1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE 10/19/2015 | 93.817 | Cooperative Cooperative Agreement 1a. SUPERSEDES AWARD NOTICE dated 06/21/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4. GRANT NO. 5. ACTION TYPE Post Award 6 U3REP150489-01-02 Amendment Formerly MM/DD/YYYY 6. PROJECT PERIOD MM/DD/YYYY From Through 05/18/2015 05/17/2020 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY 05/17/2020 From 05/18/2015 Through

DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSISTANT SECRETARY FOR PREPAREDNESS & RESPONSE

ASPR Acquisition Management Contracts and Grants

200 C Street, SW Washington, DC 20024

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations) Pub. L. 109-148 119 Stat. 2680, 2786 (2005)

8. TITLE OF PROJECT (OR PROGRAM)

Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities

9a. GRANTEE NAME AND ADDRESS

Missouri Dept. of Health and Senior Services/DSS&R PO BOX 570

Jefferson City, MO 65102-0570

10a. GRANTEE AUTHORIZING OFFICIAL

Mr. Bret Fischer 920 Wildwood Dr

Division of Administration Jefferson City, MO 65102-0570

Phone: 573-751-6014

9b. GRANTEE PROJECT DIRECTOR

Ms. MELISSA FRIEL

PO BOX 570

COMMUNITY AND PUBLIC HEALTH JEFFERSON CITY, MO 65102-0570

Phone: 573-751-8589

10b. FEDERAL PROJECT OFFICER
Ms. Angela Krutsinger

200 C Street, S.W.

Assistant Secretary Preparedness and Response

Washington, DC 20024 Phone: 816-426-3290

1. APP	ROVED BUDGET (Exclud	les Direct Assistance)	ALL AMOUNTS A		COMPUTATION			
Financial Assistance from the Federal Awarding Agency Only				a, Amount	a. Amount of Federal Financial Assistance (from item 11m)		1,648,208.00	
II Total project costs including grant funds and all other financial participation				b. Less Ur	b. Less Unobligated Balance From Prior Budget Periods			
a. Salaries and Wages			0.00	7/1	c, Less Cumulative Prior Award(s) This Budget Period		1,648,208.00	
b.	Fringe Benefits		0.00		IT OF FINANCIAL ASSISTANCE T	0.00		
	_	Conto			13. Total Federal Funds Awarded to Date for Project Period 1,648,20			
c. Total Personnel Costs			0.0		IMENDED FUTURE SUPPORT the availability of funds and satisfac	tony progress of the p	roject):	
d.	Equipment	1 - 11 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0.0	0				
e.	Supplies		0.0	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS	
f	Travel			a. 2		d. 5		
1,		***************************************	0.0	- 0.5		e. 6		
g.	Construction		0.0	0 c 4		f. 7		
h.	Other		0.0	0 15. PROGRA	M INCOME SHALL BE USED IN ACCORD WIT	H ONE OF THE FOLLOWIN	IG	
i.	Contractual		1,648,208.0	0 a. b.	DEDUCTION ADDITIONAL COSTS		b	
j.	TOTAL DIRECT	COSTS	1,648,208.0	O d	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			
k.	INDIRECT COSTS		0.0	0 46 700 400				
		-		ON THE ABOV	RED IS BASED ON AN APPLICATION SUBMIT TO TITLED PROJECT AND IS SUBJECT TO THI SENCE IN THE FOLLOWING:			
I.	TOTAL APPROVED BUDGET		1,648,208.0	0 8.51.12.2	The grant program legislation The grant program regulations,			
m.	Federal Share		1,648,208.0	0 6	This award notice including terms and condit Federal administrative requirements, cost pri	ons, if any, noted below unde nciples and audit requiremen	er REMARKS Its applicable to this grant	
n. Non-Federal Share			0.0	In the event the prevail. Acce	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 - X Yes No)

This amendment serves to restore the following Condition of Award: Provide the names of the assessment hospitals.

All other Terms and Conditions remain in effect.

GRANTS MANAGEMENT OFFICER: Brenda Cox, Grants Management Officer

17. OBJ C	LASS 41.51	18a, VENDOR CODE		18b. EIN		19. DUNS	878092600	20. C	ONG. DIST.	04
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION		
21. a.	5-1990501	b. U3RE	P0489A	c.	HOS07	d.	\$0.00	е. Т	75-1519-	-0140
22. a.		b.		c.		d.		e.	- 2	
23. a		b.		C		d.		ę.		

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of	2	DATE ISSUED 10/19/2015	
GRANT NO. 6 U3		3REP150489-01-02	

Federal Financial Report	Cycle				
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date		
05/18/2015	12/31/2015	Annual	03/30/2016		
01/01/2016	12/31/2016	Annual	03/31/2017		
01/01/2017	12/31/2017	Annual	03/31/2018		
01/01/2018	12/31/2018	Annual	03/31/2019		
01/01/2019	12/31/2019	Annual	03/30/2020		
01/01/2020	05/17/2020	Final	08/15/2020		