

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE
 05/29/2018 | 93.305 | 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)
 317(K)(2) 42 USC 247B(K)(2)

1a. SUPERSEDES AWARD NOTICE dated 11/16/2017
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 6 NU58DP006006-03-03
 Formerly 1U58DP006006-01

5. ACTION TYPE
 Post Award
 Amendment

6. PROJECT PERIOD MM/DD/YYYY
 From 03/29/2015 Through 03/28/2020

7. BUDGET PERIOD MM/DD/YYYY
 From 03/29/2017 Through 03/28/2018

8. TITLE OF PROJECT (OR PROGRAM)
 TOBACCO CONTROL PROGRAM

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

9b. GRANTEE PROJECT DIRECTOR
 Mr. Steve Cramer
 930 Wildwood Dr
 Jefferson City, MO 65109-5796
 Phone: 5735222806

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

10b. FEDERAL PROJECT OFFICER
 Lorraine Reed
 4700 Buford Highway
 Chamblee, GA 30341
 Phone: 770-488-6586

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	I
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	412,438.00
b. Fringe Benefits	206,219.00
c. Total Personnel Costs	618,657.00
d. Equipment	0.00
e. Supplies	2,500.00
f. Travel	25,552.00
g. Construction	0.00
h. Other	47,124.00
i. Contractual	451,420.00
j. TOTAL DIRECT COSTS →	1,145,253.00
k. INDIRECT COSTS	132,352.00
l. TOTAL APPROVED BUDGET	1,277,605.00
m. Federal Share	1,277,605.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	1,277,605.00
b. Less Unobligated Balance From Prior Budget Periods	146,961.00
c. Less Cumulative Prior Award(s) This Budget Period	1,130,644.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	4,567,849.00

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. 4		d. 7	
b. 5		e. 8	
c. 6		f. 9	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:		b
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 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: **Pamela Render**

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 7-939ZREN	b. 006006DP15	c. 93.305	d. DP	e. \$0.00
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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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
Total	\$0.00	\$0.00	\$0.00

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
03/29/2015	03/28/2016	Annual	06/26/2016
03/29/2016	03/28/2017	Annual	06/26/2017
03/29/2017	03/28/2018	Annual	06/26/2018
03/29/2018	03/28/2019	Annual	06/26/2019

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR
SRV

6 NU58DP006006-03-03

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve the ***Authorizing Official Representative***, change to Patricia Bedell . This is in response to the request submitted by your organization dated December 21, 2017.