

1. DATE ISSUED MM/DD/YYYY 11/18/2019

1a. SUPERSEDES AWARD NOTICE dated 10/10/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.136 - Injury Prevention and Control Research and State and Community Based Programs

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NUF2CE002490-01-04 Formerly

5. TYPE OF AWARD Other

4a. FAIN NUF2CE002490

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 02/01/2019 Through 01/31/2024

7. BUDGET PERIOD MM/DD/YYYY From 02/01/2019 Through 01/31/2020

8. TITLE OF PROJECT (OR PROGRAM) Rape Prevention and Education: Using the best available evidence for Sexual Violence Prevention

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

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. Mindy Laughlin  
920 Wildwood Dr  
Jefferson City, MO 65109-5796  
Phone: 5737516435

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Marcia Mahaney  
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

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) 930,289.00	
II Total project costs including grant funds and all other financial participation <b>I</b>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS	64,388.00	c. Less Cumulative Prior Award(s) This Budget Period 930,289.00	
b. Fringe Benefits	43,140.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	107,528.00	13. Total Federal Funds Awarded to Date for Project Period 930,289.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	5,116.00	YEAR	TOTAL DIRECT COSTS
f. Travel	3,994.00	a. 2	d. 5
g. Construction	0.00	b. 3	e. 6
h. Other	5,253.00	c. 4	f. 7
i. Contractual	802,303.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS	924,194.00	a. DEDUCTION	
k. INDIRECT COSTS	6,095.00	b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET	930,289.00	c. MATCHING	
m. Federal Share	930,289.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	0.00	e. OTHER (See REMARKS)	
REMARKS (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDOING 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.	

GRANTS MANAGEMENT OFFICIAL:

Barbara (Rene) Benyard, Grants Management Officer, Team Lead  
2939 Flowers Road  
Mailstop TV2  
Atlanta, GA 30341-5509  
Phone: 770.488.2757

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. 9-939ZSFL	b. 19NUF2CE002490	c. CE	d. \$0.00	e. 75-19-0952
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

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

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
02/01/2019	01/31/2020	Annual	03/01/2020
02/01/2020	01/31/2021	Annual	03/02/2021
02/01/2021	01/31/2022	Annual	03/02/2022
02/01/2022	01/31/2023	Annual	03/02/2023
02/01/2023	01/31/2024	Annual	03/01/2024

# AWARD ATTACHMENTS

Missouri Department of Health

6 NUF2CE002490-01-04

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1. T&C redirection - new contractor

The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contracts below. This approval is in response to the request submitted by your organization dated October 22, 2019.

- o Nodaway County Health
- o Cape Girardeau County Public Health
- o Metropolitan Organization to Counter Sexual Assault

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, 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:**

Julie Davis, Grants Management Specialist  
Centers for Disease Control and Prevention  
Office of Financial Resources (OFR)  
Email: [xxg6@cdc.gov](mailto:xxg6@cdc.gov) Phone: 770-488-2936

