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| 1. DATE ISSUED MM/DD/YYYY 04/24/2019 | | 1a. SUPERSEDES AWARD NOTICE dated 01/08/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded | |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 NUF2CE002490-01-01 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**

1600 Clifton Road
Atlanta, GA 30329

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 Alternate Name: Missouri Department of Health 920 WILDWOOD DR Missouri Dept. of Health and Senior Services JEFFERSON CITY, MO 65109-5796 | | 9b. GRANTEE PROJECT DIRECTOR Mr. Randall Williams 920 WILDWOOD DR Business Official JEFFERSON CITY, MO 65109-5796 Phone: 573-751-6400 | |
| 10a. GRANTEE AUTHORIZING OFFICIAL Ms. Tonya R Loucks 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 I | | | | b. Less Unobligated Balance From Prior Budget Periods 0.00 | | | |
| a. Salaries and WageS 64,334.00 | | | | c. Less Cumulative Prior Award(s) This Budget Period 930,289.00 | | | |
| b. Fringe Benefits 37,314.00 | | | | d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00 | | | |
| c. Total Personnel Costs 101,648.00 | | | | 13. Total Federal Funds Awarded to Date for Project Period 930,289.00 | | | |
| d. Equipment 0.00 | | | | 14. RECOMMENDED FUTURE SUPPORT | | | |
| e. Supplies 676.00 | | | | (Subject to the availability of funds and satisfactory progress of the project): | | | |
| f. Travel 3,990.00 | | | | YEAR | | TOTAL DIRECT COSTS | |
| g. Construction 0.00 | | | | a. 2 | | YEAR | |
| h. Other 5,208.00 | | | | b. 3 | | TOTAL DIRECT COSTS | |
| i. Contractual 813,191.00 | | | | c. 4 | | d. 5 | |
| j. TOTAL DIRECT COSTS → 924,713.00 | | | | | | e. 6 | |
| k. INDIRECT COSTS 5,576.00 | | | | | | f. 7 | |
| l. TOTAL APPROVED BUDGET 930,289.00 | | | | 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: | | | |
| m. Federal Share 930,289.00 | | | | a. DEDUCTION | | | |
| n. Non-Federal Share 0.00 | | | | 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: | | | |
| | | | | 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:

Barbara (Rene) Benyard, Grants Management Officer, Team Lead
2960 Brandywine Rd
Mailstop E14
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)

| | |
|--------------------------------|---------------------------|
| PAGE 2 of 3 | DATE ISSUED 04/24/2019 |
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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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| PAGE 3 of 3 | DATE ISSUED 04/24/2019 |
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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 | 04/30/2020 |
| 02/01/2020 | 01/31/2021 | Annual | 05/01/2021 |
| 02/01/2021 | 01/31/2022 | Annual | 05/01/2022 |
| 02/01/2022 | 01/31/2023 | Annual | 05/01/2023 |
| 02/01/2023 | 01/31/2024 | Annual | 04/30/2024 |

AWARD ATTACHMENTS

Missouri Department of Health

6 NUF2CE002490-01-01

1. REVISED TERMS AND CONDITIONS: SUMMARY STATEMENT & BUDGET REQUIREMENTS

The purpose of this amended Notice of Award is to approve the responses to the Summary Statement and Budget Requirements submitted by your organization dated February 26, 2019. Funds have been distributed as indicated in the approved budget of this Notice of Award.

NOTE: The recipient must notify CDC upon selection of contracts identified as "To Be Determined".

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, necessary 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:

Terrian J. Dixon, Grants Management Specialist
Office of Financial Resources
Office of Grants Services
Center for Disease Control and Prevention
2939 Flowers Road, MS- TV-2
Atlanta, Georgia 30341-4146
Telephone: (770) 488-2774
Email Address: thd4@cdc.gov