

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE
 12/16/2016 | 93.323 | Cooperative Agreement

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

1a. SUPERSEDES AWARD NOTICE dated 09/26/2016
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 6 NU50CK000428-03-05
 Formerly 3U50CK000428-02S1

5. ACTION TYPE
 Post Award
 Amendment

6. PROJECT PERIOD MM/DD/YYYY
 From 03/31/2015 Through 07/31/2019

7. BUDGET PERIOD MM/DD/YYYY
 From 08/01/2016 Through 07/31/2017

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
 930 Wildwood Dr
 State of Missouri Senior Services/DSS&R
 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]

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

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 | 1,194,427.00 |
| b. Fringe Benefits | 585,465.00 |
| c. Total Personnel Costs | 1,779,892.00 |
| d. Equipment | 1,017,322.00 |
| e. Supplies | 521,199.00 |
| f. Travel | 141,543.00 |
| g. Construction | 0.00 |
| h. Other | -3,861,708.00 |
| i. Contractual | 2,435,683.00 |
| j. TOTAL DIRECT COSTS → | 2,033,931.00 |
| k. INDIRECT COSTS | 420,051.00 |
| l. TOTAL APPROVED BUDGET | 2,453,982.00 |
| m. Federal Share | 2,453,982.00 |
| n. Non-Federal Share | 0.00 |

| | |
|---|---------------------|
| 12. AWARD COMPUTATION | |
| a. Amount of Federal Financial Assistance (from item 11m) | 2,453,982.00 |
| 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 | 124,903.00 |
| 13. Total Federal Funds Awarded to Date for Project Period | 5,285,012.00 |

| | | | |
|---|--------------------|------|--------------------|
| 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: | | b |
| 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:

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)

The project/budget periods for this ZIKA award is 01/01/2017 to 07/31/2018

GRANTS MANAGEMENT OFFICIAL: Shirley K Byrd, Grants Management Officer

| | | | | |
|---------------------|------------------|-----------|---------------------|---------------------|
| 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. 7-93907P2 | b. 000428CK17 | c. 93.323 | d. CK | e. \$124,903.00 |
| 22. a. | b. | c. | d. | e. |
| 23. a. | b. | c. | d. | e. |

AWARD ATTACHMENTS

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

6 NU50CK000428-03-05

1. MO ZIKA TC
2. MO TECH REVIEW 1
3. MO TECH REVIEW 2

Funding Opportunity Announcement (FOA) Number: RFA-CK14-1401PPHF-14

Award Number: NU50CK000428-03

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

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number RFA-CK14-1401PPHF-14, entitled Building Domestic Surveillance, Laboratory, Vector Control, and Pregnancy Registry Capacity to Respond to Zika Virus, and application received November 21, 2016, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Note: In the event that any requirement in this Notice of Award, the Funding Opportunity Announcement, the HHS GPS, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Expanded Authority: Under this supplement, the Center for Disease Control & Prevention is authorizing limited expanded authority. This will allow access to funds during the entire 19 month budget period without prior approval from CDC.

Approved Funding (ZIKA): Funding in the amount of **\$\$124,903** is approved for the Year 03 budget period, which is **January 1, 2017 through July 31, 2018**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

Award Funding: Not funded by the Prevention and Public Health Fund

Budget Revision Requirement: By **February 28, 2017** the grantee must submit a revised budget with a narrative justification 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.

NOTE TO GRANTEE: The revised budget must be detailed to include a detailed breakdown for all proposed costs. A detailed budget for all proposed Contracts. Consultants and costs associated should be reflected under the Consultant cost category. A price quote for all large amount proposed equipment. For proposed vehicles, a comparison of purchase vs leasing statement, copy of invoice, disposition of current vehicles.

Indirect Costs: Indirect costs are approved based on the Indirect Cost Rate Agreement dated **February 4, 2016**, which calculates indirect costs as follows, a **Provisional rate** is approved at a rate of **23.6%** of the base, which includes, **direct salaries and wages including all fringe benefits**. The effective dates of this indirect cost rate are from **07/01/2016** to **06/30/2019**.

COST LIMITATIONS AS STATED IN THE CONSOLIDATED APPROPRIATIONS ACT, 2014:

A. Cap on Salaries (DIV. H, Title II, Sec. 203): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under and HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

B. Gun Control Prohibition (Div. H, Title II, Sec. 217): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Proper Use of Appropriations – Publicity and Propaganda (LOBBYING) FY2012 (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in the Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restrictions on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm and Anti Lobbying Restrictions for CDC Grantees at: http://www.cdc.gov/od/pgo/funding/grants/Anti-lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf.

