

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE  
 07/22/2016 | 93.944 | 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)  
 307,317K2 PHSA,42USC241,247BK2,PL108

1a. SUPERSEDES AWARD NOTICE dated 06/08/2016  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO. | 5. ACTION TYPE  
 6 NU62PS004009-04-04 | Post Award  
 Formerly 5U62PS004009-04 | Amendment

6. PROJECT PERIOD | MM/DD/YYYY  
 From 01/01/2013 | Through 12/31/2017

7. BUDGET PERIOD | MM/DD/YYYY  
 From 01/01/2016 | Through 12/31/2016

8. TITLE OF PROJECT (OR PROGRAM)

The HIV/AIDS Surveillance Program monitors the number of HIV and AIDS cases diagn

9a. GRANTEE NAME AND ADDRESS  
 Missouri Dept. of Health and Senior Services/DSS&R  
 930 Wildwood Dr  
 Missouri Department of Health and Senior Services  
 Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR  
 Ms. AMY FORBIS  
 920 Wildwood Drive  
 Director, Division of Administration  
 Jefferson City, MO 65109  
 Phone: (573) 751-6119

10a. GRANTEE AUTHORIZING OFFICIAL  
 Ms. RANDI L ROSACK  
 920 Wildwood Dr  
 Jefferson City, MO 65109-5796  
 Phone: 573-751-5426

10b. FEDERAL PROJECT OFFICER  
 Darrin Brown  
 1600 Clifton Rd  
 Atlanta, GA 30333  
 Phone: 404-639-5200

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>	
a. Salaries and Wages .....	162,057.00
b. Fringe Benefits .....	80,941.00
c. Total Personnel Costs .....	242,998.00
d. Equipment .....	0.00
e. Supplies .....	2,720.00
f. Travel .....	2,486.00
g. Construction .....	0.00
h. Other .....	11,852.00
i. Contractual .....	200,656.00
j. TOTAL DIRECT COSTS →	460,712.00
k. INDIRECT COSTS	50,786.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>511,498.00</b>
m. Federal Share	159,611.00
n. Non-Federal Share	0.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	159,611.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	159,611.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>0.00</b>
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>2,510,879.00</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a.		d.	
b.		e.	
c.		f.	

**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)	<b>b</b>
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**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: **Arthur Lusby, Grants Management Officer, Team Lead**

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	APPROPRIATION				
21. a. 6-9391154	b. 004009PS15	c. 93.944	d. PS	e. \$0.00	f. 75-16-0950				
22. a. 6-939056S	b. 004009PS15	c. 93.944	d. PS	e. \$0.00	f. 75-16-0950				
23. a.	b.	c.	d.	e.	f.				

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 6 NU62PS004009-04-04	

**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
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

Missouri Dept. of Health and Senior  
Services/DSS&R

6 NU62PS004009-04-04

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1. Terms and Conditions

**Funding Opportunity Announcement (FOA) Number: PS13-1302**  
**Award Number: 6 NU62 PS004009-04**  
**Award Type: Cooperative Agreement**  
**Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards**

**45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92**

<b>AWARD INFORMATION</b>
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**PURPOSE:** This revised notice of award is to approve the response to the Summary Statement review comments submitted as required in the Notice of Cooperative Agreement. We have reviewed the material submitted on May 31, 2016 in response to the Summary Statement reviewer's comments and find it to be acceptable. Therefore, the response requirement noted in the original notice of award has been satisfied.

We have received and accepted the resume (CV) for Dustin Hampton who filled the previously vacant position as Prevention Program Manager.

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***

**Office of Grants Services Contact:**

Constance Jarvis  
Grants Management Officer  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Centers for Disease Control and Prevention (CDC)  
Telephone: [ABQ3@CDC.GOV](mailto:ABQ3@CDC.GOV) 770-488-5859 office | 770-488-8350 Fax