

1. DATE ISSUED MM/DD/YYYY 12/06/2018

1a. SUPERSEDES AWARD NOTICE dated 08/16/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA No. 93.314 - Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NUR3DD000064-02-02 Formerly

5. TYPE OF AWARD Other

4a. FAIN NUR3DD000064

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 07/01/2017 Through 06/30/2020

7. BUDGET PERIOD MM/DD/YYYY From 07/01/2018 Through 06/30/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

1600 Clifton Road
Atlanta, GA 30329

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Sec 399M(b)(1) PHS [42U.S.C. 280g-1(b)(1)]

8. TITLE OF PROJECT (OR PROGRAM)
SFY 2018 Early Hearing & Intervention Information System

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
920 Wildwood Dr
Community and Public Health
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Ms. Catherine Harbison
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
Phone: 573-751-6473

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Tonya R Loucks
920 WILDWOOD DR
Jefferson City, MO 65109-5796
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
Deidra Green
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404-498-3950

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 119,056.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 16,897.00	
a. Salaries and Wages	57,094.00	c. Less Cumulative Prior Award(s) This Budget Period 102,159.00	
b. Fringe Benefits	27,764.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	84,858.00	13. Total Federal Funds Awarded to Date for Project Period 204,318.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	0.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	1,214.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 3	102,159.00
h. Other	2,448.00	d. 6	
i. Contractual	12,461.00	e. 7	
j. TOTAL DIRECT COSTS	100,981.00	f. 8	
k. INDIRECT COSTS	18,075.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
l. TOTAL APPROVED BUDGET	119,056.00	a. DEDUCTION	
m. Federal Share	119,056.00	b. ADDITIONAL COSTS	
n. Non-Federal Share	0.00	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.	
		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:

Kathy Raible
1600 Clifton Rd
Atlanta, GA 30333
Phone: 770-488-2045

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.	8-939ZRCF	b. 17NUR3DD000064	c. 93.314	d. DD	e. \$0.00	f. 75-18-0958			
22. a.		b.	c.	d.	e.	f.			
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
07/01/2017	06/30/2018	Annual	09/28/2018
07/01/2018	06/30/2019	Annual	09/28/2019
07/01/2019	06/30/2020	Annual	09/28/2020

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

6 NUR3DD000064-02-02

1. Carryover Approval Terms and Conditions

Notice of Funding Opportunity (NOFA) Number DD17 1701
Award Number: NUR3DD000064

Revision #02

NOTE 1: CARRYOVER OF UNOBLIGATED FUNDS FROM BUDGET YEAR 01

This revised Notice of Award (NOA) authorizes the carryover of unobligated funds from budget year 01 to budget year 02 in the amount of \$16,897 as requested in your correspondence dated 11/27/2018, and based on the submitted Federal Financial Report (FFR) dated 9/24/2018.

The carryover budget is approved as follows:

Budget Categories	Current Award	Carryover	Revised Award
SALARIES/WAGES	\$ 54,608	\$ 2,486	\$ 57,094
FRINGE BENEFITS	\$ 26,665	\$ 1,099	\$ 27,764
CONSULTANT COSTS	\$ -	\$ -	\$ -
EQUIPMENT	\$ -	\$ -	\$ -
SUPPLIES	\$ -	\$ -	\$ -
TRAVEL	\$ 1,214	\$ -	\$ 1,214
OTHER	\$ 2,361	\$ 87	\$ 2,448
CONTRACTUAL COSTS	\$ -	\$ 12,461	\$ 12,461
TOTAL DIRECT	\$ 84,848	\$ 16,133	\$ 100,981
INDIRECT	\$ 17,311	\$ 764	\$ 18,075
TOTAL AWARD	\$ 102,159	\$ 16,897	\$ 119,056

NOTE 2: All contractual line items must be completed by 7/31/2019.

NOTE 3: The award amounts reflected above may be subject to reduction if a subsequent, revised FFR reflects an amount less than initially reported.

NOTE 4: Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all cost charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

NOTE 5: All other terms and conditions issued with the original Notice of Award remain in effect throughout the budget period unless changed in writing by the CDC Grants Management Officer.

Grants Management Specialist Contact:

Daryl Barksdale
Centers for Disease Control and Prevention
Chronic Disease and Birth Defects Services Branch
2920 Brandywine Road MS E-09
Atlanta, GA 30341
Email: xxj8@cdc.gov
Phone: 770-488-1087

Grants Management Officer Contact:

Kathy Raible
Centers for Disease Control and Prevention

Chronic Disease and Birth Defects Services Branch
2920 Brandywine Road MS E-09
Atlanta, GA 30341
Email: kcr8@cdc.gov
Phone: 770-488-2045

**PLEASE REFERENCE THE COOPERATIVE AGREEMENT NUMBER ON ALL
CORRESPONDENCE.**