

1. DATE ISSUED MM/DD/YYYY 09/16/2019		1a. SUPERSEDES AWARD NOTICE dated 09/11/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.323 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 6 NU50CK000546-01-02 Formerly		5. TYPE OF AWARD Demonstration	
4a. FAIN NU50CK000546		5a. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 08/01/2019		Through 07/31/2024	
7. BUDGET PERIOD MM/DD/YYYY From 08/01/2019		Through 07/31/2020	
8. TITLE OF PROJECT (OR PROGRAM) CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)			

**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)  
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 Wildwood Dr Jefferson City, MO 65109-5796	9b. GRANTEE PROJECT DIRECTOR HOWARD PUE 920 WILDWOOD DRIVE P.O. BOX 570 MISSOURI STATE DEPT. OF HEALTH & JEFFERSON CITY, MO 65102-0570 Phone: [NO DATA]
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Tonya R Loucks 920 Wildwood Drive Jefferson City, MO 65109-5796 Phone: 573-751-6014	10b. FEDERAL PROJECT OFFICER De'Lisa Simpson 1600 Clifton Rd Atlanta, GA 30333 Phone: 404-639-3629

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	<b>I</b>
II Total project costs including grant funds and all other financial participation	
a. Salaries and WageS .....	686,900.00
b. Fringe Benefits .....	383,976.00
c. Total Personnel Costs .....	1,070,876.00
d. Equipment .....	0.00
e. Supplies .....	208,722.00
f. Travel .....	34,698.00
g. Construction .....	0.00
h. Other .....	86,135.00
i. Contractual .....	125,003.00
j. TOTAL DIRECT COSTS	1,525,434.00
k. INDIRECT COSTS	229,116.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>1,754,550.00</b>
m. Federal Share	1,754,550.00
n. Non-Federal Share	0.00

<b>12. AWARD COMPUTATION</b>			
a. Amount of Federal Financial Assistance (from item 11m)	1,754,550.00		
b. Less Unobligated Balance From Prior Budget Periods	0.00		
c. Less Cumulative Prior Award(s) This Budget Period	1,754,550.00		
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>0.00</b>		
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>1,754,550.00</b>		
<b>14. RECOMMENDED FUTURE SUPPORT</b> (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	
<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>		<b>b</b>	
a. DEDUCTION			
b. ADDITIONAL COSTS			
c. MATCHING			
d. OTHER RESEARCH (Add / Deduct Option)			
e. OTHER (See REMARKS)			
<b>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:</b>			
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)  
See next page

**GRANTS MANAGEMENT OFFICIAL:**

Erica Stewart, Grants Management Officer  
2939 Flowers Rd  
TV-2  
Atlanta, GA 30341  
Phone: 770-488-2769

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. 9-939ZRVU	b. 19NU50CK000546	c. CK	d. \$0.00	e. 75-19-0951
22. a. 9-939ZSCE	b. 19NU50CK000546	c. CK	d. \$0.00	e. 75-19-0951
23. a. 9-939ZVJC	b. 19NU50CK000546	c. CK	d. \$0.00	e. 75-19-0949

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 6 NU50CK000546-01-02	

REMARKS:

Administrative Correction: The purpose of this amendment is to correct the document number(s) referenced in the payment information section on the Notice of Award issued 09/11/2019. The correct document numbers are reflected beginning at the bottom of page 1 of the Notice of Award.

Stewardship: The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

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.

CDC, Office of Grants Services  
 Tonya Jenkins, Grants Management Specialist  
 Centers for Disease Control and Prevention  
 Infectious Disease Services Branch  
 2939 Flowers Road, MS-TV-2  
 Atlanta, GA 30341  
 Telephone: 404-498-2399  
 Email: pjo6@cdc.gov

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 9-93909PG	b. 19NU50CK000546	c. CK	d. \$0.00	e. 75-X-0951

**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>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
08/01/2019	07/31/2020	Annual	10/29/2020
08/01/2020	07/31/2021	Annual	10/29/2021
08/01/2021	07/31/2022	Annual	10/29/2022
08/01/2022	07/31/2023	Annual	10/29/2023
08/01/2023	07/31/2024	Annual	10/29/2024