

1. DATE ISSUED MM/DD/YYYY 05/03/2018  
 2. CFDA NO. 93.270  
 3. ASSISTANCE TYPE 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)  
 Sections 301 and 317N of the Public Health Service Act (42 U.S.C. section 241 and 247b-15, as amended)

1a. SUPERSEDES AWARD NOTICE dated 04/17/2018  
 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 NU51PS005112-02-03  
 Formerly  
 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY  
 From 11/01/2016 Through 10/31/2020

7. BUDGET PERIOD MM/DD/YYYY  
 From 11/01/2017 Through 10/31/2018

8. TITLE OF PROJECT (OR PROGRAM)  
 Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

9a. GRANTEE NAME AND ADDRESS  
 MISSOURI STATE DEPT/ HEALTH & SENIOR SRV  
 PO BOX 570  
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 Jefferson City, MO 65102-0570

9b. GRANTEE PROJECT DIRECTOR  
 Ms. Nicole. Massey  
 920 Wildwood  
 Jefferson City, MO 65102-0570  
 Phone: 573-751-6431

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

10b. FEDERAL PROJECT OFFICER  
 Mr. Wentzel Mitchell  
 12 Corporate Square Blvd, NE  
 Atlanta, GA 30329  
 Phone: 404-718-3226

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 .....	61,683.00	
b. Fringe Benefits .....	32,692.00	
c. Total Personnel Costs .....	94,375.00	
d. Equipment .....	0.00	
e. Supplies .....	12,506.00	
f. Travel .....	11,455.00	
g. Construction .....	0.00	
h. Other .....	3,119.00	
i. Contractual .....	0.00	
j. TOTAL DIRECT COSTS →	121,455.00	
k. INDIRECT COSTS	20,196.00	
l. TOTAL APPROVED BUDGET	141,651.00	
m. Federal Share	70,826.00	
n. Non-Federal Share	0.00	

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	70,826.00
b. Less Unobligated Balance From Prior Budget Periods	8,626.00
c. Less Cumulative Prior Award(s) This Budget Period	62,200.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	249,028.00

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. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	

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)

Award amended to Carry-Over funds in the amount of \$8,626 from Budget Year 01 to Budget Year 02

GRANTS MANAGEMENT OFFICIAL: Constance J Jarvis, 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	APPROPRIATION		
21. a. 8-939ZRPQ	b. 005112PS17	c. 93.270	d. PS	e. \$0.00	f. 75-18-0950		
22. a. 8-939ZYLM	b. 005112PS17	c. 93.270	d. PS	e. \$0.00	f. 75-18-0950		
23. a. 8-9391080	b. 005112PS17	c. 93.270	d. PS	e. \$0.00	f. 75-18-0950		

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**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>

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
11/01/2016	10/31/2017	Annual	01/29/2018
11/01/2017	10/31/2018	Annual	01/29/2019

# AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR  
SRV

6 NU51PS005112-02-03

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1. Terms and Conditions of this Amended Award

## REVISED NOTICE OF COOPERATIVE AGREEMENT

**Funding Opportunity Announcement (FOA): PS17-1702**

**Award Number: 6U51PS005112-03**

**Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards**

<b>AWARD INFORMATION</b>
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**PURPOSE:** The purpose of this revised Notice of Award is to approve carryover of unobligated funds in the amount of **\$8,626** from budget period **01** to budget period **02**, as requested by the grantee on March **05, 2018**. The activities have been reviewed and found to be appropriate and consistent with program objectives. Therefore, the request is incorporated by reference.

These funds have been approved by cost categories as follows:

<b>Budget Categories</b>	<b>Original Award</b>	<b>Approved Carryover</b>
<b>Salaries &amp; Wages</b>	<b>\$30,299</b>	<b>\$0</b>
<b>Fringe Benefits</b>	<b>15,150</b>	<b>\$0</b>
<b>Consultants</b>	<b>0</b>	<b>\$0</b>
<b>Equipment</b>	<b>0</b>	<b>\$0</b>
<b>Supplies</b>	<b>844</b>	<b>\$5,656</b>
<b>Travel</b>	<b>4,658</b>	<b>\$2,970</b>
<b>Other</b>	<b>1,524</b>	<b>0</b>
<b>Contractual</b>	<b>0</b>	<b>0</b>
<b>Total Direct</b>	<b>\$52,475</b>	<b>8,626</b>
<b>Indirect Costs</b>	<b>9,725</b>	<b>\$0</b>
<b>Total Costs</b>	<b>\$62,200</b>	<b>\$8,626</b>

Unobligated funds in the amount of **\$8,626** have been applied to this award. Please note that if the actual amount of available unobligated funds is less than the amount used in this action, then the total approved budget may be reduced by the difference in a subsequent award action, thus reducing the amount of the current award.

These funds are approved for the *current fiscal year budget period only* with no commitment for continued support in future budget periods.

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

All other terms and conditions of the cooperative agreement remain unchanged and in full effect.

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**

**Office of Grants Services Contact:**

**Valerie McCloud, Grants Management Specialist  
Centers for Disease Control and Prevention (CDC)**

**Office of Grants Services (OGS)**

**Email: [fyq4@cdc.gov](mailto:fyq4@cdc.gov)**

**Telephone: 770-488-4790**