D. Needle Exchange (Div. H, Title V, Sec. 522): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Restricts dealing with corporations with recent felonies (Div. E, Title VI, Sec 623): None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) or a felony criminal violation under and Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

RENT OR SPACE COSTS: Grantees are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply and 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87); and 2 CFR Part 230, Cost Principles for Non-Profits Organizations (OMB Circular A-122). The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantee

must provide a narrative justification which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award.

TRAFFICKING IN PERSONS: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

CANCEL YEAR: 31 U.S.C. 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed year appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

FY 2017 funds will expire September 30, 2022. All FY 2017 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2022. After this date, corrections or cash requests will not be permitted.

AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System
Electronic Submission:

[https://harvester.census.gov/facodes/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facodes/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Procurement & Grants Office, Risk Management & Compliance Activity
Electronic Copy to: PGO.Audit.Resolution@cdc.gov

After receipt of the audit report, the National External Audit Review Center will provide audit resolution instructions. CDC will resolve findings by issuing Final Determination Letters.

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements. The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with applicable Federal law and regulations (2 CFR 200 Subpart F and HHS Grants Policy Statement). The grantee may consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipient's records and financial statements. The grantee must include this requirement in all sub-recipient contracts.

Note: The standards set forth in 2 CFR Part 200 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA):

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award And Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

Pursuant to A-133 (see Section_205(h) and Section-.205(1)), a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use of future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards. For instructions of reporting please visit FFATA: www.fsrs.gov.

GENERAL REQUIREMENTS:

TRAVEL COST: In accordance with Health and Human Services (HHS) Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the Notice of Award. To prevent disallowance of cost, grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. Grantee approved policies must meet the requirements of 2 CFR Parts 200, 225 and 230, as applicable and 45 CFR Parts 74 and 92 as applicable.

FOOD AND MEALS: Costs associated with food or meals are allowable when consistent OMB Circulars and guidance, HHS Federal regulations, Program Regulations, HHS policies and guidance. In addition, costs must be proposed in accordance with grantee approved policies and a determination of reasonableness has been performed by the grantee. Grantee approved policies must meet the requirement of 2 CFR Parts 200, 225, and 230, as applicable and 45 CFR Parts 74 and 92 as applicable.

PRIOR APPROVALS: All requests, which require prior approval, must bear the signature of the authorized organization representative. The grantee must submit these requests by **April 30, 2018** or no later than 120 days prior to this budget period's end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction, withholding, or disallowance
- Redirection of funds
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions
- Conferences or meetings that were not specified in the approved budget

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>

KEY PERSONNEL: In accordance with 2 CFR Parts 200.308 and 215.25(c)(2) & (3), CDC grantees must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the FOA, application or award document, and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement NU50CK000428, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health Human Services.

ACKNOWLEDGEMENT OF FEDERAL SUPPORT: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and grantees of Federal research grants, shall clearly state:

- Percentage of the total costs of the program or project which will be financed with Federal money dollar amount of Federal funds for the project or program, and
- Percentage and dollar amount of the total costs of the project or program will be financed by non-governmental sources.

COPYRIGHT INTERESTS PROVISION: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipients agrees to submit into the National Institutes of Health (NIH) Manuscripts Submission (NIHMS) systems an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date the PubMed Central identification number (PMCID) thereafter.

DISCLAIMER FOR CONFERENCE/MEETING/SEMINARS MATERIALS: Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract the grantee must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

LOGO USE FOR CONFERENCE AND OTHER MATERIALS: Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be

established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB).

FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA): All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER

PROTECTIONS: Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "grantee," "sub-grant," or "sub-grantee"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements [41 U.S.C. 4712](#).

(b) This section does not apply to-

(1) DoD, NASA, and the Coast Guard; or

(2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-

(i) Relates to an activity of an element of the intelligence community; or

(ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

"Inspector General" means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.

(b) Entities to whom disclosure may be made.

- (1) A Member of Congress or a representative of a committee of Congress.
- (2) An Inspector General.
- (3) The Government Accountability Office.
- (4) A Federal employee responsible for contract oversight or management at the relevant agency.
- (5) An authorized official of the Department of Justice or other law enforcement agency.
- (6) A court or grand jury.
- (7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.

