

1. DATE ISSUED MM/DD/YYYY 07/29/2016
 2. CFDA NO. 93.069
 3. ASSISTANCE TYPE 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)
 SEC391(A)317(K)OPPHS42U.S.C.SEC241A 247B

1a. SUPERSEDES AWARD NOTICE dated 06/30/2016
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 6 NU90TP921857-01-01
 Formerly
 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY
 From 07/01/2016 Through 06/30/2018

7. BUDGET PERIOD MM/DD/YYYY
 From 07/01/2016 Through 06/30/2017

8. TITLE OF PROJECT (OR PROGRAM)

PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR) COOPERATIVE AGREEMENT FOR ALL-HAZARDS PUBLIC HEALTH EMERGENCIES: ZIKA 2016 FOR THE STATE OF MISSOURI

9a. GRANTEE NAME AND ADDRESS

STATE OF MISSOURI
 PO BOX 570
 GRANTS COORDINATION UNIT
 Jefferson City, MO 65102-0570

9b. GRANTEE PROJECT DIRECTOR

Ms. Melissa Friel
 PO BOX 570
 GRANTS COORDINATION UNIT
 JEFFERSON CITY, MO 65102-0570
 Phone: (573) 751-8589

10a. GRANTEE AUTHORIZING OFFICIAL

Mr. HAROUN KAMARA
 PO BOX 570
 GRANTS COORDINATION UNIT
 JEFFERSON CITY, MO 65102-0570
 Phone: 573-522-9152

10b. FEDERAL PROJECT OFFICER

Brandi Jordan
 1600 Clifton Rd
 Atlanta, GA 30333
 Phone: (404) 639-7856

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only		I
II Total project costs including grant funds and all other financial participation		
a. Salaries and Wages	72,258.00	
b. Fringe Benefits	35,679.00	
c. Total Personnel Costs	107,937.00	
d. Equipment	0.00	
e. Supplies	39,487.00	
f. Travel	10,206.00	
g. Construction	0.00	
h. Other	36,254.00	
i. Contractual	149,150.00	
j. TOTAL DIRECT COSTS →	343,034.00	
k. INDIRECT COSTS	25,474.00	
l. TOTAL APPROVED BUDGET	368,508.00	
m. Federal Share	368,508.00	
n. Non-Federal Share	0.00	

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	368,508.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	368,508.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	368,508.00

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 AWARING 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: Shicann Phillips

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 04	
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-93906FV	b. 16TP921857	c. 93.069	d. TP	e. \$0.00	f. 75-1519-0943
22. a.	b.	c.	d.	e.	f.
23. a.	b.	c.	d.	e.	f.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 07/29/2016
GRANT NO. 6 NU90TP921857-01-01	

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

AWARD ATTACHMENTS

STATE OF MISSOURI

6 NU90TP921857-01-01

1. Award Conditions
2. Summary Statement
3. Objective Review

AWARD CONDITIONS

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

AWARD INFORMATION

Release of Restriction(s): The purpose of this revised Notice of Award is to release the original funding restriction which was 50% of the total award funding amount as noted in the Terms and Conditions of the Notice of Award, dated 06/30/2016. CDC has reviewed the revised budget/documentation submitted by your organization, dated 07/26/2016 and find it to be acceptable, thus releasing the remaining 50% for immediate use.

Summary Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the Staff Contacts section of this NoA, no later than September 1, 2016. Failure to submit the required information by the due date will cause delay in programmatic progress and will adversely affect the future funding of this project.

NOTE: 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. The grantee must exercise proper stewardship over all awards of Federal funds by ensuring that all costs charged to their cooperative agreement are reasonable, allowable, allocable, and necessary.

STAFF CONTACTS

Grants Management Specialist: Terika Slocumb
Center for Disease Control and Prevention
CDC / ATSDR
2960 Brandywine Road MS.E-01
Atlanta, GA 30341
Email: wwq5@cdc.gov **Phone:** 770-488-2051

Grants Management Officer: Shicann Phillips
Center for Disease Control and Prevention
CDC / ATSDR
2960 Brandywine Road MS.E-01
Atlanta, GA 30341
Email: IBQ7@CDC.GOV **Phone:** 770.488.2809

Request for Application CDC-RFA-TP16-1602

Public Health Preparedness and Response (PHPR) Cooperative Agreement for

All-Hazards Public Health Emergencies: Zika 2016

DATE: 6/30/2016

APPLICANT NAME: Missouri Department of Health and Senior Services (DHSS)

APPLICATION #: NU90TP2016000144 **AMOUNT REQUESTED:** \$368,508

Summary Score: NA

Recommendation: Approval

SUMMARY

I. Summary of Project:

The Missouri Department of Health and Senior Services (DHSS) will use Public Health Preparedness and Response (PHPR) Cooperative Agreement Zika 2016 funds to develop and exercise a comprehensive state-level Zika preparedness and response plan or the Zika Action Plan (ZAP). In addition, through the development of Zika virus-specific Jurisdictional Risk Assessments (JRAs), DHSS plans to coordinate preparation and response activities among relevant state and local agencies, the Missouri State Public Health Laboratory, non-governmental and healthcare partners, and emergency response professionals. Activities will include the assessment of gaps within current legal and funding authorities that may prevent the implementation of public health-guided prevention and control activities. Further, DHSS will test and exercise components of the state-level ZAP, and provide technical support to local public health agencies (LPHA) in development of local JRAs and in exercising local ZAPs, including after-action reviews/improvement plans.

