

1. DATE ISSUED MM/DD/YYYY 10/19/2018
 2. CFDA NO. 93.945
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Centers for Disease Control and Prevention
 CDC Office of Financial Resources
 1600 Clifton Road
 Atlanta, GA 30329

1a. SUPERSEDES AWARD NOTICE dated 06/22/2018
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 6 NU58DP006452-01-01
 Formerly
 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY
 From 07/01/2018 Through 06/30/2023

7. BUDGET PERIOD MM/DD/YYYY
 From 07/01/2018 Through 06/30/2019

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

8. TITLE OF PROJECT (OR PROGRAM)
 State Public Health Approaches to Improving Arthritis Outcomes

9a. GRANTEE NAME AND ADDRESS
 HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
 Alternate Name: 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. Linda M. Cade
 920 Wildwood Drive
 MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 Jefferson City, MO 65109-5796
 Phone: 573-751-6028

10b. FEDERAL PROJECT OFFICER
 Michele Mercier
 1600 Clifton Rd
 Atlanta, GA 30333
 Phone: 770-488-4112

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		1
a. Salaries and Wages	9,204.00	
b. Fringe Benefits	5,338.00	
c. Total Personnel Costs	14,542.00	
d. Equipment	0.00	
e. Supplies	48.00	
f. Travel	1,275.00	
g. Construction	0.00	
h. Other	1,473.00	
i. Contractual	269,070.00	
j. TOTAL DIRECT COSTS	286,408.00	
k. INDIRECT COSTS	3,097.00	
l. TOTAL APPROVED BUDGET	289,505.00	
m. Federal Share	289,505.00	
n. Non-Federal Share	0.00	

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	289,505.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	289,505.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	289,505.00

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. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

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)

e

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 No)

GRANTS MANAGEMENT OFFICIAL **Patricia French, Grants Management Officer**

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. 8-939ZREX	b. 18NU58DP006452	c. DP	d. \$0.00	e. 75-18-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
07/01/2018	06/30/2019	Annual	09/28/2019
07/01/2019	06/30/2020	Annual	09/28/2020
07/01/2020	06/30/2021	Annual	09/28/2021
07/01/2021	06/30/2022	Annual	09/28/2022
07/01/2022	06/30/2023	Annual	09/28/2023

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Summary Statement: The purpose of this amended Notice of Award is to approve the response to the Summary Statement submitted by your organization dated October 1, 2018.

Revised Budget: The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated October 1, 2018. Funds have been distributed as indicated in the approved budget of this Notice of Award.

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.

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

Administrative Contacts:

Grants Management Officer, Patricia French
Centers for Disease Control
Office of Grants Services
2960 Brandywine Road
Atlanta, Georgia 30341
Telephone: 770-488-2849
Email: PFrench@cdc.gov

Grants Management Specialist: Keisha Thompson
Center for Disease Control and Prevention
CDC / ATSDR
2960 Brandywine Road MS.E-01
Atlanta, GA 30341
Phone: 770-488-2681
Email: dwt6@cdc.gov