(c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a Federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at [41 U.S.C. 4712](#) by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR [3.908](#).

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under [41 U.S.C. 4712](#), as described in section [3.908](#) of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION:

Automatic Drawdown (Direct/Advance Payments): Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: <http://www.dpm.psc.gov/heip/help.aspx>

Note: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

University and Non-Profit Payment Branch:

http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true

Governmental and Tribal Payment Branch:

http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true

Cross Servicing Payment Branch:

http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx

International Payment Branch:

Bhavin Patel (301) 443-9188

Email: Bhavin.patel@psc.hhs.gov

Note: Mr. Patel is the only staff person designated to handle all of CDC's international cooperative agreements.

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

US Department of Health and Human Services
PSC/DFO/Division of Payment Management
7700 Wisconsin Avenue – 10th Floor
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

PAYMENT MANAGEMENT SYSTEM SUBACCOUNT: Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as a P Account. A "P" Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

The grant document number and subaccount title below must be known in order to draw down funds from the P Account.

Grant Document Number: 000428CK17

Subaccount Title: **CK141401COOPAGREFY17**

All awards funds must be tracked and reported separately. Funds must be used in support approved activities in the FOA and the approved application.

ACCEPTANCE OF THE TERMS OF AN AWARD: By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

CERTIFICATION STATEMENT: By drawing down funds, the grantee certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable HHS Grant Policy Statement, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS:

Grantees must closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the grantee must submit within 90 days after the last day of the final budget period. All final reports are **due October 31, 2018**. Reporting timeframe is **01/01/2017 through 07/31/2018**. 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).

All manuscripts published as a result of the work support in part or whole by the cooperative grant must be submitted with the progress reports.

An original plus two copies of the reports must be mailed to the GMS for approval by the GMO by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports.

The final and other programmatic reports required by the terms and conditions of the NoA are the following.

FINAL PERFORMANCE REPORT: An original and two copies are required. At a minimum, the report should include the following:

- Statement of progress made toward the achievement of originally stated aims
- Description of results (positive or negative) considered significant
- List of publications resulting from the project, with plans, if any, for further publication

FINAL FEDERAL FINANCIAL REPORT (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted through eRA Commons no later than 90 days after the end of the project period. This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' Payment Management Systems (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

If the final reports (FFR and Final Progress Report) cannot be submitted within 90 days after the end of the project period, in accordance with 2 CFR Parts 200.343 (Closeout), 225 and 230, the grantee must submit a letter requesting an extension that includes the justification for the delay and state the expected date CDC Procurement and Grants Office will receive the reports. All required documents must be mailed to the business contact identified in Staff Contacts.

EQUIPMENT INVENTORY REPORT: An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The grantee should also identify each item of equipment that it wishes to retain for continued use in accordance with 2 CFR Parts 200, 215.37 or 2 CFR 215.71. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its right to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the grantee if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5000 that is no longer to be used in projects or program currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

FINAL INVENTION STATEMENT: An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting <http://www.hhs.gov/forms/hhs568.pdf>. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

CDC ROLES AND RESPONSIBILITIES: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to close-out of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of the grant award including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective review are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

The GMO is the official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business office of the recipient organization.

GMO Contact:

Shirley Byrd, Grants Management Officer
 USDHHS, Centers for Disease Control and Prevention
 Office of Financial Services/Office of Grants Services
 Infectious Disease Services Branch
 2960 Brandywine Road, NE MS K15
 Atlanta, GA 30341
 Telephone: RRO-488-2591
 Fax: 770-488-2868
 Email: SKBryd@cdc.gov

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described above are performed by the GMS on behalf of the GMO.

GMS Contact:

Edna Green, Grants Management Specialist
 USDHHS, Centers for Disease Control and Prevention
 Office of Financial Services/Office of Grants Services
 Infectious Disease Services Branch
 2960 Brandywine Road, NE MS K-15
 Atlanta, GA 30341
 Telephone: 770-488-2858
 Fax: 770-488-2868
 Email: EGreen@cdc.gov

Program/Project Officer: The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of the grants and cooperative agreement including:

- The development of the programs and FOAs to meet the CDC mission
- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review or prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

ELC STREAMLINED OBJECTIVE REVIEW FORM (M1)

Program Announcement #: CK14-1401PPHF ELC Zika Supplement

FY: 2017

Program Announcement Title: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Supplement for Zika Virus Surveillance and Control and U.S. Zika Pregnancy Registry.

