1. DATE ISSUED MM/DD/YYYY|2. CFDA NO. | 3. ASSISTANCE TYPE 07/31/2017 Cooperative Agreement 93.323 1a. SUPERSEDES AWARD NOTICE dated 05/08/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4. GRANT NO. 5. ACTION TYPE Post Award 6 NU50CK000428-04-02 Amendment Formerly 3U50CK000428-02S1 6. PROJECT PERIOD MM/DD/YYYY MM/DD/YYYY From Through 07/31/2019 08/01/2014 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY From Through 07/31/2018 08/01/2017

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

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.

control known and emerging or re-emerging infectious diseases. 9a. GRANTEE NAME AND ADDRESS 9h GRANTEE PROJECT DIRECTOR Missouri Dept. of Health and Senior Services/DSS&R HOWARD PUE PO BOX 570 920 WILDWOOD DRIVE P.O. BOX 570 Missouri Department of Health and Senior Services MISSOURI STATE DEPT. OF HEALTH & Jefferson City, MO 65102-0570 JEFFERSON CITY, MO 65102-0570 Phone: [NO DATA] 10a. GRANTEE AUTHORIZING OFFICIAL 10b. FEDERAL PROJECT OFFICER De'Lisa Simpson Mr. Bret Fischer 1600 Clifton Rd 920 Wildwood Dr Jefferson City, MO 65102-0570 Atlanta, GA 30333 Phone: 404-639-3629 Phone: 573-751-6014 ALL AMOUNTS ARE SHOWN IN USD 11. APPROVED BUDGET (Excludes Direct Assistance) 12. AWARD COMPUTATION 1,679,028.00 I Financial Assistance from the Federal Awarding Agency Only a. Amount of Federal Financial Assistance (from item 11m) ı 0.00 II Total project costs including grant funds and all other financial participation b. Less Unobligated Balance From Prior Budget Periods c. Less Cumulative Prior Award(s) This Budget Period 513,393.00 Salaries and Wages a. 597,997.00 d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 1,165,635.00 b. Fringe Benefits 292,399.00 13. Total Federal Funds Awarded to Date for Project Period 6,964,040.00 **Total Personnel Costs** C. 14. RECOMMENDED FUTURE SUPPORT 890,396.00 (Subject to the availability of funds and satisfactory progress of the project): Equipment d. 0.00 YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS Supplies e. 144,626.00 a. 5 d. 8 Travel e. 9 29,693.00 b. 6 c. 7 Construction q. f. 10 0.00 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING Other 65,866.00 DEDUCTION Contractual 344,346.00 b ADDITIONAL COSTS MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) TOTAL DIRECT COSTS 1,474,927.00 INDIRECT COSTS 204,101.00 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: **TOTAL APPROVED BUDGET** 1,679,028.00 The grant program legislation The grant program regulations. This award notice including terms and conditions, if any, noted below under REMARKS. The derail administrative requirements, cost principles and audit requi Federal Share 1,679,028.00 In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall 0.00 Non-Federal Share 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: Shirley K Byrd, Grants Management Officer

17. OBJ C	CLASS 41.51	18a.	. VENDOR CODE				18b. El	N		19. DUNS	878092600	2	0. CONG. DIST. 04
1	FY-ACCOUNT NO.		DOCUMENT NO.			CFDA		AD	MINISTRATIVE CODE	AMT A	CTION FIN ASST		APPROPRIATION
21. a.	7-9210400	b.	000428CK1	4	C.	93.32	3	d.	CK	е.	\$17,067.00	f.	75-17-0959
22. a.	7-9211388	b.	000428CK1	4	C.	93.32	3	d.	CK	e.	\$147,113.00	f.	75-17-0949
23. a.	7-921Z9HS	b.	000428CK1	4	C.	93.32	3	d.	CK	e.	\$6,594.00	f.	75-17-0949

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of	2	DATE ISSUED
		07/31/2017
GRANT NO.	6 NU	J50CK000428-04-02

