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
Missouri Department of Health and Senior Services
Jefferson City, MO 65102-0570

**11. APPROVED BUDGET**
<table>
<thead>
<tr>
<th>Excludes Direct Assistance</th>
<th>Total project costs including grant funds and all other financial participation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Financial assistance from the Federal Awarding Agency Only</td>
<td>$25,173.00</td>
<td>$25,173.00</td>
</tr>
<tr>
<td>b. Total project costs including grant funds and all other financial participation</td>
<td>$1,704,201.00</td>
<td>$1,704,201.00</td>
</tr>
<tr>
<td>c. Salaries and Wages</td>
<td>597,997.00</td>
<td>597,997.00</td>
</tr>
<tr>
<td>d. Fringe Benefits</td>
<td>292,399.00</td>
<td>292,399.00</td>
</tr>
<tr>
<td>e. Total Personnel Costs</td>
<td>890,396.00</td>
<td>890,396.00</td>
</tr>
<tr>
<td>f. Equipment</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>g. Supplies</td>
<td>169,799.00</td>
<td>169,799.00</td>
</tr>
<tr>
<td>h. Travel</td>
<td>29,693.00</td>
<td>29,693.00</td>
</tr>
<tr>
<td>i. Construction</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>j. Other</td>
<td>65,866.00</td>
<td>65,866.00</td>
</tr>
<tr>
<td>k. Contractual</td>
<td>344,346.00</td>
<td>344,346.00</td>
</tr>
<tr>
<td>l. TOTAL DIRECT COSTS</td>
<td>1,500,100.00</td>
<td>1,500,100.00</td>
</tr>
<tr>
<td>m. INDIRECT COSTS</td>
<td>204,101.00</td>
<td>204,101.00</td>
</tr>
<tr>
<td>n. TOTAL APPROVED BUDGET</td>
<td>$1,704,201.00</td>
<td>$1,704,201.00</td>
</tr>
<tr>
<td>o. Federal Share</td>
<td>$1,704,201.00</td>
<td>$1,704,201.00</td>
</tr>
<tr>
<td>p. Non-Federal Share</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**12. AWARD COMPUTATION**
- **a. Amount of Federal Financial Assistance (from item 11m)**: $1,704,201.00
- **b. Less Unobligated Balance From Prior Budget Periods**: 0.00
- **c. Less Cumulative Prior Award(s) This Budget Period**: $1,679,028.00
- **d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION**: $25,173.00

**13. Total Federal Funds Awarded to Date for Project Period**: $6,989,213.00

**15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES**:
- (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. The award notice including terms and conditions, if any, noted below under REMARKS
- d. Federal administrative requirements, cost principles and audit requirements applicable to the grant
- e. Other (See REMARKS)

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.

**GRANTS MANAGEMENT OFFICIAL:** Shirley K Byrd, Grants Management Officer
1. TERMS AND CONDITIONS
Notice of Funding Opportunity (NOFO): CK14-1401 
Award Number: 5NUCK000428-04-03  

REVISED AWARD INFORMATION

Approved Funding: Additional supplemental funding in the amount of $25,173 is approved for the Year 04 budget period, which is 8/1/2017 through 7/31/2018.

Additional Zika (M1) funding for increased costs associated with testing is approved in the amount of:

   Zika (M1): $25,173

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.

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.

<table>
<thead>
<tr>
<th>Component: ZIKA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number: 000428CK17</td>
</tr>
<tr>
<td>Subaccount Title: CK141401COOPAGREFY17</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: ecq4@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**