1. DATE ISSUED: 11/15/2019


3. ASSISTANCE TYPE: Cooperative Agreement

4. GRANT NO.: 6 NU90TP921989-01-07

5. TYPE OF AWARD: Post Award Amendment

6. PROJECT PERIOD: From 09/01/2018 Through 03/30/2020

7. BUDGET PERIOD: From 09/01/2018 Through 03/30/2020

8. TITLE OF PROJECT (OR PROGRAM): Post Award Amendment

9a. GRANTEE NAME AND ADDRESS:

   HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
   920 WILDWOOD DR
   Missouri Dept. of Health and Senior Services
   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:

   Ms. Tonya R Loucks
   920 Wildwood Drive
   Jefferson City, MO 65109-5796
   Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER:

   Ms. Martha Ebener
   1600 Clifton Rd NE
   Atlanta, GA 30329-4018
   Phone: 470-366-4957

11. APPROVED BUDGET (Excludes Direct Assistance):

   I. Financial Assistance from the Federal Awarding Agency Only
   1. a. Amount of Federal Financial Assistance (from item 11a) $3,134,896.00
   2. b. Less Unobligated Balance From Prior Budget Period $0.00
   3. c. Less Cumulative Prior Award(s) This Budget Period $3,134,896.00
   4. d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION $0.00

   II. Total Federal Funds Awarded to Date for Project Period $3,134,896.00

12. AWARD COMPUTATION:

   a. TOTAL DIRECT COSTS $3,095,730.00
   b. INDIRECT COSTS $39,166.00
   c. TOTAL APPROVED BUDGET $3,134,896.00

   d. Federal Share $3,134,896.00
   e. Non-Federal Share $0.00

13. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

   a. ADDITIONAL COSTS
   b. ADDITIONAL COSTS
   c. MATCHING
   d. OTHER RESEARCH (Add / Deduct Option)
   e. OTHER (See REMARKS)

14. RECOMMENDED FUTURE SUPPORT:

   (Subject to the availability of funds and satisfactory progress of the project):

   a. 2.
   b. 3.
   c. 4.
   d. 5.
   e. 6.
   f. 7.

15. REMARKS:

   (Other Terms and Conditions Attached)

   Yes

   No
## Direct Assistance

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<th>AMOUNT THIS ACTION (B)</th>
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### Federal Financial Report Cycle

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1. Revised Terms and Conditions Admin Correction 11.19
No Cost Extension: The purpose of this amendment is to correct due dates for both the Annual and Final Federal Financial Reports.

Reporting Period 09/01/2018 - 08/31/2019 **Please upload in GMM as a Grant Note

Reporting Period 09/01/2018 - 03/30/2020 **Please upload in GMM in FFR Module

All other closeout requirements remain unchanged.

Please be advised that the 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 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 REFERENCE THE NOFO AND AWARD NUMBER ON ALL CORRESPONDENCE

GMS Contact:
Julie Davis, Grants Management Specialist Centers for Disease Control and Prevention
Office of Financial Resources (OFR)
Email: xxg6@cdc.gov Phone: 770-488-2936