

1. DATE ISSUED MM/DD/YYYY 01/27/2017 2. CFDA NO. 93.323 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

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)

42 USC 241 31 USC 6305 42 CFR 52

1a. SUPERSEDES AWARD NOTICE dated 12/16/2016  
except that any additions or restrictions previously imposed remain  
in effect unless specifically rescinded

4. GRANT NO. 6 NU50CK000382-03-05  
Formerly 3U50CK000382-02S1 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 03/31/2015 Through 07/31/2019

7. BUDGET PERIOD MM/DD/YYYY From 08/01/2016 Through 07/31/2017

8. TITLE OF PROJECT (OR PROGRAM)

Building ,strengthening, and maintenance of capacity for vital programs in the epidemiology, laboratory, and health information systems in Kentucky state and local health departments.

9a. GRANTEE NAME AND ADDRESS

Kentucky Cabinet for Health & Family Services  
275 E Main St # 5wa  
Kentucky Cabinet for Health and Family Services  
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR

Ms. Carrell Rush  
275 E Main Street Ms hs2e-c  
Division o fEpidemiology and Health Planning  
Frankfort, KY 40621-0001  
Phone: 502--564-3261

10a. GRANTEE AUTHORIZING OFFICIAL

Ms. Rebecca Gillis  
275 East Main Street  
Epidemiology & Health Planning  
Frankfort, KY 40601-0000  
Phone: 502-564-7243

10b. FEDERAL PROJECT OFFICER

Dr. Jason Snow  
1600 Clifton Rd  
C-18  
DPEI  
Atlanta, GA 30333  
Phone: 404-639-4577

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

II Total project costs including grant funds and all other financial participation

a. Salaries and Wages .....	865,943.00
b. Fringe Benefits .....	642,945.00
c. Total Personnel Costs .....	1,508,888.00
d. Equipment .....	73,245.00
e. Supplies .....	188,700.00
f. Travel .....	77,128.00
g. Construction .....	0.00
h. Other .....	136,344.00
i. Contractual .....	1,223,974.00
j. TOTAL DIRECT COSTS	3,208,279.00
k. INDIRECT COSTS	303,082.00
l. TOTAL APPROVED BUDGET	3,511,361.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	3,511,361.00
b. Less Unobligated Balance From Prior Budget Periods	175,129.00
c. Less Cumulative Prior Award(s) This Budget Period	3,336,232.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	7,846,076.00

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. 4		d. 7	
b. 5		e. 8	
c. 6		f. 9	

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

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)

Carryover from Year 02 to Year 03

GRANTS MANAGEMENT OFFICIAL: Anella Higgins

17. OBJ CLASS 41.51	18a. VENDOR CODE 1610600439B5	18b. EIN 610600439	19. DUNS 927049767	20. CONG. DIST. 06
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 6-939014P	b. 000382CK14	c. 93.323	d. CK	e. \$0.00
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

## AWARD ATTACHMENTS

Kentucky Cabinet for Health & Family Services

6 NU50CK000382-03-05

1. CK382 KY Carryover

**ADDITIONAL TERMS AND CONDITIONS ON THIS AWARD:**

1. The purpose of this amended Notice of Award is to authorize carryover of unobligated funds in the amount of \$175,129 from Year-02 to Year-03 as requested in correspondence dated December 20, 2016. The activities have been reviewed and found to be appropriate and consistent with program objectives. It is our understanding that the funds will be used to purchase equipment and supplies relating to whole genome sequencing, etc.

Payment Management System Subaccount:

Grant Document Number: 000382CK14

Subaccount Title: CK141401ELCBUISTCA14

2. If the Final FFR is submitted with an amount less than the carryover amount, the award will be reduced by the difference.

3. All carryover funds must be obligated by the end of the budget period July 31, 2017.

4. The other terms and conditions issued with the original award will remain in full effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

**PLEASE REFERENCE THE AWARD NUMBER ON ALL CORRESPONDENCE**