds Awarded to Date for Project Period 5,160,109.00

14. RECOMMENDED FUTURE SUPPORT
(Subject to the availability of funds and satisfactory progress of the project)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Direct Costs</th>
<th>Total Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. 4</td>
<td>b. 7</td>
</tr>
<tr>
<td></td>
<td>c. 6</td>
<td>d. 9</td>
</tr>
</tbody>
</table>

16. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

- e. Other Costs
- f. Other Research (Add / Derive Option)
- g. 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 regulations.
- b. The grant program regulations.
- c. This award is not including terms and conditions, if any, noted below under REMARKS.
- d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.
- e. The grant and terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obligated from the grant payment system.
- f. The grant and terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obligated from the grant payment system.

REMARKS: (Other Terms and Conditions Attached - )

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 078922600
20. CONG. DIST. 03
AWARD ATTACHMENTS

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

1. TCs
Funding Opportunity Announcement (FOA) Number: RFA-CK14-1401PPHF14
Award Number: CK000428-03S1
Award Type: Cooperative Agreement

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

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

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

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: CK141401ELCBUISTCA14

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.