

1. DATE ISSUED MM/DD/YYYY 08/28/2020		1a. SUPERSEDES AWARD NOTICE dated 06/08/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA No. 93.074			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 6 NU90TP000531-05-08 Formerly 5U90TP000531-04		5. TYPE OF AWARD Other	
4a. FAIN NU90TP000531		5a. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 07/01/2012		Through 06/30/2018	
7. BUDGET PERIOD MM/DD/YYYY From 07/01/2016		Through 06/30/2018	

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)  
SEC391(A)317(K)OPPHS42U.S.C.SEC241A 247B

8. TITLE OF PROJECT (OR PROGRAM)  
TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS

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. Melissa Friel 2302 Militia Drive P.O. Box 116 Missouri State Emergency Management Agency JEFFERSON CITY, MO 65102-0116
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10a. GRANTEE AUTHORIZING OFFICIAL Ms. Patricia Bedell 920 WILDWOOD DR Division of Administration JEFFERSON CITY, MO 65109-5796 Phone: 573-751-6014	10b. FEDERAL PROJECT OFFICER Brandi Jordan 1600 Clifton Rd Atlanta, GA 30333 Phone: (404) 639-7856
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ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only <input type="checkbox"/>		a. Amount of Federal Financial Assistance (from item 11m) 14,409,251.65	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages 2,677,404.00		c. Less Cumulative Prior Award(s) This Budget Period 14,498,987.00	
b. Fringe Benefits 1,120,394.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <input type="checkbox"/> -89,735.35	
c. Total Personnel Costs 3,797,798.00		13. Total Federal Funds Awarded to Date for Project Period <input type="checkbox"/> 80,057,883.72	
d. Equipment 197,000.00		14. RECOMMENDED FUTURE SUPPORT	
e. Supplies 410,449.00		(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel 147,609.00		YEAR	TOTAL DIRECT COSTS
g. Construction 0.00		a. 6	d. 9
h. Other 588,168.00		b. 7	e. 10
i. Contractual 8,653,279.65		c. 8	f. 11
j. TOTAL DIRECT COSTS <input type="checkbox"/> 13,794,303.65		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS 614,948.00		a. DEDUCTION <input type="checkbox"/>	
l. TOTAL APPROVED BUDGET <input type="checkbox"/> 14,409,251.65		b. ADDITIONAL COSTS	
m. Federal Share 14,409,251.65		c. MATCHING	
n. Non-Federal Share 0.00		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 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:

Terrian Dixon, Grants Management Officer  
2960 Brandywine Rd  
Mailstop E01  
Atlanta, GA 30341-5509  
Phone: 770-488-2774

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
21. a. 5-9213367	b. 000531TP15	c. 93.074	d. TP	e. (\$89,735.35)
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 6 NU90TP000531-05-08	

**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>	\$0.00	\$0.00	\$0.00

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
07/01/2012	06/30/2013	Annual	09/28/2013
07/01/2013	06/30/2014	Annual	09/28/2014
07/01/2014	06/30/2015	Annual	09/28/2015
07/01/2015	06/30/2016	Annual	09/28/2016
07/01/2016	06/30/2018	Annual	09/28/2018
07/01/2016	06/30/2018	Annual	09/28/2018

# AWARD ATTACHMENTS

Missouri Department of Health

6 NU90TP000531-05-08

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1. Terms

**REVISED NOTICE OF COOPERATIVE AGREEMENT**

**Notice of Funding Opportunity Announcement (NOFO) Number:** TP12-1201

**Award Number:** 6 NU90TP000531-05-08

**Recipient:** Missouri Department of Health

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

**TERMS AND CONDITIONS OF THIS AWARD**

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**PURPOSE:** Purpose of this amended Notice of Award is to de-obligate funding in the amount of -\$89,735.35 from CAN(s) listed below.

5-9213367 amount -\$89,735.35

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, necessary and reasonable.

All the other terms and conditions remain in effect.

PLEASE REFERENCE YOUR AWARD NUMBER IN ALL CORRESPONDENCE.

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