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| 1. DATE ISSUED MM/DD/YYYY 08/22/2019 | | 1a. SUPERSEDES AWARD NOTICE dated 08/07/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded | |
| 2. CFDA NO. 93.069 - Public Health Emergency Preparedness | | | |
| 3. ASSISTANCE TYPE Cooperative Agreement | | | |
| 4. GRANT NO. 6 NU90TP922019-01-02 Formerly | | 5. TYPE OF AWARD Other | |
| 4a. FAIN NU90TP922019 | | 5a. ACTION TYPE Post Award Amendment | |
| 6. PROJECT PERIOD MM/DD/YYYY From 07/01/2019 | | Through 06/30/2024 | |
| 7. BUDGET PERIOD MM/DD/YYYY From 07/01/2019 | | Through 06/30/2020 | |
| 8. TITLE OF PROJECT (OR PROGRAM) MISSOURI PHEP COOPERATIVE AGREEMENT | | | |

**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)
319C-1 of the Public Health Service (PHS) Act (47 USC 247d-3a)

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 Wildwood Dr
Health and Senior Services
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Paula Nickelson
920 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 5737515264

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

10b. FEDERAL PROJECT OFFICER
Brandi Jordan
1600 Clifton Rd
Atlanta, GA 30333
Phone: (404) 639-7856

ALL AMOUNTS ARE SHOWN IN USD

| | |
|--|-------------------------------------|
| 11. APPROVED BUDGET (Excludes Direct Assistance) | |
| I Financial Assistance from the Federal Awarding Agency Only | <input type="checkbox"/> |
| II Total project costs including grant funds and all other financial participation | <input checked="" type="checkbox"/> |
| a. Salaries and WageS | 1,522,340.00 |
| b. Fringe Benefits | 771,826.00 |
| c. Total Personnel Costs | 2,294,166.00 |
| d. Equipment | 276,037.00 |
| e. Supplies | 136,575.00 |
| f. Travel | 62,535.00 |
| g. Construction | 0.00 |
| h. Other | 279,783.00 |
| i. Contractual | 7,421,714.00 |
| j. TOTAL DIRECT COSTS | 10,470,810.00 |
| k. INDIRECT COSTS | 488,657.00 |
| l. TOTAL APPROVED BUDGET | 10,959,467.00 |
| m. Federal Share | 10,959,467.00 |
| n. Non-Federal Share | 2,193,770.00 |

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| 12. AWARD COMPUTATION | |
| a. Amount of Federal Financial Assistance (from item 11m) | 10,959,467.00 |
| b. Less Unobligated Balance From Prior Budget Periods | 0.00 |
| c. Less Cumulative Prior Award(s) This Budget Period | 10,605,417.00 |
| d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | 354,050.00 |
| 13. Total Federal Funds Awarded to Date for Project Period | 10,959,467.00 |

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|---|--------------------|------|--------------------|
| 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. 2 | | d. 5 | |
| b. 3 | | e. 6 | |
| c. 4 | | f. 7 | |

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

| | |
|---|-------------------------------------|
| <ul style="list-style-type: none"> a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS) | <input checked="" type="checkbox"/> |
|---|-------------------------------------|

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 - Administrative Supplemental Funds (Level 1 Labs)-LRN Refresher) Yes No

GRANTS MANAGEMENT OFFICIAL:

Shicann Phillips, Lead Grants Management Specialist
2939 Flowers Road
TV2
Atlanta, GA 30341-5509
Phone: 770.488.2809

| | | | | | | | | | |
|----------------|-----------|------------------|----------------|---------------------|----|---------------------|--------------|-----------------|------------|
| 17.OBJ CLASS | 41.51 | 18a. VENDOR CODE | | 18b. EIN | | 19. DUNS | 878092600 | 20. CONG. DIST. | 03 |
| FY-ACCOUNT NO. | | DOCUMENT NO. | | ADMINISTRATIVE CODE | | AMT ACTION FIN ASST | | APPROPRIATION | |
| 21. a. | 9-921027R | b. | 19NU90TP922019 | c. | TP | d. | \$0.00 | e. | 75-19-0956 |
| 22. a. | 9-9213367 | b. | 19NU90TP922019 | c. | TP | d. | \$0.00 | e. | 75-19-0956 |
| 23. a. | 9-921022U | b. | 19NU90TP922019 | c. | TP | d. | \$354,050.00 | e. | 75-19-0956 |

NOTICE OF AWARD (Continuation Sheet)

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|--------------------------------|---------------------------|
| PAGE 2 of 2 | DATE ISSUED 08/22/2019 |
| GRANT NO. 6 NU90TP922019-01-02 | |

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 |

AWARD ATTACHMENTS

Missouri Department of Health

6 NU90TP922019-01-02

1. LRN Refresher-Administrative Supplement Funds T&C)

Notice of Funding Opportunity (NOFO) Number: CDC-RFA-TP19-1901 (LRN Supplement)
Award Number: 6 NU90 **TP922** 019
Recipient: Missouri State Department of Health and Senior Services

Additional Terms and Conditions of Award

Level I Lab Supplement: The purpose of this amended Notice of Award (NoA) is to provide supplemental funds for the sole purpose of updating obsolete laboratory testing equipment for the Laboratory Response Network Chemical Program (LRN Refresher) per the request submitted by your organization dated August 16, 2019.

Supplemental funds in the amount of \$354,050 are approved for the Year 01 Budget Period, which is July 1, 2019 through June 30, 2020.

LRN Refresher Supplemental Funds can only be used to purchase Level 1 LRN equipment for the laboratory and for specific lab needs. Your PHEP Project Officer can provide additional details as to what items can be purchased with the supplemental funds.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable, necessary and reasonable.

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.

CDC Staff Contacts

Grants Management Specialist (GMS) Contact:

Corey D. Taylor, Grants Management Specialist
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health and
Injury Prevention Services Branch
2939 Flowers Road, MS TV-2
Atlanta, Georgia 30341
Telephone: 770-488-2730
Email: WVE3@cdc.gov

Grants Management Officer (GMO) Contact:

Shicann Phillips, Grants Management Officer
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health and
Injury Prevention Services Branch
2939 Flowers Road, MS TV-2
Atlanta, Georgia 30341
Telephone: 770-488-2809
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