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<td>3. ASSISTANCE TYPE</td>
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**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)
SEC 301(A), SEC 317 PHS ACT AS AMENDED (42 U.S.C. 247B-6)

**Tuberculosis Elimination and Laboratory**

**9a. GRANTEE NAME AND ADDRESS**
MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
920 Wildwood Dr
DIVISION OF SENIOR & DISABILITY SERVICES
Jefferson City, MO 65109-5796

**9b. GRANTEE PROJECT DIRECTOR**
Ms. Rachael Hahn
930 WILDDOOD DR
STATE OF MISSOURI
JEFFERSON CITY, MO 65109-5796
Phone: 573-751-6137

**9c. GRANT NO.**
6 NU52PS004711-04-01
Formerly 5U52PS004711-02

**5. ACTION TYPE**
Post Award Amendment

**6. PROJECT PERIOD**
From 01/01/2015 Through 12/31/2018

**7. BUDGET PERIOD**
From 01/01/2018 Through 12/31/2018

**8. TITLE OF PROJECT (OR PROGRAM)**
Tuberculosis Elimination and Laboratory

**10a. GRANTEE AUTHORIZING OFFICIAL**
Ms. Patricia Bedell
920 WILDDOOD DR
Division of Administration
JEFFERSON CITY, MO 65109-5796
Phone: 573-751-6014

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

### ALL AMOUNTS ARE SHOWN IN USD

#### 11. APPROVED BUDGET (Excludes Direct Assistance)
- **I. Financial Assistance from the Federal Awarding Agency Only**
  - II. Total project costs including grant funds and all other financial participation

### AWARD COMPUTATION

12. **a. Amount of Federal Financial Assistance (from item 11m)** 167,465.00
2. **b. Less Unobligated Balance From Prior Budget Periods** 0.00
3. **c. Less Cumulative Prior Award(s) This Budget Period** 167,465.00
4. **d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION** 0.00

13. **Total Federal Funds Awarded to Date for Project Period** 2,189,266.00

#### 14. RECOMMENDED FUTURE SUPPORT

(Subject to the availability of funds and satisfactory progress of the project):

**YEAR**
- **TOTAL DIRECT COSTS**
- **YEAR**
- **TOTAL DIRECT COSTS**

<table>
<thead>
<tr>
<th>a.</th>
<th>5.</th>
<th>b.</th>
<th>17.</th>
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<tbody>
<tr>
<td>d.</td>
<td>8.</td>
<td>e.</td>
<td>9.</td>
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<td>f.</td>
<td>10.</td>
<td>g.</td>
<td>7.</td>
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</table>

#### 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)

#### 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 X No)

**APPROVED REQUEST TO CHANGE AO.**

---

**GRANTS MANAGEMENT OFFICIAL:** Arthur Lusby, Grants Management Officer, Team Lead

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<td>18b. EIN</td>
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## Direct Assistance

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1. PS4711-04-1 AO CHANGE T&C
Notice of Funding Opportunity (NOFO): PS15-1501
Award Number: 6 NU52 PS004711-04-1

Applicable Regulations: 45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD
***********************************************************************

The purpose of this amended Notice of Award is to approve Ms. Patricia (Pat) Bedell, Deputy Director, as Grantee Authorizing/Business Official (AO), replacing Mr. Bret Fischer, as requested in your letter submitted on January 24, 2018.

Please be advised that recipient 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 REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

Office of Grants Point of Contacts

Louvern Asante
Grants Management Specialist
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
2920 Brandywine Rd., (MS-E15)
Atlanta, GA 30341
Telework Schedule: Monday and Thursday
LHA5@CDC.GOV | 770-488-2835 office | 770-488-2868 Fax