The Zika 2016 Work Plan summarizes the planned activities and the Budget Narrative describes DHSS' plan to direct PHPR funds in support of personnel costs, contractual agreements, and development of Zika virus outreach materials and media. Complete funding for two additional administrative support staff to be housed in the Office of Veterinary Public Health (OVPH), partial funding for a Geographic Information Systems specialist, and contracts with various vendors and subject matter experts (SMEs) will be required to perform the activities specified in this proposal. PHPR funds will also be used to help offset lodging, travel, and meal expenses incurred by LPHAs attending Zika Action Plan technical assistance workshops and tabletop exercises. Funds can also be used to support promotion of community clean-up events and distribution of Zika Prevention Kits.

II. Major Strengths (Please use bullets):

All required documents submitted; Budget and justification aligned with workplan;

III. Major Weaknesses (Please use bullets):

Lack of administrative preparedness requirements for expedited contracts and surge hiring

Recommendations (List recommendations that relate to the identified weakness, where possible. Please use bullets):

Recommended assisting with administrative preparedness but overall recommend approval.

**Public Health Preparedness and Response (PHPR) Cooperative Agreement for
 All-Hazards Public Health Emergencies: Zika 2016
 CDC-RFA-TP16-1602
 Budget/Work Plan Review**

Awardee Name:	MO
HHS Region:	Region 7
Primary Reviewer Name:	Grasso, Erin K. (CDC/OPHPR/DSLRL)
Date of Review:	June 30, 2016
Team Lead Reviewer Date:	July 01, 2016
Review Status:	Submitted
Date Submitted to OGS:	July 01, 2016

	Yes/No	Project Officer Comments
1. Did the Applicant include all of the required documents with their application submission (i.e., Project Abstract Summary, Work Plan, Budget Narrative, Zika Checklist)?	Yes	The applicant provided all of the required documentation.
2. Do the budget and justification align with the work plan?	Yes	

<p>3. Did the Applicant submit clear and concise description(s) of the strategies and activities they will use to achieve the outcomes / goals of the award?</p>	<p>Yes</p>	
<p>4. Did the Applicant include either an evaluation plan or a statement about their intent to evaluate their Zika activities?</p>	<p>Yes</p>	<p>The applicant provided a document that specifically addresses their evaluation plan, titled the "Missouri Zika Evaluation Plan" attached below.</p> <p>Over the Zika 2016 project period, the Missouri Department of Health and Senior Services (DHSS) will develop and implement an evaluation plan (EP) to provide documentation of its impact on Missouri residents' health as well as demonstrate programmatic accountability to DHSS management, stakeholders, and partners. The team will be led by Lisa Brown, Deputy Director, Division of Community and Public Health (DCPH). An experienced performance evaluation facilitator will be identified and an EP Leadership Workgroup will be established.</p> <p>Anticipated types of performance measures include indicators of completeness for pre-incident planning, such as identifying and coordinating with partners; defining operational roles; defining triggers for action; and identifying barriers to public health agency participation in response and recovery. For response-associated measures, DHSS anticipates the use of measures of performance that occur while responding to an incident or over the course of conducting an exercise. It is anticipated that some of the outcome measures will rely on qualitative data, which will require substantial planning and coordination to execute.</p>
<p>5. Did the Applicant address all 3 of the strategies (Strengthen Public Health Incident Management and Emergency Operations Coordination; Strengthen Information Management and Sharing; Strengthen Community Recovery and Resilience)?</p>	<p>Yes</p>	<p>The applicant will address all three strategies throughout the project period. The descriptions of Incident Management & Emergency OPS Coordination can be found in the Project Narrative on pages 4, 5. The description of both Information Management & Sharing and Community Recovery & Resilience can be found in the Project Narrative on page 9.</p>
<p>5a. In the comment box please state why a primary strategy was not addressed (if appropriate).</p>		<p>N/A. All three were addressed in the project narrative.</p>

