

1. DATE ISSUED MM/DD/YYYY 10/07/2019

1a. SUPERSEDES AWARD NOTICE dated 09/10/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.118 - Acquired Immunodeficiency Syndrome (AIDS) Activity

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NU65PS923714-01-01 Formerly

5. TYPE OF AWARD Other

4a. FAIN NU65PS923714

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 09/30/2019 Through 09/29/2020

7. BUDGET PERIOD MM/DD/YYYY From 09/30/2019 Through 09/29/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
[AWARD AUTHORITY NOT DEFINED FOR PS10-10136.NU2G]

8. TITLE OF PROJECT (OR PROGRAM)
Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 Wildwood Dr
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Ms. Christine Smith
920 Wildwood Drive
Jefferson City, MO 65109-5796
Phone: 573-751-6439

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Tonya R Loucks
920 Wildwood Drive
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

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 | I |
| a. Salaries and WageS | 42,289.00 |
| b. Fringe Benefits | 23,682.00 |
| c. Total Personnel Costs | 65,971.00 |
| d. Equipment | 0.00 |
| e. Supplies | 1,500.00 |
| f. Travel | 23,685.00 |
| g. Construction | 0.00 |
| h. Other | 1,798.00 |
| i. Contractual | 215,000.00 |
| j. TOTAL DIRECT COSTS | 307,954.00 |
| k. INDIRECT COSTS | 14,118.00 |
| l. TOTAL APPROVED BUDGET | 322,072.00 |
| m. Federal Share | 322,072.00 |
| n. Non-Federal Share | 0.00 |

| | |
|---|-------------------|
| 12. AWARD COMPUTATION | |
| a. Amount of Federal Financial Assistance (from item 11m) | 322,072.00 |
| b. Less Unobligated Balance From Prior Budget Periods | 0.00 |
| c. Less Cumulative Prior Award(s) This Budget Period | 322,072.00 |
| d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | 0.00 |
| 13. Total Federal Funds Awarded to Date for Project Period | 322,072.00 |

| | | | |
|---|--------------------|------|--------------------|
| 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)

b

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)
This award provides an administrative correction to the document number.

GRANTS MANAGEMENT OFFICIAL:
Edna Green, Grants Management Officer
2960 Brandywine Rd
Mailstop E15
Atlanta, GA 30341-5509
Phone: 770-488-2858

| | | | | |
|--------------------|-------------------|---------------------|---------------------|--------------------|
| 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. 9-9390D7H | b. 19NU65PS923714 | c. PS | d. \$0.00 | e. 75-19-0120 |
| 22. a. | b. | c. | d. | e. |
| 23. a. | b. | c. | d. | e. |

NOTICE OF AWARD (Continuation Sheet)

| | |
|--------------------------------|---------------------------|
| PAGE 2 of 3 | DATE ISSUED 10/07/2019 |
| GRANT NO. 6 NU65PS923714-01-01 | |

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 |

NOTICE OF AWARD (Continuation Sheet)

| | |
|--------------------------------|---------------------------|
| PAGE 3 of 3 | DATE ISSUED 10/07/2019 |
| GRANT NO. 6 NU65PS923714-01-01 | |

| Federal Financial Report Cycle | | | |
|--------------------------------|---------------------------|----------------|---------------------------|
| Reporting Period Start Date | Reporting Period End Date | Reporting Type | Reporting Period Due Date |
| 09/30/2019 | 09/29/2020 | Annual | 12/28/2020 |

AWARD ATTACHMENTS

Missouri Department of Health

6 NU65PS923714-01-01

1. Terms and Conditions

REVISED NOTICE OF AWARD

Funding Opportunity Announcement (FOA) Number: PS19-1906

Award Number: 1NU65PS923714-01-01

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

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

This amendment provides an administrative correction to the document number listed on page nine of your Notice of Award, dated September 10, 2019. The correct document number is **19NU65PS923714**. This number should also correspond with the document number shown on the title page of this 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.

Rhonda Burton, MSc

Grant Management Specialist

Office of Grants Services (OGS)

Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)

Centers for Disease Control and Prevention (CDC)

rburton@cdc.gov | 770-488-1381 office

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE