

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

1a. SUPERSEDES AWARD NOTICE dated 08/15/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA No. 93.366 - State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NU58DP006476-01-01 Formerly

5. TYPE OF AWARD Other

4a. FAIN NU58DP006476

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 09/01/2018 Through 08/31/2023

7. BUDGET PERIOD MM/DD/YYYY From 09/01/2018 Through 08/31/2019

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)  
301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

8. TITLE OF PROJECT (OR PROGRAM)  
Missouri Oral Health Integration and Improvement Initiative (MOHIII)

9a. GRANTEE NAME AND ADDRESS  
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV  
920 Wildwood Dr  
-DUP7  
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR  
Dr. John Dane DDS, FAAHD  
920 Wildwood Dr.  
Office of Dental Health  
Jefferson City, MO 65109-5796  
Phone: 573-751-6441

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

10b. FEDERAL PROJECT OFFICER  
Ms. Monique Brown  
1600 Clifton Rd  
Atlanta, GA 30333  
Phone: 4046390925

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) 354,000.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	112,242.00	c. Less Cumulative Prior Award(s) This Budget Period 354,000.00	
b. Fringe Benefits	58,780.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	171,022.00	13. Total Federal Funds Awarded to Date for Project Period 354,000.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	8,911.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	17,882.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 2	317,572.00
h. Other	10,883.00	d. 5	317,572.00
i. Contractual	108,874.00	b. 3	317,572.00
j. TOTAL DIRECT COSTS	317,572.00	c. 4	317,572.00
k. INDIRECT COSTS	36,428.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
l. TOTAL APPROVED BUDGET	354,000.00	a. DEDUCTION	
m. Federal Share	354,000.00	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:

Ebony Holt  
1600 Clifton Rd  
Atlanta, GA 30333  
Phone: 770-310-6750

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.	8-939ZRDG	b. 18NU58DP006476	c. 93.366	d. DP	e. \$0.00	f. 75-18-0948			
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
<b>Total</b>	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

6 NU58DP006476-01-01

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1. Terms and Conditions

## **ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Summary Statement:** The purpose of this amended Notice of Award is to approve the response to the Technical Review submitted by your organization dated **November 14, 2018**.

**Administrative Correction:** The purpose of this amended Notice of Award is to also correct the NOFO title to: Notice of Funding Opportunity (NOFO) number **DP18-1810**, entitled State Actions to Improve Oral Health Outcomes,

Monique Tatum  
Grants Management Specialist (GMS)  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
Email: [mtatum@cdc.gov](mailto:mtatum@cdc.gov) | Phone: 770-488-2617

Stephanie Latham  
Grants Management Officer (GMO)  
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Office of Financial Resources (OFR)  
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