Grantee Organization (State/City/Jurisdiction): Missouri

Team Reviewing: Arboviral Zika Review Team

Project(s) Reviewed:

Epidemiology, Laboratory Surveillance and Vector Surveillance & Control

PROGRESS REPORT (PREVIOUSLY FUNDED)

Strengths:

Have well defined plan with number of new elements that have been designed to address ZIKV surveillance/testing/control.

Building on other funds (PHPR) to more fully expand programs.

Weaknesses (including significant gaps):

Have made number of plans – particularly for vector control and surveillance – but not entirely clear from how report is written if work actually completed or just projected.

Recommendations:

Itemize which items actually completed. Current progress consists primarily of modifications to original plan.

Qualitative Scoring:

| Unsatisfactory | Poor | Fair | Good | Very Good | Outstanding |
|----------------|------|------|------|-----------|-------------|
| | | x | | | |

ENHANCEMENTS, MODIFICATIONS AND NEW ACTIVITIES

Strengths:

Have well designed plan to provide more support to various jurisdictions (vector surveillance/control) based on needs/risk assessment/ population size. This is both smart as well as challenging to manage.

Good element of including IR testing.

Weaknesses (including significant gaps):

The planned “summits” are touted as “training” yet training should have already been provided for nearly all items listed (or no work could have been done to date). While periodic reviews of updates and progress are good – this item seems particularly expensive for what is proposed and to be gained.

Plan now to purchase more equipment after just purchasing many of these items (different platform or company) in previous period. The original purchases seemed inappropriate but now more is wanted. They indicate this will help with surge but not clear what surge arrangements are in place that would require this dramatic increase in capacity.

Some plans to extend maintenance contracts for 5 years, which is outside the project period.

Marketing activity 4.1 seems excessively costly (nearly 300K) for what would appear to be a limited campaign.

Recommendations:

Cut/reduce “summit” events

Be more clear on how these funds will be spend. In supplemental, indicate no financial support to local for vector control/surveillance yet this part of the budget is nearly \$2M – is this all going to contracts and items to be handed to jurisdictions by the state?

Qualitative Scoring:

| Unsatisfactory | Poor | Fair | Good | Very Good | Outstanding |
|----------------|------|------|------|-----------|-------------|
| | | x | x | | |

WORKING WITH LOCALS

Strengths:

Would seem to be working with local jurisdictions based on (previously done?) risk assessment needs.

Weaknesses (including significant gaps):

Unclear if local jurisdictions will receive direct funds or just have contractors help them.

Recommendations:

Be explicit on what exactly will be provided to the local entities – both financial and other via either the state or contractors.

Qualitative Scoring:

| Unsatisfactory | Poor | Fair | Good | Very Good | Outstanding |
|----------------|------|------|------|-----------|-------------|
| | | x | | | |

OVERALL SCORING

| Unsatisfactory | Poor | Fair | Good | Very Good | Outstanding |
|----------------|------|------|------|-----------|-------------|
| | | x | | | |

BUDGET COMMENTS (UNSCORED)

- This seems exceptionally high in cost for activities proposed.
- Would recommend using some of the funds to purchase more equipment now that was not acquired last year.
- Several very costly contracts with little evidence for what tangibles they will provide.

ELC STREAMLINED OBJECTIVE REVIEW FORM (M2)

Program Announcement #: CK14-1401PPHF ELC Zika Supplement

FY: 2017

Program Announcement Title: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Supplement for Zika Virus Surveillance and Control and U.S. Zika Pregnancy Registry.

Grantee Organization (State/City/Jurisdiction): Missouri

Team Reviewing: U.S. Zika Pregnancy Registry Review Team

OVERVIEW – Objective Criteria

Number of Zika Cases of Pregnant Women (2016 Total) 6

Completeness of U.S. Zika Pregnancy Registry data (2016)

Presence of Zika virus vector: *Aedes aegypti* X *Aedes albopictus* X
Annual number of live births: 75,360

Amount of ELC Zika virus funding awarded in 2016: \$117,892
Amount obligated as of 10/31/2016: \$0
% of FY16 funds obligated as of 10/31/2016: 0%

PROGRESS REPORT (for previously funded activities)

Strengths:

The Missouri (MO) Department of Health and Senior Services (MDHSS) provides an excellent overview of the following:

- Zika virus control roles and responsibilities of MO local public health agencies, MDHSS, state laboratory, the Office of Veterinary Public Health (OVPH), and Bureau of Reportable Disease Informatics (BRDI), MSPHL, and the Bureau of Communicable Disease Control and Prevention (BCDCP).
- Describing the processes established using previous Zika virus funding.
- Explaining existing birth defects surveillance capacity and methods and role the proposed Pregnancy Registry Coordinator will play in identifying opportunities to expand birth defects surveillance activities related to Zika Virus.
- Their existing capacity to continue and expand activities.

