

1. DATE ISSUED MM/DD/YYYY 04/17/2018
 2. CFDA NO. 93.270
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources
 2920 Brandywine Road
 Atlanta, GA 30341

1a. SUPERSEDES AWARD NOTICE dated 01/28/2018
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 6 NU51PS005112-02-02
 Formerly
 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY
 From 11/01/2016 Through 10/31/2020

7. BUDGET PERIOD MM/DD/YYYY
 From 11/01/2017 Through 10/31/2018

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 Sections 301 and 317N of the Public Health Service Act (42 U.S.C. section
 241 and 247b-15, as amended)

8. TITLE OF PROJECT (OR PROGRAM)
 Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

9a. GRANTEE NAME AND ADDRESS
 MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
 PO BOX 570
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 Jefferson City, MO 65102-0570

9b. GRANTEE PROJECT DIRECTOR
 Ms. Nicole. Massey
 920 Wildwood
 Jefferson City, MO 65102-0570
 Phone: 573-751-6431

10a. GRANTEE AUTHORIZING OFFICIAL
 Mr. Bret Fischer
 920 WILDWOOD DR
 JEFFERSON CITY, MO 65109-5796
 Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
 Mr. Wentzel Mitchell
 12 Corporate Square Blvd, NE
 Atlanta, GA 30329
 Phone: 404-718-3226

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	I
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	61,683.00
b. Fringe Benefits	32,692.00
c. Total Personnel Costs	94,375.00
d. Equipment	0.00
e. Supplies	1,194.00
f. Travel	5,515.00
g. Construction	0.00
h. Other	3,119.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS →	104,203.00
k. INDIRECT COSTS	20,196.00
l. TOTAL APPROVED BUDGET	124,399.00
m. Federal Share	124,399.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	124,399.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	62,200.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	62,199.00
13. Total Federal Funds Awarded to Date for Project Period	249,028.00

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. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	

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

a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)	b
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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)
 Second Round of Funding

GRANTS MANAGEMENT OFFICIAL: **Constance J Jarvis, Grants Management Officer**

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 04	
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 8-939ZRPQ	b. 005112PS17	c. 93.270	d. PS	e. \$24,774.00	f. 75-18-0950
22. a. 8-939ZYLM	b. 005112PS17	c. 93.270	d. PS	e. \$32,772.00	f. 75-18-0950
23. a. 8-9391080	b. 005112PS17	c. 93.270	d. PS	e. \$4,653.00	f. 75-18-0950

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
11/01/2016	10/31/2017	Annual	01/29/2018
11/01/2017	10/31/2018	Annual	01/29/2019

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR
SRV

6 NU51PS005112-02-02

1. Terms and Conditions of this Award

Notice of Funding Opportunity (NOFO): PS17-1702

Award Number: NU51PS005112-02

Award Type: Cooperative Agreement

Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

ADDITIONAL TERMS AND CONDITIONS

PURPOSE: This revised Notice of Award is to award additional funding in the amount of **\$62,199**. Previously, **\$62,200** had been awarded, making the current total available award amount **\$124,399** of the approved **\$124,399** for the Year 02 budget period which is 11/01/2017 through 10/31/2018.

This award is fully funded for this budget period.

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

GMS Contact:

Valerie McCloud, Grants Management Specialist
Centers for Disease Control
Infectious Diseases Services Branch
Office of Financial Resources
Office of Grants Services
Telephone: 770-488-4790
Fax: 770-488-8350
Email: fyq4@cdc.gov

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

