Grantee Name and Address

Missouri Public Health Crisis Response

4. Grant No. 6 NU90TP922111-01-02

5. Type of Award

Demonstration

6. Project Period

From 03/16/2020

Through 03/15/2021

7. Budget Period

From 03/16/2020

Through 03/15/2021

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. Nicole Massey

920 Wildwood Dr

Jefferson City, MO 65109-5796

Phone: 573-751-6400

10a. Grantee Authorizing Official

Ms. Tonya Loucks

920 Wildwood Dr

Jefferson City, MO 65109-5796

Phone: 000-000-0000

10b. Federal Project Officer

Tiandra Thornton

1600 Clifton Rd

Atlanta, GA 30333

Phone: 404.498.5495

12. Award Computation

a. Amount of Federal Financial Assistance (from item 11b) 13,749,947.00

b. Less Unobligated Balance From Prior Budget Periods 0.00

c. Less Cumulative Prior Award(s) This Budget Period 9,888,657.00

d. Amount of Financial Assistance This Action 3,861,290.00

13. Total Federal Funds Awarded to Date for Project Period 13,749,947.00

14. Recommended Future Support

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

YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL DIRECT COSTS
--- | --- | --- | ---
1 | a. 2 | d. 5 | 2 | b. 3 | e. 6 | 3 | c. 4 | f. 7
4 | g. OTHER RESEARCH (Add / Deduct Option)
5 | h. OTHER
6 | i. CONTRACTUAL
7 | j. TOTAL DIRECT COSTS
8 | k. INDIRECT COSTS
9 | l. TOTAL APPROVED BUDGET
10 | m. Federal Share
11 | n. NON-FEDERAL SHARE

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 or 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.
### Direct Assistance

<table>
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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>Reporting Period Start Date</td>
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<td>03/15/2021</td>
<td>Annual</td>
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</table>
1. T&C
TERMS AND CONDITIONS OF AWARD

Component Funding: Additional funding is approved for Component B COVID-19 Crisis Response activities. The funding amount is listed on page 1 of the Notice of Award (NOA).

Budget Revision Requirement: Jurisdictions must submit revised budgets (SF-424A) and budget narratives (budget narrative template provided in Grant Notes in GrantSolutions) by April 20, 2020. Budget revisions should include all COVID19 funds received to date. If the information cannot be provided by the due date, you are required to contact your Project Officer and Grants Management Specialist.

Revised Work Plan: Jurisdictions must submit revised work plans (work plan template provided in Grant Notes in GrantSolutions) as a grant-note (labeled “[Jurisdiction] COVID-19 Work Plan”) in GrantSolutions no later than May 4, 2020.

Pre-Award Costs: Pre-award costs dating back to January 20, 2020 – when CDC first activated its Emergency Operations Center (EOC) – and directly related to outbreak response are allowable.

Indirect Costs: Indirect costs will be approved based on submission of currently approved negotiated indirect cost rate agreement.

PAYMENT INFORMATION The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the “P Account”.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

<table>
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<tr>
<th>CDC Staff Contacts</th>
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</table>

**GMS Contact:**
CDC, Office of Grants Services
Damond Barnes, Grants Management Specialist
Centers for Disease Control and Prevention
Branch IV
2939 Flowers Road
Atlanta, GA 30341
Email: xhp5@cdc.gov

**Programmatic Contact:**
Tiandra M. Thornton, Project Officer
Centers for Disease Control and Prevention
Atlanta, Georgia
Telephone: 404-498-5495
Email: lgy5@cdc.gov
**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

*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.*