

1. DATE ISSUED MM/DD/YYYY 01/28/2018  
 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 10/20/2017  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO. 6 NU51PS005112-02-01  
 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 Dept. of Health and Senior Services/DSS&R  
 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  
 Jefferson City, MO 65102-0570  
 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**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation <b>I</b>	
a. Salaries and Wages .....	30,842.00
b. Fringe Benefits .....	16,346.00
c. Total Personnel Costs .....	47,188.00
d. Equipment .....	0.00
e. Supplies .....	597.00
f. Travel .....	2,757.00
g. Construction .....	0.00
h. Other .....	1,560.00
i. Contractual .....	0.00
j. TOTAL DIRECT COSTS →	52,102.00
k. INDIRECT COSTS	10,098.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>62,200.00</b>
m. Federal Share	62,200.00
n. Non-Federal Share	0.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	62,200.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	62,200.00
<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>186,829.00</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. 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>b</b>
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**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING 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)

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. \$0.00	f. 75-18-0950
22. a. 8-939ZYLM	b. 005112PS17	c. 93.270	d. PS	e. \$0.00	f. 75-18-0950
23. a.	b.	c.	d.	e.	f.

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

# AWARD ATTACHMENTS

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

6 NU51PS005112-02-01

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1. Revised Budget

**Notice of Funding Opportunity (NOFO): PS17-1702**

**Award Number: NU51 PS005112-02-01**

**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:** The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization. Funds have been distributed as indicated in the approved budget of this Notice of Award.

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

Center for Disease Control

Infectious Diseases Services Branch

**Telephone: (770-488-4790**

**Email: [VMcCloud@cdc.gov](mailto:VMcCloud@cdc.gov)**

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**