

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE
 04/01/2018 | 93.136 | 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

1a. SUPERSEDES AWARD NOTICE dated 02/16/2018
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. | 5. ACTION TYPE
 6 NUF2CE002427-05-01 | Post Award
 Formerly 51F2CE002427-03 | Amendment

6. PROJECT PERIOD | MM/DD/YYYY | Through | MM/DD/YYYY
 From 02/01/2014 | Through 01/31/2019

7. BUDGET PERIOD | MM/DD/YYYY | Through | MM/DD/YYYY
 From 02/01/2018 | Through 01/31/2019

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 317(K) OF PHS ACT(42USC247B(K))

8. TITLE OF PROJECT (OR PROGRAM)
 Missouri Rape Prevention and Education

9a. GRANTEE NAME AND ADDRESS
 MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
 920 Wildwood Dr
 Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
 Ms. Karen Kliethermes00
 930 Wildwood Dr
 State of Missouri Senior Services/DSS&R
 Jefferson City, MO 65109-5796
 Phone: 573-526-0220

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
 Kathryn M Jones
 4770 Buford Hwy
 DVP PPTB
 Atlanta, GA 30341
 Phone: 770-488-1118

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	56,716.00
b. Fringe Benefits	30,059.00
c. Total Personnel Costs	86,775.00
d. Equipment	0.00
e. Supplies	2,220.00
f. Travel	5,640.00
g. Construction	0.00
h. Other	9,419.00
i. Contractual	572,379.00
j. TOTAL DIRECT COSTS →	676,433.00
k. INDIRECT COSTS	4,903.00
l. TOTAL APPROVED BUDGET	681,336.00
m. Federal Share	681,336.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	681,336.00
b. Less Unobligated Balance From Prior Budget Periods	28,845.00
c. Less Cumulative Prior Award(s) This Budget Period	652,491.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	3,049,139.00

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. 6		d. 9	
b. 7		e. 10	
c. 8		f. 11	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:		b
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 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: **Barbara (Rene) Benyard, Grants Management Officer, Team Lead**

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	APPROPRIATION				
21. a. 8-939ZSFL	b. 002427RP14	c. 93.136	d. CE	e. \$0.00	f. 75-18-0952				
22. a. 6-939ZSFL	b. 002427RP14	c. 93.136	d. CE	e. \$0.00	f. 75-16-0952				
23. a.	b.	c.	d.	e.	f.				

NOTICE OF AWARD (Continuation Sheet)

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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

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
02/01/2014	01/31/2015	Annual	05/01/2015
02/01/2015	01/31/2016	Annual	04/30/2016
02/01/2016	01/31/2017	Annual	05/01/2017
02/01/2017	01/31/2018	Annual	05/01/2018
02/01/2018	01/31/2019	Annual	05/01/2019

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR
SRV

6 NUF2CE002427-05-01

1. REVISED TERMS AND CONDITIONS: CARRY FORWARD AND CHANGE IN AUTHORIZED OFFICIAL

REVISED NOTICE OF AWARD

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

The purpose of this amendment is to approve the Authorizing Official Representative change to Ms. Pat Bedell. This is in response to the request submitted by your organization dated December 14, 2017.

Additionally, this amended Notice of Award approves carryover of unobligated funds in the amount of \$28,845 from budget period 03 to budget period 05. This is in response to a request submitted by your organization dated February 01, 2018. These funds have been distributed as indicated in the approved budget of this Notice of Award.

Unobligated funds in the amount of \$28,845 have been applied to this award. Please note that if the actual amount of available unobligated funds is less than the amount used in this action, the total approved budget may be reduced by the difference in a subsequent award action, thus reducing the amount of the current award.

These funds are approved for the current year budget period only with no commitment for continued support in future budget periods.

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 issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

GMO Contact:

Rene Benyard, Grants Management Officer (GMO)
Office of Financial Resources
Office of Grants Services
Centers for Disease Control and Prevention (CDC)
2960 Brandywine Road, MS-E01
Atlanta, Georgia 30341-4146
Telephone: (770) 488-2757
Email Address: bnb8@cdc.gov

GMS Contact:

Terrian J. Dixon, Grants Management Specialist
Office of Financial Resources
Office of Grants Services
Centers for Disease Control and Prevention
2960 Brandywine Road, MS-E01
Atlanta, Georgia 30341-4146
Telephone: (770) 488-2774
Email Address: thd4@cdc.gov