

1. DATE ISSUED MM/DD/YYYY 04/01/2016 | 2. CFDA NO. 93.116 | 3. ASSISTANCE TYPE Cooperative Agreement

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Centers for Disease Control and Prevention**  
**CDC Procurement and Grants Office**  
 2920 Brandywine Road  
 Atlanta, GA 30341

1a. SUPERSEDES AWARD NOTICE dated 12/10/2015  
 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 NU52PS004711-02-01  
 Formerly 5U52PS004711-02 | 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY  
 From 01/01/2015 Through 12/31/2020

7. BUDGET PERIOD MM/DD/YYYY  
 From 01/01/2016 Through 12/31/2016

**NOTICE OF AWARD**  
 AUTHORIZATION (Legislation/Regulations)  
 SEC 301(A), SEC 317 PHS ACT AS AMENDED (42 U.S.C. 247B-6)

8. TITLE OF PROJECT (OR PROGRAM)  
 The CoAg will be used to reduce morbidity and mortality through preventing transmission of TB to uninfected persons and preventing persons from progressing from LTBI to TB disease.

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

9b. GRANTEE PROJECT DIRECTOR  
 Mr. JOHN EDWARD BOS  
 930 Wildwood Drive  
 P.O. Box 570  
 Jefferson City, MO 65102-0570  
 Phone: 573-751-6113

10a. GRANTEE AUTHORIZING OFFICIAL  
 Mr. JOHN EDWARD BOS  
 930 Wildwood Drive  
 P.O. Box 570  
 Jefferson City, MO 65102-0570  
 Phone: 573-751-6113

10b. FEDERAL PROJECT OFFICER  
 Dawn Tuckey  
 1600 Clifton Rd  
 Atlanta, GA 30333  
 Phone: 404-639-8120

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
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 .....	145,355.00
b. Fringe Benefits .....	72,677.00
c. Total Personnel Costs .....	218,032.00
d. Equipment .....	0.00
e. Supplies .....	41,083.00
f. Travel .....	23,643.00
g. Construction .....	0.00
h. Other .....	6,977.00
i. Contractual .....	326,836.00
j. TOTAL DIRECT COSTS →	616,571.00
k. INDIRECT COSTS	45,568.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>662,139.00</b>
m. Federal Share	662,139.00
n. Non-Federal Share	0.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	662,139.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	165,535.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>496,604.00</b>
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>1,353,665.00</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a.		d.	
b.		e.	
c.		f.	

**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>b</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: **Arthur Lusby, Grants Management Officer, Team Lead**

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-9211183	b. 004711PS15	c. PS	d. \$57,620.00	e. 75-16-0950
22. a. 6-9214095	b. 004711PS15	c. PS	d. \$60,362.00	e. 75-16-0950
23. a. 6-9213485	b. 004711PS15	c. PS	d. \$378,622.00	e. 75-16-0950

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 04/01/2016
GRANT NO. 6 NU52PS004711-02-01	

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 6-9211183	b. NU52PS00471102	c. PS	d. \$0.00	e. 75-16-0950
25.a. 6-9213485	b. NU52PS00471102	c. PS	d. \$0.00	e. 75-16-0950
26.a. 6-9214095	b. NU52PS00471102	c. PS	d. \$0.00	e. 75-16-0950

**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 NU52PS004711-02-01

---

1. ADDITIONAL AWARD TERMS

**Funding Opportunity Announcement (FOA) Number: PS15-1501**

**Award Number: U52PS004711- 02**

**Recipient: Missouri**

**Award Type: Cooperative Agreement**

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

**45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92**

<b>REVISED AWARD INFORMATION</b>
----------------------------------

The purpose of this revised Notice of Award is to award partial funding in the amount of \$ 496,604. Previously, \$ 165,535 had been awarded, making the current total available funds \$ 662,139 of the approved budget \$ 662,139 for the Year **02** budget period which is **01/01/2016** through **12/31/2016**. This award is fully funded for this budget period. The distribution of new funds is as follows:

**P & C:** \$ 420,512

**HR:** \$ 18,472

**LAB:** \$ 57,620

**REQUIREMENT FOR REVISED BUDGET:** The recipient is required to submit its revised budget to concur with the revised award ceiling, by **May 04, 2016**, on an optional basis.

If the recipient is opted out of its required submission of the revised budget, before **May 04, 2016**, the recipient must notify its assigned Grants Management Specialist by e-mail that the recipient accepts the revised award ceiling and the allocation of the award ceiling among the cost categories as shown in the Award Calculation (U.S. Dollars) on page 2 of SECTION I in the Notice of Award (NoA).

The rationale for this option given is that the recipient has a discretionary authority to transfer a relatively insignificant amount of the costs among the budget cost categories without a prior approval from the awarding agency (See details in 45 CFR 92.30).

**SUBACCOUNT:** The grant document number and subaccount title (below) must be known in order to draw down these funds.

Grant Document Number: 004711PS15

Subaccount Title: **PS151501TBELIMLAB15**

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

**PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE**