

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE
 09/19/2017 | 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 07/31/2017
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. | 5. ACTION TYPE
 6 NU50CK000428-04-03 | Post Award
 Formerly 3U50CK000428-02S1 | Amendment

6. PROJECT PERIOD | MM/DD/YYYY
 From 08/01/2014 | Through 07/31/2019

7. BUDGET PERIOD | MM/DD/YYYY
 From 08/01/2017 | Through 07/31/2018

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
 PO BOX 570
 Missouri Department of Health and Senior Services
 Jefferson City, MO 65102-0570

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

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	I
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	597,997.00
b. Fringe Benefits	292,399.00
c. Total Personnel Costs	890,396.00
d. Equipment	0.00
e. Supplies	169,799.00
f. Travel	29,693.00
g. Construction	0.00
h. Other	65,866.00
i. Contractual	344,346.00
j. TOTAL DIRECT COSTS →	1,500,100.00
k. INDIRECT COSTS	204,101.00
l. TOTAL APPROVED BUDGET	1,704,201.00
m. Federal Share	1,704,201.00
n. Non-Federal Share	0.00

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

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. 5		d. 8	
b. 6		e. 9	
c. 7		f. 10	

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)

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. 04
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 7-93907P0	b. 000428CK17	c. 93.323	d. CK	e. \$25,173.00
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

AWARD ATTACHMENTS

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

6 NU50CK000428-04-03

1. TERMS AND CONDITIONS

Notice of Funding Opportunity (NOFO): CK14-1401

Award Number: 5NUCK000428-04-03

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

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.

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: 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