

1. DATE ISSUED MM/DD/YYYY 1a. SUPERSEDES AWARD NOTICE dated 09/11/2019
10/31/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded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 NUR3DD000064-03-02 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 07/01/2019 Through 06/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2939 Brandywine Road
Atlanta, GA 30341

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 2019 Early Hearing & Intervention Information System

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
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 Drive
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) 107,566.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 5,407.00	
a. Salaries and Wages	57,014.00	c. Less Cumulative Prior Award(s) This Budget Period 102,159.00	
b. Fringe Benefits	28,945.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	85,959.00	13. Total Federal Funds Awarded to Date for Project Period 306,477.00	
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	945.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 4	d. 7
h. Other	2,349.00	b. 5	e. 8
i. Contractual	0.00	c. 6	f. 9
j. TOTAL DIRECT COSTS	89,253.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	18,313.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	107,566.00	b. ADDITIONAL COSTS	
m. Federal Share	107,566.00	c. MATCHING	
n. Non-Federal Share	0.00	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
2920 Brandywine Rd
Mailstop E09
Atlanta, GA 30341-5539
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.	9-939ZRCF	b. 17NUR3DD000064	c. 93.314	d. DD	e. \$0.00	f. 75-19-0958			
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 Department of Health

6 NUR3DD000064-03-02

1. Terms and Conditions-Carryover

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Carryover: The purpose of this amended Notice of Award is to approve carryover of unobligated funds in the amount of \$5,407 from budget period 02 to budget period 03. This is in response to a request submitted by your organization dated October 22, 2019. These funds have been distributed as indicated in the approved budget of this Notice of Award.

Unobligated funds in the amount of \$5,407 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.

Indirect Cost: Indirect costs are approved based on the negotiated indirect cost rate agreement dated January 24, 2019, which calculates indirect costs as follows, a Fixed is approved at a rate of 21.40% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2019 to June 30, 2020.

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 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.

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.

PLEASE REFERENCE THE GRANT NUMBER ON ALL CORRESPONDENCE

OGS Contact:

Grants Management Specialist Contact:

LaToya Donaldson
Centers for Disease Control and Prevention
Chronic Disease and Birth Defects Services Branch
2939 Flowers Road South, Atlanta, GA 30341
Email: ygj0@cdc.gov **Phone:** 770-488-1227

Grants Management Officer Contact:

Kathy Raible
Centers for Disease Control and Prevention
Chronic Disease and Birth Defects Services Branch
2939 Flowers Road South, Atlanta, GA 30341
Email: kcr8@cdc.gov **Phone:** 770-488-2045