Weaknesses (including significant gaps):

- MDHSS states does provide the number of existing Zika cases (4); however, they do not provide information about high-risk populations and any barrier and needs in the states to follow-up on births and outcome of pregnancies.

Recommendations:

- Provide an overview of the problem in the state, high risk populations, number of live births, and barriers. No epidemiologic data was included in the application (Number of cases, pregnancies of interest, infant follow-up, etc.).
- MDHHS states that more Zika virus cases are likely to increase; however, they do not provide data or information to support the projection (Travelers coming into state, high-risk populations, mosquito control issues, etc.).

Qualitative Scoring:

| | | | | | |
|----------------|------|------|------|-----------|-------------|
| Unsatisfactory | Poor | Fair | Good | Very Good | Outstanding |
| | | | | x | |

ENHANCEMENTS, MODIFICATIONS AND NEW ACTIVITIES

Strengths:

- MDHSS provides an adequate overview of existing capacity and plans to expand on the current activities.
- MDHSS will hire a Pregnancy Registry Coordinator to ensure timely reporting of Zika virus, coordinate Zika virus surveillance efforts, serve as point of contact with CDC, local public health agencies, and serve as a liaison with other state programs, and the medical community.
- MDHSS providence sufficient evidence that they have capacity to successfully implement their proposed strategies and activities and that the infrastructure exist to build upon previously funded activities.
- MDHHS plan to build on existing birth defects surveillance and data collection activities. They have existing field staff who can train birth clerks and other providers on how to collect and report Zika virus cases and pregnancy outcomes.

Weaknesses (including significant gaps):

- MDHSS does not describe the hiring process, recruitment efforts, timeline, and contingency plan for potential barriers related-hiring a Pregnancy Registry Coordinator.
- MDHSS does not provide detailed milestones and outputs for hiring a Pregnancy Registry Coordinator and implementing and evaluating the work plan.

Recommendations:

- Provide more justification for the need for enhancing outbreak investigating and reporting and hiring a full-time Pregnancy Registry Coordinator (#of live births, high-risk populations, health care provider reporting issues or knowledge gaps, etc.).
- Provide milestones and outputs related to hiring a Pregnancy Registry Coordinator and implementing the work plan.
- Provide milestones and outputs for performance and evaluation of proposed activities.

Qualitative Scoring:

| Unsatisfactory | Poor | Fair | Good | Very Good | Outstanding |
|----------------|------|------|------|-----------|-------------|
| | | | | x | |

WORKING WITH LOCALS

Strengths:

- MDHSS provides a good overview of local public health departments Zika Virus activities.

Weaknesses (including significant gaps):

- MDHSS does not describe how they will financially support key locals.
- MDHSS does not describe how they will provide other support to locals, health care providers, health organizations and other key stakeholders.
- MDHSS does not include milestones and outputs for working with and providing support to locals and localities and national health care provider organizations local affiliates (ACOG, Pediatrics, hospital organizations, etc.).

Recommendations:

- Provide details for plans to provide financial and technical support for locals and localities and other community stakeholders.
- Develop and identify a timeline, process, milestones and outputs and barriers for hiring a Pregnancy Registry Coordinator.
- Develop a detailed job description for the Zika Pregnancy Registry Coordinator.
- Establish a contingency plan for potential hiring delays to ensure reporting and surveillance enhancement activities are implemented.

Qualitative Scoring:

| Unsatisfactory | Poor | Fair | Good | Very Good | Outstanding |
|----------------|------|------|------|-----------|-------------|
| | | | x | | |

OVERALL SCORING

| Unsatisfactory | Poor | Fair | Good | Very Good | Outstanding |
|----------------|------|------|------|-----------|-------------|
| | | | | x | |

UNSCORED: BUDGET COMMENTS

- Do the budget items align with the proposed Strategies/Activities? Yes
- Did the applicant apply for funds to support:
 - capital improvements? No
 - large equipment (vehicles, ultrasound machine, etc.)? No
 - any items that would duplicate existing materials available from CDC (e.g., certain training or health education materials, etc.)? No