1. DATE ISSUED  MM/DD/YYYY  03/12/2019
2. CFDA No.  93.940 - HIV Prevention Activities, Health Department Based
3. ASSISTANCE TYPE  Cooperative Agreement
4. GRANT NO.  6 NU62PS924577-02-01
5. TYPE OF AWARD
Formerly
a. DEDUCTION
b. ADDITIONAL COSTS
c. 6 NU62PS924577-02-01
Other
01/01/2019
01/01/2018
NU62PS924577
3
4
5
6
7. BUDGET PERIOD  MM/DD/YYYY  Through  MM/DD/YYYY
From  01/01/2019  Through  12/31/2022
8. TITLE OF PROJECT (OR PROGRAM)
Integrated HIV Surveillance and Prevention Programs for Health Departments
9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
Alternate Name: Missouri Department of Health and Senior Services
920 Wildwood Dr
Jefferson City, MO 65109-5796
9b. GRANTEE PROJECT DIRECTOR
Ms. Nicole Massey
920 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 573-751-6400
10a. GRANTEE AUTHORIZING OFFICIAL
Mr. Bret Fischer
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
Phone: 573-751-6014
10b. FEDERAL PROJECT OFFICER
Mary Allen
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404-639-5200
---
11. APPROVED BUDGET (Excludes Direct Assistance)
I. Total project costs including grant funds and all other financial participation
a. Salaries and Wages  980,967.00
b. Fringe Benefits  567,757.00
c. Total Personnel Costs  1,548,724.00
d. Equipment  0.00
e. Supplies  359,979.00
f. Travel  56,201.00
g. Construction  0.00
h. Other  76,014.00
i. Contractual  2,106,691.00
j. TOTAL DIRECT COSTS  4,147,609.00
k. INDIRECT COSTS  329,878.00
l. TOTAL APPROVED BUDGET  4,477,487.00
m. Federal Share  4,477,487.00
n. Non-Federal Share  0.00
---
12. AWARD COMPUTATION
a. Amount of Federal Financial Assistance (from item 11m)  4,477,487.00
b. Less Unobligated Balance From Prior Budget Periods  0.00
c. Less Cumulative Prior Award(s) This Budget Period  4,477,487.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION  0.00
---
13. Total Federal Funds Awarded to Date for Project Period  8,954,974.00
---
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  d. 6
b. 4  e. 7
c. 5  f. 8
---
15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
---
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. The 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  
18b. EIN  
19. DUNS  087092600  20. CONG. DIST.  03
---
GRANTS MANAGEMENT OFFICIAL:
Arthur Lusby, Grants Management Officer, Team Lead
2980 Brandywine Rd
Mableton E15
Atlanta, GA 30341-5509
Phone: 770.488.2865
### Direct Assistance

<table>
<thead>
<tr>
<th>BUDGET CATEGORIES</th>
<th>PREVIOUS AMOUNT (A)</th>
<th>AMOUNT THIS ACTION (B)</th>
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### Federal Financial Report Cycle

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<th>Reporting Type</th>
<th>Reporting Period Due Date</th>
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<td>01/01/2022</td>
<td>12/31/2022</td>
<td>Annual</td>
<td>03/31/2023</td>
</tr>
</tbody>
</table>
1. Terms & Conditions
REVISED NOTICE OF COOPERATIVE AGREEMENT

PURPOSE: Revised Budget Approval. This revised Notice of Award approves your response to the Revised Budget Requirements. The revised itemized budget provided by your organization, submitted January 31, 2019, in the amount of $4,477,487 has been reviewed and found to be acceptable. Therefore, the Revised Budget Requirement noted in the terms and conditions of your award dated December 17, 2018, has been satisfied.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All other terms and conditions of the cooperative agreement remain unchanged and in full effect.

PLEASE INCLUDE AWARD NUMBER ON ALL CORRESPONDENCE.

Office of Grant Services Personnel:
GMS Contact:
Rhonda Colbert
Grants Management Specialist
Centers for Disease Control and Prevention (CDC)
Office of the Chief Operating Officer (OCOO)
Office of Financial Resources (OFR)
Office of Grants Services (OGS)
Infectious Diseases Branch (IDSB)
Infectious Disease Services Branch
2960 Brandywine Rd, MS E-15
Atlanta, GA 30341-4146
Hvx1@cdc.gov | Phone: 770-488-2848

GMO Contact:
Edna Green
Sr. Grants Management Officer
Centers for Disease Control and Prevention (CDC)
Office of the Chief Operating Officer (OCOO)
Office of Financial Resources (OFR)
Office of Grants Services (OGS)
Infectious Diseases Branch (IDSB)
2960 Brandywine Rd, MS E-15
EGreen@cdc.gov | 770-488-2858 Office

*The Project Officer’s information can be found on page 1 of this Notice of Award.*