<p>5b. In the comment box please summarize the Applicant's action plan.</p>		<p>The Missouri Department of Health and Senior Services (DHSS) will use Public Health Preparedness and Response (PHPR) Cooperative Agreement Zika 2016 funds to develop and exercise a comprehensive state-level Zika preparedness and response plan or the Zika Action Plan (ZAP). In addition, through the development of Zika virus-specific Jurisdictional Risk Assessments (JRAs), DHSS plans to coordinate preparation and response activities among relevant state and local agencies, the Missouri State Public Health Laboratory, non-governmental and healthcare partners, and emergency response professionals. development of local JRAs and in exercising local ZAPs, including after-action reviews/improvement plans.</p>
<p>6. Did the Applicant submit a Project Narrative that includes Background and Approach (purpose, outcomes, strategies and activities, collaborations, and target populations)?</p>	<p>Yes</p>	<p>The applicant provided a Project Narrative wherein the following items were addressed: Background - complete Approach - not found Purpose - page 5 Outcomes - page 5 Strategies - page 5 Activities - page 5 Collaborations - page 6 Target populations - page 6</p>
<p>7. Did the Applicant describe the specific target population(s) in their jurisdiction and how they will include specific populations who can benefit from the program?</p>	<p>Yes</p>	<p>The applicant described the following specific target populations: Women of childbearing age; metropolitan- and micropolitan-residing populations with regular travel to areas with Zika transmission; populations comprised of speakers of other languages; populations residing in disadvantaged or economically deprived neighborhoods; homeless persons; persons living in residences lacking window screens; and persons with frequent outdoor exposures.</p>
<p>8. Did the Applicant develop plans for including underserved populations including tribal, disabled, and English speakers of other languages?</p>	<p>Yes</p>	<p>These populations were all specified in the application.</p>
<p>9. Did the Applicant describe how they will collaborate with programs and organizations either internal or external to CDC?</p>	<p>Yes</p>	
<p>9a. In comment box, please explain and/or identify the organizations / CDC programs.</p>		<p>Collaborations will focus on internal DHSS public health programs and external agencies, including emergency management agencies, environmental health, maternal-child health, and vector control authorities. Collaborations will also extend to programs and agencies who understand the norms and cultural practices of groups at high-risk for Zika infection and for local transmission of Zika virus.</p>

<p>10. Based on information in the application materials (e.g., work plan, check list, etc.), did the Awardee provide sufficient information regarding the Organization's capacity and skills needed to implement emergency management, incident management and response leadership, program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management?</p>	<p>Yes</p>	
<p>10a. Did they state how they will structure their Zika response incident management system?</p>	<p>Yes</p>	
<p>10b. Did they state the time frame to activate their Zika Response after a non-travel case is reported?</p>	<p>No</p>	<p>This reviewer did not see a timeframe to activate their response.</p>
<p>11. Are there items that OGS (PGO) needs to restrict (e.g. unallowable costs, budget costs not justified, recommended restrictions)?</p>	<p>No</p>	
<p>11a. In the comment box please describe any unallowable activities or line items. Please include the reason for the restriction (for example: pre-award costs prior to May 18,2016, research, clinical care, excess salary rate, payment or reimbursement of backfilling costs for staff, intent to acquire real property, purchase of vehicles to be used for transportation).</p>		<p>N/A</p>
<p>11b. In the comment box please describe areas of concern in the budget.</p>		<p>N/A</p>

<p>12. Did the Awardee respond to administrative preparedness requirements listed under "Funding Strategies" for Expedited contracts and Emergency (Surge) hiring processes?</p>	<p>No</p>	<p>This reviewer did not find distinct administrative preparedness requirements as described. The only mention found was in the Work Plan, Page 2, where the CDC recommended intermediate outcome was: "The jurisdiction can implement expedited hiring, reassignment, laboratory surge, and procurement processes to meet the jurisdiction's response needs."</p>
<p>13. Based on Awardee's response to Question 12, do you as the Project Officer feel that the Awardee will be able to administer this grant within the budget period?</p>	<p>No</p>	<p>Because the reviewer did not identify any administrative information within the documentation provided, the answer is "no" based on the response to Question 12.</p>
<p>13a. In the comment box please note if you feel that the Applicant will have problems administering and thus spending down this supplemental funding within the budget period?</p>		<p>This reviewer did not have a solid understanding of the Awardee's background in administrative preparedness. Based on what was provided, though, it may be problematic.</p>
<p>14. Did the Awardee explain how their work plan will achieve the goals of the award and/or alleviate health disparities?</p>	<p>Yes</p>	
<p>14a. In the comment box please explain if you as the PHEP Specialist feel that the Awardee's work plan will NOT achieve the goals set forth in the FOA.</p>		
<p>15. Will technical assistance need to be provided to the Awardee?</p>	<p>Yes</p>	
<p>15a. In the comment box please describe if yes.</p>		<p>Administrative Preparedness may need to be addressed thru technical assistance.</p>