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
PO BOX 570
Jefferson City, MO 65102-0570

**10a. GRANTEE AUTHORIZING OFFICIAL**

Mr. Bret Fischer
920 Wildwood Dr
Jefferson City, MO 65102-0570
Phone: 573-751-6014

**11. APPROVED BUDGET (Excludes Direct Assistance)**

<table>
<thead>
<tr>
<th>Financial Assistance from the Federal Awarding Agency Only</th>
<th>Total project costs including grant funds and all other financial participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Salaries and Wages ........................................ 597,997.00</td>
<td></td>
</tr>
<tr>
<td>b. Fringe Benefits ........................................... 292,399.00</td>
<td></td>
</tr>
<tr>
<td>c. Total Personnel Costs .................................... 890,396.00</td>
<td></td>
</tr>
<tr>
<td>d. Equipment ................................................... 0.00</td>
<td></td>
</tr>
<tr>
<td>e. Supplies .................................................... 144,626.00</td>
<td></td>
</tr>
<tr>
<td>f. Travel ....................................................... 29,693.00</td>
<td></td>
</tr>
<tr>
<td>g. Construction ............................................... 0.00</td>
<td></td>
</tr>
<tr>
<td>h. Other ......................................................... 65,866.00</td>
<td></td>
</tr>
<tr>
<td>i. Contractual ................................................ 344,346.00</td>
<td></td>
</tr>
<tr>
<td>j. TOTAL DIRECT COSTS ........................................ 1,474,927.00</td>
<td></td>
</tr>
<tr>
<td>k. INDIRECT COSTS ............................................... 204,101.00</td>
<td></td>
</tr>
<tr>
<td>l. TOTAL APPROVED BUDGET .................................... 1,679,028.00</td>
<td></td>
</tr>
<tr>
<td>m. Federal Share ............................................... 1,679,028.00</td>
<td></td>
</tr>
<tr>
<td>n. Non-Federal Share .......................................... 0.00</td>
<td></td>
</tr>
</tbody>
</table>

**12. AWARD COMPUTATION**

a. Amount of Federal Financial Assistance (from item 11m) 1,679,028.00
b. Less Unobligated Balance From Prior Budget Periods 0.00
c. Total project costs including grant funds and all other financial participation 1,679,028.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 1,679,028.00

**13. Total Federal Funds Awarded to Date for Project Period**

6,964,040.00

**15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF 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:**

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.
e. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail.
f. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**17. OBJ CLASS**

41.51

<table>
<thead>
<tr>
<th>18a. VENDOR CODE</th>
<th>18b. EIN</th>
<th>19. DUNS</th>
<th>20. CONG. DIST.</th>
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<tbody>
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<td>21a. 7-9210400</td>
<td>a. 000428CK14</td>
<td>c. 93.323</td>
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<td>22a. 7-9211388</td>
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<td>23a. 7-92129HS</td>
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</table>

**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

**GRANTS MANAGEMENT OFFICIAL:** Shirley K Byrd, 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 ASST</th>
<th>APPROPRIATION</th>
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</thead>
<tbody>
<tr>
<td>24.a. 7-921ZDJF</td>
<td>b. 000428CK14</td>
<td>c. 93.323</td>
<td>d. CK</td>
<td>e. $16,030.00</td>
<td>f. 75-17-0949</td>
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<td>25.a. 7-939014P</td>
<td>b. 000428CK14</td>
<td>c. 93.323</td>
<td>d. CK</td>
<td>e. $19,301.00</td>
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<td>26.a. 7-939018B</td>
<td>b. 000428CK14</td>
<td>c. 93.323</td>
<td>d. CK</td>
<td>e. $12,877.00</td>
<td>f. 75-17-0949</td>
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<td>27.a. 7-93901FW</td>
<td>b. 000428CK14</td>
<td>c. 93.323</td>
<td>d. CK</td>
<td>e. $100,627.00</td>
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<td>e. $22,933.00</td>
<td>f. 75-17-0956</td>
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<td>29.a. 7-93903FD</td>
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<td>30.a. 7-93903GE</td>
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<td>e. $4,272.00</td>
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<td>e. $78,772.00</td>
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<td>c. 93.323</td>
<td>d. CK</td>
<td>e. $123,444.00</td>
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<td>33.a. 7-93908ZZ</td>
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<td>e. $20,756.00</td>
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<td>e. $192,226.00</td>
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<td>35.a. 7-93908MW</td>
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<td>e. $165,244.00</td>
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<td>c. 93.323</td>
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<td>e. $89,918.00</td>
<td>f. 75-17-0951</td>
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<td>37.a. 7-939ZSHD</td>
<td>b. 000428CK14</td>
<td>c. 93.323</td>
<td>d. CK</td>
<td>e. $10,000.00</td>
<td>f. 75-17-0949</td>
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<td>38.a. 7-939ZVJC</td>
<td>b. 000428CK14</td>
<td>c. 93.323</td>
<td>d. CK</td>
<td>e. $137,357.00</td>
<td>f. 75-17-0949</td>
</tr>
</tbody>
</table>
1. CK428 MO AMENDED AWARD TERMS
REVISED NOTICE OF COOPERATIVE AGREEMENT

Funding Opportunity Announcement (FOA): CK14-1401
Award Number: 5NUCK000428-04-02

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](mailto:PMSSupport@psc.gov)  
  Website: [https://pms.psc.gov/](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](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.

<table>
<thead>
<tr>
<th>Component:</th>
<th>NON-PPHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number:</td>
<td>000428CK14</td>
</tr>
<tr>
<td>Subaccount Title:</td>
<td>CK141401ELCBUISTCA14</td>
</tr>
</tbody>
</table>
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