NOTICE OF AWARD

DEPARTMENT of HEALTH and HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources
2920 Brandywine Road
Atlanta, GA 30341

AUTHORIZATION (Legislation/Regulations)
301A,311BC,317K2(42USC241A,243BC247BK2)

NOTICE OF AWARD 93.752

09/20/2016

1. DATE ISSUED  06/30/2012
2. CFDA NO. 93.752
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 93.752

09/20/2016

1. DATE ISSUED  06/30/2012
2. CFDA NO. 93.752
3. ASSISTANCE TYPE Cooperative Agreement

GRANTS MANAGEMENT OFFICIAL: Pamela Render

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

Financial Assistance from the Federal Awarding Agency Only

Total project costs including grant funds and all other financial participation

Total project costs including grant funds and all other financial participation

a. Salaries and Wages 566,361.00
b. Fringe Benefits 272,848.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11) 4,074,549.00
b. Less Unobligated Balance From Prior Budget Periods 0.00
c. Less Cumulative Prior Award(s) This Budget Period 0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 4,074,549.00

13. Total Federal Funds Awarded to Date for Project Period 20,449,751.00

14. RECOMMENDED FUTURE SUPPORT

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

a. 6
b. 7
c. 8
d. 9
e. 10
f. 11

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 the 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.

GRANTS MANAGEMENT OFFICIAL: Pamela Render

17. OBJ CLASS 41.51
18a. VENDOR CODE [ ]
18b. EIN [ ]
19. DUNS 878092600
20. CONG. DIST. 03
## Direct Assistance

<table>
<thead>
<tr>
<th>BUDGET CATEGORIES</th>
<th>PREVIOUS AMOUNT (A)</th>
<th>AMOUNT THIS ACTION (B)</th>
<th>TOTAL (A + B)</th>
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</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Fringe Benefits</td>
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<tr>
<td>Travel</td>
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<tr>
<td>Other</td>
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<tr>
<td>Total</td>
<td>$0.00</td>
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</table>
1. Contract approval terms and conditions
FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DP12-1205
6 NU58DP003924-05-02

CONTRACTUAL APPROVAL: The purpose of this revised Notice of Award (NoA) is to approve the change in contract activities as follows:

<table>
<thead>
<tr>
<th>Approved Contractor Name</th>
<th>$ Amount of Contract</th>
</tr>
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<tbody>
<tr>
<td>Arthur Center</td>
<td>$ 12,000</td>
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<tr>
<td>Callaway Physicians</td>
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<tr>
<td>Camden County Health Dept.</td>
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<tr>
<td>Capital Region Medical Center</td>
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<tr>
<td>Diagnostic Imaging Centers</td>
<td>$ 12,000</td>
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<tr>
<td>Health Care Collaborative of Rural Missouri</td>
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<tr>
<td>LiveWell Community Health Center</td>
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<tr>
<td>Ozarks Area Community Action Agency</td>
<td>$ 12,000</td>
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<tr>
<td>Saint Francis Health Center</td>
<td>$ 12,000</td>
</tr>
<tr>
<td>Dr. Hill – McDonald Couth</td>
<td>$ 12,000</td>
</tr>
<tr>
<td>Pemiscot County Health Department</td>
<td>$ 12,000</td>
</tr>
</tbody>
</table>

This approval is in response to the recipient’s letter dated October 17, 2016.

Please be advised that the grantee 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.

**OGS Contact(s):**
Pamela Render
Grants Management Officer (GMS/GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)