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

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
301A,311BC,317K(42USC241A,243BC247BK2)

NOTICE OF AWARD

PPHF 14 STATE PUBLIC HEALTH APPROACHES FOR ENSURING QUITLINE CAPACITY

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. Steve Cramer
930 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 573-522-2806

10a. GRANTEE AUTHORIZING OFFICIAL
CHERRI BARTLETT
P.O. BOX 570
920 WILDWOOD DRIVE
MISSOURI DEPARTMENT OF HEALTH & SENIOR SVCS
JEFFERSON CITY, MO 65102
Phone: [NO DATA]

10b. FEDERAL PROJECT OFFICER
Hilary Oliphant
4770 Buford Highway
Chamblee, GA 30341
Phone: 770-488-3973

11. APPROVED BUDGET (Excludes Direct Assistance)
Financial Assistance from the Federal Awarding Agency Only
a. Salaries and Wages .......................... 0.00
b. Fringe Benefits ............................. 0.00
c. Total Personnel Costs ........................ 0.00
d. Equipment .................................... 0.00
e. Supplies ...................................... 0.00
f. Travel .......................................... 1,194.00
g. Construction ................................. 0.00
h. Other .......................................... 4,647.00
i. Contractual .................................... 396,427.00
j. TOTAL DIRECT COSTS ....................... 402,268.00
k. INDIRECT COSTS ............................... 0.00
l. TOTAL APPROVED BUDGET ............... 402,268.00
m. Federal Share ................................. 402,268.00
n. Non-Federal Share ........................... 0.00

12. AWARD COMPUTATION
a. Amount of Federal Financial Assistance (from item 11m) 402,268.00
b. Less Unobligated Balance From Prior Budget Periods 0.00
c. Less Cumulative Prior Award(s) This Budget Period 402,268.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00

13. Total Federal Funds Awarded to Date for Project Period 804,536.00

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   | 402,268.00         | d. 6 |                     
b. 4   | 402,268.00         | e. 7 |                     
c. 5   | 402,268.00         | 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 Note 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.

17. OBJ CLASS 41.51
18a. VENDOR CODE 1U58DP005328-01
18b. EIN 11-0987108
19. DUNS 878092600
20. CONG. DIST. 03

11. DATE ISSUED 11/02/2015
2. CFDA NO. 93.735
3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENTS OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
Prepared by: Patricia French
## 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>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Contractual</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Construction</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
1. Revised Terms and Conditions
FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DP 14-1410PPHF
Revision: 2

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

NOTE 1: CHANGE IN PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR (PI/PD): The purpose of this revised Notice of Award (NOA) is to respond to your letter dated August 7, 2015, in which you requested a change in PI/PD to Steven Cramer. This request has been reviewed and approved.

NOTE 2: Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

NOTE 3: All 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 YOUR AWARD NUMBER ON ALL CORRESPONDENCE.

Karen Clackum, Grants Management Specialist (GMS)
Centers for Disease Control and Prevention (CDC)
Office of Financial Resources (OFR)
2920 Brandywine Road, Mailstop E-09
Atlanta, GA  30341
Telephone: 770-488-2680
Email: KClackum@cdc.gov