

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE  
 07/27/2017 | 93.073 | 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)  
 301(A)311,317(C)PHSACTi42USC241,243,247B

1a. SUPERSEDES AWARD NOTICE dated 02/08/2017  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO. 6 NU50DD000001-01-06 Formerly  
 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY  
 From 08/01/2016 Through 07/31/2018

7. BUDGET PERIOD MM/DD/YYYY  
 From 08/01/2016 Through 07/31/2018

8. TITLE OF PROJECT (OR PROGRAM)  
 National Center on Birth Defects and Developmental Disabilities (NCBDDD)

9a. GRANTEE NAME AND ADDRESS  
 Missouri Dept. of Health and Senior Services/DSS&R  
 920 Wildwood Dr  
 -DUP  
 Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR  
 Loise Wambuguh  
 920 Wildwood Drive  
 Jefferson City, MO 65102-0570  
 Phone: 573-751-6343

10a. GRANTEE AUTHORIZING OFFICIAL  
 Mr. Bret-2 Fischer  
 920 WILDWOOD DR  
 JEFFERSON CITY, MO 65109-5796  
 Phone: (573) 751-6014

10b. FEDERAL PROJECT OFFICER  
 Tineka Yowe Conley  
 4770 Buford Hwy  
 E-86  
 DCDD  
 Atlanta, GA 30345  
 Phone: 404-498-3941

**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only		<b>I</b>
II Total project costs including grant funds and all other financial participation		
a. Salaries and Wages .....	129,378.00	
b. Fringe Benefits .....	64,451.00	
c. Total Personnel Costs .....	193,829.00	
d. Equipment .....	0.00	
e. Supplies .....	29,616.00	
f. Travel .....	102,701.00	
g. Construction .....	0.00	
h. Other .....	38,110.00	
i. Contractual .....	190,000.00	
j. TOTAL DIRECT COSTS →	554,256.00	
k. INDIRECT COSTS	45,744.00	
<b>l. TOTAL APPROVED BUDGET</b>	<b>600,000.00</b>	
m. Federal Share	600,000.00	
n. Non-Federal Share	0.00	

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	600,000.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	600,000.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>0.00</b>
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>600,000.00</b>

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. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

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)

**b**

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING 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: Patricia French, 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	APPROPRIATION
21. a. 6-939061A	b. 000001DD16	c. 93.073	d. DD	e. \$0.00	f. 75-16-0956
22. a. 6-93906FV	b. 000001DD16	c. 93.073	d. DD	e. \$0.00	f. 75-1519-0943
23. a. 7-93907P2	b. 000001DD16	c. 93.073	d. DD	e. \$0.00	f. 75-1617-0943

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 07/27/2017
GRANT NO. 6 NU50DD000001-01-06	

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

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

6 NU50DD000001-01-06

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1. Terms and Conditions
2. Technical Review

NOTICE OF FUNDING OPPORTUNITY (NOFO) NUMBER: DD16-1605  
**GRANT NUMBER: NU50DD000001-01**  
**REVISION# 6**

**NO-COST EXTENSION:** The purpose of this revised Notice of Award (NOA) is to respond to the recipient's letter dated 6/2/2017, which requested a 18-month no cost extension to complete the approved activities aligned with the award number **NU50DD000001-01**.

The request has been approved based on the information and justification provided by the recipient. The budget and project period end date is **1/31/2019**.

**Technical Review Statement Response Requirement:** The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to the assigned Grants Management Specialist (GMS), no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **09/01/2017**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** By **09/01/2017** the recipient 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.

## **ANNUAL REPORTING REQUIREMENTS**

**PROGRESS REPORT:** Award recipients are required to submit progress reports every 12 months of program activities. The Progress Report is due 90 days after the end of the budget period on **10/29/2017**. All required documents must be emailed to your assigned Grants Management Specialist (GMS). The report should include at minimum:

- 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

The Grants Management Officer may provide additional guidance at a later date.

**ANNUAL FEDERAL FINANCIAL REPORT (FFR):** The Annual Federal Financial Report (FFR) SF-425 is required every 12 months 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](http://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 **10/29/2017**. Reporting timeframe is **08/01/2016** through **07/31/2017**. The FFR is cumulative and 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 recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

## CLOSEOUT REQUIREMENTS

**FINAL PROGRESS:** The recipient must submit all closeout reports 90 days after the period of performance end date on **4/30/2019**. Reporting timeframe is **8/1/2017** through **1/31/2019**.

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 supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

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

**FINAL PERFORMANCE PROGRESS REPORT:** This report should include the information specified in the Notice of Funding Opportunity (NOFO) and is submitted after solicitation from the GMS/GMO via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will 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

The Grants Management Officer may provide additional guidance at a later date.

