1. DATE ISSUED MM/DD/YYYY
12/05/2019

1a. SUPERSEDES AWARD NOTICE dated 10/07/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.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 NU65PS923714-01-02

5. TYPE OF AWARD Other

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

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

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]

11. APPROVED BUDGET (Excludes Direct Assistance)

1. Financial Assistance from the Federal Awarding Agency Only

2. Total project costs including grant funds and all other financial participation

3. a. Salaries and Wages ................. 41,365.00
   b. Fringe Benefits ............. 24,819.00
   c. Total Personnel Costs .......... 66,184.00
   d. Equipment ...................... 0.00
   e. Supplies ........................ 1,500.00
   f. Travel .......................... 23,427.00
   g. Construction .................... 0.00
   h. Other .......................... 1,798.00
   i. Contractual .......................... 215,000.00
   j. TOTAL DIRECT COSTS ....... 307,909.00
   k. INDIRECT COSTS ................. 14,163.00
   l. TOTAL APPROVED BUDGET .... 322,072.00

4. a. Federal Share .......................... 322,072.00
   b. Non-Federal Share ............... 0.00

REMARKS (Other Terms and Conditions Attached - Yes
The revised budget is approved.

GRANTS MANAGEMENT OFFICIAL:
Arthur Lusby, Grants Management Officer, Team Lead
2960 Brandywine Rd
Mailstop TV-2
Atlanta, GA 30341-5509
Phone: 770.488.2865

12. AWARD COMPUTATION

1. 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):

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)

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 the 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 4195651
18b. EIN 9963082400
19. DUNS 878092600
20. CONG. DIST. 03

ACCOUNT NO. 9-9360D7H
AMT ACTION FIN ASST 0.00
APPROPRIATION 75-19-0120

[AWARD AUTHORITY NOT DEFINED FOR PS10-10136.NU2G]
## Direct Assistance

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<tr>
<th>BUDGET CATEGORIES</th>
<th>PREVIOUS AMOUNT (A)</th>
<th>AMOUNT THIS ACTION (B)</th>
<th>TOTAL (A + B)</th>
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<td>$0.00</td>
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<tr>
<td>Fringe Benefits</td>
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<td>Contractual</td>
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<td>Construction</td>
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**Federal Financial Report Cycle**

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<th>Reporting Type</th>
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<td>09/29/2020</td>
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**NOTICE OF AWARD (Continuation Sheet)**

**PAGE 3 of 3**

**DATE ISSUED**

12/05/2019

**GRANT NO.**

6 NU65PS923714-01-02
AWARD ATTACHMENTS

Missouri Department of Health

1. Terms and Conditions
ADDITIONAL TERMS AND CONDITIONS

PURPOSE: The purpose of this amended notice of award is to approve the Budget Revision as submitted on October 29, 2019. The activities have been reviewed and found to be appropriate and consistent with program objectives. Therefore, the request is incorporated by reference.

These funds have been approved by cost categories as follows:

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Approved Budget</th>
<th>Revised Budget</th>
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<td>Salaries &amp; Wages</td>
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<td>Total Approved Budg</td>
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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 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.

Grants Management Specialist Contact:

Rhonda Burton, MSc.
Grants Management Specialist
Centers for Disease Control and Prevention
Office of Grants Services
Email: bgr2@cdc.gov
Telephone: 770-488-1381

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE