## NOTICE OF AWARD

**AUTHORIZATION (Legislation/Regulations)**
Section 317(k)(3) of the Public Health Service Act, [42 U.S.C. 247b (k)(3)]

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### ALL AMOUNTS ARE SHOWN IN USD

#### 11. APPROVED BUDGET (Excludes Direct Assistance)
- Financial Assistance from the Federal Awarding Agency Only
- Total project costs including grant funds and all other financial participation

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Salaries and Wages</td>
<td>280,313.00</td>
</tr>
<tr>
<td>b. Fringe Benefits</td>
<td>149,871.00</td>
</tr>
<tr>
<td>c. Total Personnel Costs</td>
<td>430,184.00</td>
</tr>
<tr>
<td>d. Equipment</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Supplies</td>
<td>2,911.00</td>
</tr>
<tr>
<td>f. Travel</td>
<td>15,217.00</td>
</tr>
<tr>
<td>g. Construction</td>
<td>0.00</td>
</tr>
<tr>
<td>h. Other</td>
<td>19,309.00</td>
</tr>
<tr>
<td>i. Contractual</td>
<td>41,500.00</td>
</tr>
<tr>
<td>j. Total Direct Costs</td>
<td>509,121.00</td>
</tr>
<tr>
<td>k. Indirect Costs</td>
<td>91,629.00</td>
</tr>
<tr>
<td>l. Total Approved Budget</td>
<td>600,750.00</td>
</tr>
<tr>
<td>m. Federal Share</td>
<td>445,000.00</td>
</tr>
<tr>
<td>n. Non-Federal Share</td>
<td>155,750.00</td>
</tr>
</tbody>
</table>

#### 12. AWARD COMPUTATION
- a. Amount of Federal Financial Assistance (from item 11m) | $600,750.00 |
- b. Less Unobligated Balance From Prior Budget Period | $0.00 |
- c. Less Cumulative Prior Award(s) This Budget Period | $445,000.00 |
- d. Amount of Financial Assistance This Action | $155,750.00 |

#### 13. Total Federal Funds Awarded To Date for Project Period
- $600,750.00

#### 14. RECOMMENDED FUTURE SUPPORT
(Subject to the availability of funds and satisfactory progress of the project):

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 2</td>
<td>d. 5</td>
</tr>
<tr>
<td>b. 3</td>
<td>e. 6</td>
</tr>
<tr>
<td>c. 4</td>
<td>f. 7</td>
</tr>
</tbody>
</table>

#### 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.

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.

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**REMARKS**
(Other Terms and Conditions Attached -)

- Yes [x]
- No [ ]

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**GRANTS MANAGEMENT OFFICER**
Ralph U Robinson

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<table>
<thead>
<tr>
<th>17. OBJ CLASS</th>
<th>41.51</th>
</tr>
</thead>
<tbody>
<tr>
<td>18a. VENDOR CODE</td>
<td>![Image]</td>
</tr>
<tr>
<td>18b. EIN</td>
<td>![Image]</td>
</tr>
<tr>
<td>19. DUNS</td>
<td>878092600</td>
</tr>
<tr>
<td>20. CONG. DIST.</td>
<td>03</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FY-ACCOUNT NO.</th>
<th>21. a. 8-93908GK</th>
<th>21. b. 8-93908GK</th>
<th>21. c. 8-93908GK</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. a. 8-93904AT</td>
<td>22. b. 8-93904AT</td>
<td>22. c. 8-93904AT</td>
<td></td>
</tr>
<tr>
<td>23. a. 8-9390AEU</td>
<td>23. b. 8-9390AEU</td>
<td>23. c. 8-9390AEU</td>
<td></td>
</tr>
<tr>
<td>24. c. 8-9390AEU</td>
<td>24. d. 8-9390AEU</td>
<td>24. e. 8-9390AEU</td>
<td></td>
</tr>
<tr>
<td>25. d. 8-9390AEU</td>
<td>25. e. 8-9390AEU</td>
<td>25. f. 8-9390AEU</td>
<td></td>
</tr>
</tbody>
</table>

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**CDC Office of Financial Resources**

2920 Brandywine Road
Atlanta, GA 30341
### Direct Assistance

<table>
<thead>
<tr>
<th>BUDGET CATEGORIES</th>
<th>PREVIOUS AMOUNT (A)</th>
<th>AMOUNT THIS ACTION (B)</th>
<th>TOTAL (A + B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Contractual</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Construction</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
### Federal Financial Report Cycle

<table>
<thead>
<tr>
<th>Reporting Period Start Date</th>
<th>Reporting Period End Date</th>
<th>Reporting Type</th>
<th>Reporting Period Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/30/2018</td>
<td>09/29/2019</td>
<td>Annual</td>
<td>12/28/2019</td>
</tr>
<tr>
<td>09/30/2019</td>
<td>09/29/2020</td>
<td>Annual</td>
<td>12/28/2020</td>
</tr>
</tbody>
</table>
1. Revised Terms
2. Supplemental Technical Review
AWARD INFORMATION

Approved Supplemental Funding: The purpose of this amendment is to approve Supplemental funding in the amount of $155,750 for the Year 01 budget period, which is September 30, 2018 through September 29, 2019. These additional funds are authorized and have been distributed as indicated in the approved budget of this Notice of Award. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the supplemental 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 CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, October 31, 2018, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By October 31, 2018 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

- PERSONNEL –
  - Please provide a justification for the increase in annual salaries compared to the Year 01 base budget.
  - The Research Analyst II (S. Hargrove) was already budgeted at 100% level of effort for the Year 01 base budget; nevertheless, there is a proposed 14% level of effort for supplemental activities. The combined level of effort exceeding 100% results in commitment overlap, which is not allowed; please adjust.
  - Programmatic note: Applicant must specify why so many permanent FTE staff are budgeted for the supplemental award and align staff to specific work plan activities.

- SUPPLIES –
  - Supplies must be itemized according to CDC Budget Guidelines (i.e. $20/month x 2.0 FTEs x 12 months = $480).

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, and reasonable.

All other terms and conditions issued with this award remain in effect, unless otherwise changed, in writing, by the Grants Management Officer.
CDC STAFF CONTACTS

GMO Contact:
Tiffany Mannings, Grants Management Officer
Centers for Disease Control and Prevention (CDC)
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2960 Brandywine Road, Mail Stop E-01
Atlanta, GA 30341
Telephone: 770-488-2515
Fax: 770-488-2670
Email: yuo7@cdc.gov

GMS Contact:
Victoria McBee, Grants Management Specialist
Centers for Disease Control and Prevention (CDC)
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
Telephone: 770-488-2825
Fax: 770-488-2688
Email: yig9@cdc.gov

Programmatic Contact:
CDR Monica Leonard, Project Officer
Division of Emergency and Environmental Health Services
National Center for Environmental Health
Centers for Disease Control and Prevention (CDC)
4770 Buford Highway - Mailstop F58
Atlanta, Georgia 30341
Phone: 404-498-1826
E-mail address: Zgf7@cdc.gov
National Center for Environmental Health
Division of Environmental Health Science and Practice
Lead Poisoning Prevention and Environmental Health Tracking Branch

Supplemental Technical Review

Recipient Name: Missouri Department of Health and Senior Services, Childhood Lead Poisoning Prevention Program

Cooperative Agreement (Award) #: NUE1EH001270 _ Budget Year: Sept 30, 2018 – Sept 29, 2019

FOA #: EH17-1701SUPP18 _ Title: Lead Poisoning Prevention – Childhood Lead Poisoning Prevention

Requested Amount: $155,750 _ Recommended Award Amount: $155,750

Supplemental Project Period Proposed Objectives

Summary of the Project:
The Missouri Department of Health and Senior Services (DHSS), Childhood Lead Poisoning Prevention Program (CLPPP) has chosen “Strengthening Blood Lead Testing and Reporting” as the primary focus for this supplemental project proposal. The program’s intent is to improve the rate of blood lead testing by healthcare providers in targeted areas of need. The program has selected four specified zip code locations under DHSS lead risk assessor regions that have a combination of increased incidence of older housing, increased poverty levels, low blood lead testing rates in Medicaid children, and high volume rental housing. The applicant’s second activity is to develop and implement provider report cards. CLPPP will encourage required testing among health care providers by reporting practice specific testing rates, comparing their rates with those of their peers, and providing education and guidance about blood lead testing guidance. Also, with a long-term outcome to provide final report cards to health care providers on annual percent of testing Medicaid children for blood lead.

Summary of Major Strengths:
- The program provided a very detailed explanation of why the targeted areas of need were chosen for this project.
- The program has a diverse partnership foundation, which stimulates sustainability of the program and helps to build on efforts to promote lead testing and awareness.

Summary of Major Weaknesses:
- The applicant does not provide evidence or proven success of the door-to-door outreach method/strategy to be utilized for this project.
- The applicant does not provide specifics for what the information in the pamphlets will provide to the targeted communities.
- Although the applicant provided a very detailed reason why the four zip codes (target areas) were chosen, no information about the demographics (age, culture, language spoken, etc.) was given.
- It’s unclear why applicant has placed most of their permanent FTE staff, to include 8 Environmental Specialists to cover four high risks zipcodes on the supplemental budget which is a one-time allotment of funding. All permanent staff are not aligned to work plan activities.

Recommendations:
- Recommend that the program provide evidence-based research of the door-to-door outreach method to validate why this strategy was chosen for this project.
- Recommend providing a sample of how the pamphlet will look or what information will be provided in the pamphlets.
- Recommend further information for the proposed target populations (e.g. language barriers, literacy, culture sensitivity, etc.), to provide guidance to the pamphlet development process.
- DHSS must provide clear justification for supplemental funding even a small % of their permanent staff who are funded on the base EH1701 cooperative agreement, especially 8 Environmental Health Specialists.
Other Relevant Comments relevant to the Project Narrative:

a. Approach

- For improved testing and reporting, DHHS current community assessment data will be evaluated using Environmental Public Health Tracking (EPHT) surveillance data related to Missouri children’s blood lead testing. Census Data and other reliable data sources will be accessed to provide demographic descriptors. This seems realistic and measurable.
- DHSS will encourage required testing among health care providers by reporting practice specific testing rates, comparing their rates with those of their peers, and providing education and guidance about blood lead testing guidance. This seems reasonable, timeframe to complete should be considered.

b. Workplan to include Organizational Capacity

- As referenced in the weakness section above, it’s not clear why 8 Environmental Specialists and other permanent staff align to work plan activities to strengthen blood lead testing and reporting.
- DHHS should provide specific job responsibilities of the EPHT surveillance person to be used for this project. Also, an explanation of “Disseminate outreach materials to business”, as well as “Disseminate outreach materials to code enforcements” is needed.

c. Evaluation and Performance Measurement

- The four evaluation and performance measurements DHHS identify using seem realistic for strengthening blood lead testing and reporting.
- DHHS should consider including monthly or bi-monthly project status meetings, to access the reliability and responsiveness of pamphlet dissemination.
National Center for Environmental Health
Division of Environmental Health Science and Practice
Lead Poisoning Prevention and Environmental Health Tracking Branch

Supplemental Technical Review

Cooperative Agreement (Award) #: NUE1EH001270  Budget Year: Sept 30, 2018 – Sept 29, 2019

Recipient Name: Missouri Department of Health and Senior Services, Childhood Lead Poisoning Prevention Program

1. Response to Technical Review (check one):

    X  The recipient must submit a response to the weaknesses and recommendations identified in the technical review response is due no later than 30 days after the budget period start date. (Note: The recipient’s response should be reflective only of the weaknesses identified therefore, resubmission of the entire supplemental application is not required.)

    ____ No response to Technical Review is required.

2. Budget and Work-plan (check one):

    X  Revised budget and/or work plan are required (provide reasons):

        Revised Budget: *Applicant needs to specify why so many permanent FTE staff are budgeted for the supplemental award and align staff to specific work plan activities.

    ____ Revised Budget and Work-plan are needed due to a reduction in proposed budget, which affects the proposed activities/work-plan. (Attach budget mark-up and justification to be used by GMS to request revised budget and work-plan.)

    ____ Revised budget and work-plan are NOT required.

Project Officer's Name: Monica Leonard

(Print Name)

Project Officer's Signature (mandatory): [Signature] Date: 8/29/2018