**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 to the GMO/GMS no later than 90 days after the period of performance end date on **4/30/2019**. To submit the FFR, login to [www.grantsolutions.gov](http://www.grantsolutions.gov), select "Reports" from the menu bar and then click on Federal Financial Reports.

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 Services (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 Performance Progress Report) cannot be submitted within 90 days after the period of performance end date, in accordance with 45 CFR Part 75.381 (Closeout), the recipient must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Office of Grants Services will receive the reports. All required documents must be submitted to the business contact identified in CDC Staff Contacts.

**EQUIPMENT INVENTORY REPORT:** The Equipment Inventory Report must be submitted 90 days after the period of performance end date on **4/30/2019**. The inventory must be submitted with the final Performance Progress Report documents for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 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 recipient should also identify each item of equipment that it wishes to retain for continued use in

accordance with 45 CFR Part 75. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs 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:** The Final Invention Statement is due 90 days after the period of performance end date on **4/30/2019**. The statement must be submitted with the final Performance Progress Report documents. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/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. Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all cost charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original Notice of Award remain in effect throughout the budget period unless changed in writing by the CDC Grants Management Officer.

PLEASE REFERENCE THE GRANT NUMBER ON ALL CORRESPONDENCE

**Natasha Jones**

Grants Management Specialist (GMS)  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
[ngrant6@cdc.gov](mailto:ngrant6@cdc.gov) email | 770-488-1649 office

**Patricia French**

Grants Management Specialist/Officer (GMS/GMO)  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
[pff6@cdc.gov](mailto:pff6@cdc.gov) email | 770-488-2849 office

**TECHNICAL REVIEW  
FOA #CDC-RFA-DD16-1605**

**Surveillance, intervention, and referral to services activities for infants with microcephaly  
or other adverse outcomes linked with the Zika virus**

**GRANTEE:** Missouri Department of Health and Senior Services/DSS&R

**GRANTEE NUMBER:** NU50DD000001

**NO-COST EXTENSION (NCE) PERIOD:** 8/1/2017 – 1/31/2019 – 18 months

**FFR AMOUNT:** \$454,104

**REQUESTED BUDGET AMOUNT:** \$454,104

**RECOMMENDATION AMOUNT:** \$454,104

CDC Reviewer:	<u>Roshan Ramlal / Cara Mai</u>	<u>6/20/17</u>
	Name	Date

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Brief overview/summary of proposed no-cost extension activities/work plan:

Grantee was not able to complete all activities as planned in first year of the project. The Grantee requests No-Cost Extension funding to complete the existing activities within 18 months.

Activities include:

- generating detailed birth defect data through medical record abstraction,
- developing a Microsoft Access database to collect and store data,
- conducting focus groups in selected key areas- four groups on patients and one group on health provider, and
- working with health care providers and relevant state agencies to develop an effective referral system.

1. Summary of Strengths:

- All strategies and activities focus on data collection, entry, data analysis and reporting, which is the priority for this no-cost extension period.
- Grantee staff is currently gaining experience and becoming proficient at medical record abstraction.
- Grantee plans to abstract data from infant and pediatric records for missed individuals' information not diagnosed with a birth defect at the time of birth, but diagnosed subsequently.
- Grantee presented a realistic work plan with timeline and specific completion dates and status.
- Grantee proposes to do focus groups on microcephaly and other Zika related neurological disorders and health care to assess basic needs of the families and providers, which could reveal rich information that could contribute to improved quality, efficiency and accuracy of surveillance activities.

2. Summary of Weaknesses and Recommendations:

- Grantee is highly encouraged to prioritize complete and accurate case ascertainment for

entire population for birth cohorts ascertained.

- The grantee is strongly encouraged to submit complete and accurate reporting monthly as required by CDC. The data collection process is critical and essential to successful monitoring and evaluation efforts in obtaining the goal within the work plan. The grantee is encouraged to have an established frequency of data checks for completeness and accuracy.
- Grantee should provide a status update / progress report on activities, timelines, etc. every 6 months during the NCE period.

### **Evaluation Criteria: Budget Justification**

The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of the cooperative agreement funds. The applicant shall describe and indicate the availability of facilities and equipment necessary to carry out this project. Award recipients agree to use cooperative agreement funds for travel by project staff agreed-upon by CDC to participate in CDC-sponsored workshops or other called meetings.

### **COMMENTS:**

- The Program has verified the arithmetic accuracy, allowability, and reasonableness of the NCE budget justification, and recommends approval.
- The Program recommends the submission of a Redirection of Funds request for the NCE period for any changes to the funding categories since the last approved NOA. As a courtesy, the Program Office would be willing to review any draft redirection of funds requests before official submission. Please use the approved OGS Redirection of Funds Request template found on the CDC Prior Approvals webpage:  
<https://www.cdc.gov/grants/alreadyhavegrant/PriorApprovalRequests.html>.