### NOTICE OF AWARD

**AUTHORIZATION (Legislation/Regulations)**
Recipient is funded under Category "B" / Statutory Authority: 392(a)(1) of the PHS Act (42 USC § 280b-1(a)(1))

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Centers for Disease Control and Prevention

CDC Office of Financial Resources

1600 Clifton Road
Atlanta, GA 30329

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**GRANTS MANAGEMENT OFFICIAL:**

Barbara (Rene) Benyard, Grants Management Officer, Team Lead

2960 Brandywine Rd
Mailstop E14

Atlanta, GA 30341-5509

Phone: 770.488.2757

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**1. DATE ISSUED**

04/24/2019

1a. **SUPERSEDES AWARD NOTICE dated**

01/31/2019

except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

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**2. CFDA NO.**

93.136 - Injury Prevention and Control Research and State and Community Based Programs

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**3. ASSISTANCE TYPE**

Cooperative Agreement

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**4. GRANT NO.**

NUF2CE002490-01-01

**5. TYPE OF AWARD**

Other

**4a. FAIN**

NUF2CE002490

**5a. ACTION TYPE**

Post Award Amendment

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**6. PROJECT PERIOD**

MM/DD/YYYY

**From**

02/01/2019

**Through**

01/31/2024

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**7. BUDGET PERIOD**

MM/DD/YYYY

**From**

02/01/2019

**Through**

01/31/2020

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**8. TITLE OF PROJECT (OR PROGRAM)**

Rape Prevention and Education: Using the best available evidence for Sexual Violence Prevention

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**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**

Mr. Randall Williams

920 Wildwood Dr

Business Official

Jefferson City, MO 65109-5796

Phone: 573-751-6400

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**10a. GRANTEE AUTHORIZING OFFICIAL**

Ms. Tonya R Loucks

920 Wildwood Dr

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

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**11. APPROVED BUDGET (Excludes Direct Assistance)**

| Financial Assistance from the Federal Awarding Agency Only | II Total project costs including grant funds and all other financial participation
|-----------------------------------------------------------|---------------------------------------------------|
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**12. AWARD COMPUTATION**

a. Amount of Federal Financial Assistance (from item 11m)

930,289.00

b. Less Unobligated Balance From Prior Budget Periods

0.00

c. Less Cumulative Prior Award(s) This Budget Period

930,289.00

d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION

0.00

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**13. Total Federal Funds Awarded to Date for Project Period**

930,289.00

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**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>
<th>YEAR</th>
<th>TOTAL DIRECT COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>2</td>
<td>d.</td>
<td>5</td>
</tr>
<tr>
<td>b.</td>
<td>3</td>
<td>e.</td>
<td>6</td>
</tr>
<tr>
<td>c.</td>
<td>4</td>
<td>f.</td>
<td>7</td>
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</table>

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

b. Deduction

c. Additional Costs

d. Matching

e. Other Research (Add / Deduct Option)

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**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

d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

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**REMARKS**

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

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**GRANTS MANAGEMENT OFFICIAL:**

Barbara (Rene) Benyard, Grants Management Officer, Team Lead

2960 Brandywine Rd

Mailstop E14

Atlanta, GA 30341-5509

Phone: 770.488.2757

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**17OBJ CLASS**

41.51

**18a. VENDOR CODE**

9-N03Z5FL

**18b. EIN**

19NUF2CE002490

**19. DUNS**

878092600

**20. CONG. DIST.**

03

**21. a.**

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## Direct Assistance

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<th>AMOUNT THIS ACTION (B)</th>
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<td>04/30/2024</td>
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AWARD ATTACHMENTS

Missouri Department of Health 6 NUF2CE002490-01-01

1. REVISED TERMS AND CONDITIONS: SUMMARY STATEMENT & BUDGET REQUIREMENTS
The purpose of this amended Notice of Award is to approve the responses to the Summary Statement and Budget Requirements submitted by your organization dated February 26, 2019. Funds have been distributed as indicated in the approved budget of this Notice of Award.

NOTE: The recipient must notify CDC upon selection of contracts identified as “To Be Determined”.

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

GMS Contact:
Terrian J. Dixon, Grants Management Specialist
Office of Financial Resources
Office of Grants Services
Center for Disease Control and Prevention
2939 Flowers Road, MS- TV-2
Atlanta, Georgia 30341-4146
Telephone: (770) 488-2774
Email Address: thd4@cdc.gov