FY-ACCOUNT NO.	DOCUMENT NO.	CFDA.	ADMINISTRATIVE	AMT ACTION FIN	APPROPRIATION
			CODE	ASST	
24.a. 7-921ZDJF	b. 000428CK14	c. 93.323	d. CK	e. \$16,030.00	f. 75-17-0949
25.a. 7-939014P	b. 000428CK14	c. 93.323	d. CK	e. \$19,301.00	f. 75-17-0949
26.a. 7-939018B	b. 000428CK14	c. 93.323	d. CK	e. \$12,877.00	f. 75-17-0949
27.a. 7-93901FW	b. 000428CK14	c. 93.323	d. CK	e. \$100,627.00	f. 75-17-0959
28.a. 7-93901H6	b. 000428CK14	c. 93.323	d. CK	e. \$22,933.00	f. 75-17-0956
29.a. 7-93903FD	b. 000428CK14	c. 93.323	d. CK	e. \$1,104.00	f. 75-17-0949
30.a. 7-93903GE	b. 000428CK14	c. 93.323	d. CK	e. \$4,272.00	f. 75-17-0949
31.a. 7-93905VH	b. 000428CK14	c. 93.323	d. CK	e. \$78,772.00	f. 75-17-0949
32.a. 7-93907P1	b. 000428CK17	c. 93.323	d. CK	e. \$123,444.00	f. 75-1617-0943
33.a. 7-939082Z	b. 000428CK17	c. 93.323	d. CK	e. \$20,756.00	f. 75-17-0943
34.a. 7-93908MV	b. 000428CK14	c. 93.323	d. CK	e. \$192,226.00	f. 75-17-0949
35.a. 7-93908MW	b. 000428CK14	c. 93.323	d. CK	e. \$165,244.00	f. 75-17-0949
36.a. 7-939ZSCE	b. 000428CK14	c. 93.323	d. CK	e. \$89,918.00	f. 75-17-0951
37.a. 7-939ZSHD	b. 000428CK14	c. 93.323	d. CK	e. \$10,000.00	f. 75-17-0949
38.a. 7-939ZVJC	b. 000428CK14	c. 93.323	d. CK	e. \$137,357.00	f. 75-17-0949

AWARD ATTACHMENTS

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

6 NU50CK000428-04-02

1. CK428 MO AMENDED AWARD TERMS

REVISED NOTICE OF COOPERATIVE AGREEMENT

Funding Opportunity Announcement (FOA): CK14-1401

Award Number: 5NUCK000428-04-02

Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative

Requirements, Cost Principles, and Audit Requirements for HHS Awards

REVISED AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity number CK14-1401, entitled PPHF 2014 EPIDEMIOLOGY AND LAB CPCITY FOR INFECT DIS (ELC) - BLD, and application dated May 16, 2017, 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, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, 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 Notice of Funding Opportunity, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Additional funding in the amount of **\$1,165,635** is approved for the Year 04 budget period, which is **8/1/2017** through **7/31/2018**.

Non-PPHF: \$1,021,435 Zika: \$144,200

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

Award Funding: This Notice is NOT funded by the Prevention and Public Health Fund.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs: Indirect costs are approved based on the Indirect Cost Rate Agreement dated **March 7**, **2017**, which calculates indirect costs as follows, a Provisional is approved at a rate of **21.40** percent of the base, which includes direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from **July 1**, **2017** to **June 30**, **2018**.

CORRECTION TO PREVIOUS NOTICE OF AWARD

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar and then click on Federal Financial Reports.

The FFR for this budget period is due by **October 29, 2018**. Reporting timeframe is **August 1, 2017** through **July 31, 2018**. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report.

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, the grantee is required to contact the Grants Management Specialist identified in the CDC Grants Management Contacts below.

PAYMENT INFORMATION

Automatic Drawdown (Direct/Advance Payments): Payment under this amended 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.

To obtain access to the Payment Management System (PMS), Grantees must complete the below forms

- Direct Deposit Instructions and SF-1199A Form for Domestic Bank Accounts
- Direct Deposit Instructions and SF-1199A Form for International Bank Accounts
- PMS System Access Form

The forms can be submitted to your PSC Liaison Accountant by emailing the forms directly.

If there is a change in the grantee's banking institution or account number, a new SF-1199A must be submitted to PSC.

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

HHS/PSC Payment Management Services P.O. Box 6021

Rockville, MD 20852

Phone Number: (877) 614-5533 Email: PMSSupport@psc.gov Website: https://pms.psc.gov/

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:

U.S. Department of Health and Human Services Division of Payment Management 7700 Wisconsin Avenue, Suite 920 Bethesda, MD 20814

Note: To obtain the contact information of PMS staff based on your organization type: Government, Tribal, Universities, Hospitals, Non-Profit, For-Profit; refer to the link for HHS accounts: https://pms.psc.gov/contact_us/contactus.html

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

This award contains funding from multiple components. The grant document number and subaccount title must be known in order to draw down funds from this P Account.

Component: NON-PPHF

Document Number: 000428CK14

Subaccount Title: **CK141401ELCBUISTCA14**

Component: ZIKA

Document Number: 000428CK17

Subaccount Title: CK141401COOPAGREFY17

Programmatic Contact:

De'Lisa Simpson, Ph.D., Project Officer Centers for Disease Control & Prevention 1600 Clifton Road, MS-C18 Atlanta, GA 30329

Telephone: 404-639-3629 Email: DDSimpson@cdc.gov

Grants Management Contacts:

Edna Green, Grants Management Specialist Centers for Disease Control & Prevention Office of Grant Services 2920 Brandywine Rd., MS E-01 Atlanta, GA 30341

Telephone: 770-488-2858 Email: egreen@cdc.gov

Shirley Byrd, Grants Management Officer Centers for Disease Control & Prevention Office of Grant Services 2920 Brandywine Rd., MS E-01 Atlanta, GA 30341

Telephone: 770-488-2591 Email: yuo6@cdc.gov

Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

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 INCLUDE AWARD NUMBER ON ALL CORRESPONDENCE