1. DATE ISSUED MM/DD/Y 03/16/2018	93.815	3. ASSISTANCE TYPE Cooperative Agreement		
1a. SUPERSEDES AWARD except that any additions in effect unless specifically	or restrictions previou	4/20/2016 sty imposed remain		
<b>4. GRANT NO.</b> 6 NU50CK0003	882-01-09	5. ACTION TYPE Post Award		
Formerly 1U50CK0	00382-01	Amendment		
6. PROJECT PERIOD	MM/DD/YYYY	MM/DD/YYYY		
From	8/01/2014	Through 07/31/2019		
7. BUDGET PERIOD	MM/DD/YYYY	MM/DD/YYYY		
From	3/31/2015	Through 07/31/2015		

### **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

### 8. TITLE OF PROJECT (OR PROGRAM)

9a. GRANTEE NAME AND ADDRESS

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

9b. GRANTEE PROJECT DIRECTOR

Health & Family Services, Kentucky Cabinet for 275 E Main St # 4W-E Frankfort, KY 40601-2321			Ms. Carrell Rush 275 E Main Street Ms HS2E-A Division of Epidemiology and Health Planning Frankfort, KY 40621-0001 Phone: 502564-3261			
10a. GRANTEE AUTHORIZING OFFICIAL		10b. FEDERA	AL PROJECT OFFICER			
Mr. Michael Tuggle 275 E Main St # 4-cf DDID Frankfort, KY 40621-1000 Phone: 502-564-6663		1600 Cl C-18 DPEI Atlanta Phone:	on Snow ifton Rd , GA 30333 404-639-4577			
11. APPROVED BUDGET (Excludes Direct Assistance)	ALL AMOUNTS AR		N USD COMPUTATION			_
I Financial Assistance from the Federal Awarding Agency Only			f Federal Financial Assistance (from	item 11m)		3,224,359.00
II Total project costs including grant funds and all other financial par	ticination		bligated Balance From Prior Budget I	•		0.00
			ulative Prior Award(s) This Budget P			3,224,359.00
· ·	495,012.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION			0.00	
b. Fringe Benefits	322,854.00	13. Total Fed	eral Funds Awarded to Date for Pr	oject Period	1	0,661,383.00
c. Total Personnel Costs	817,866.00		IENDED FUTURE SUPPORT			
d. Equipment	52,100.00	(Subject to th	ne availability of funds and satisfactor	y progress of the	project):	
e. Supplies	•	YEAR	TOTAL DIRECT COSTS	YEAR	TOTA	L DIRECT COSTS
f Travel	36,339.00	a.		d.		
0 1 "	76,138.00	b.		e.		
g. Construction	0.00	C.		f.		
h. Other	461,006.00	15. PROGRAM ALTERNATIVES	INCOME SHALL BE USED IN ACCORD WITH ( S:	ONE OF THE FOLLOW	VING	
i. Contractual	1,677,923.00		DEDUCTION ADDITIONAL COSTS			b
j. TOTAL DIRECT COSTS	3,121,372.00	c. d.	MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS)			
k. INDIRECT COSTS	102,987.00	46				
		ON THE ABOVE	D IS BASED ON AN APPLICATION SUBMITTE TITLED PROJECT AND IS SUBJECT TO THE TE NCE IN THE FOLLOWING:			
I. TOTAL APPROVED BUDGET	3,224,359.00	a.	The grant program legislation			
		C.	The grant program regulations. This award notice including terms and conditions	, if any, noted below ur	nder REMARKS.	
m. Federal Share	3,224,359.00	In the event the	Federal administrative requirements, cost princip re are conflicting or otherwise inconsistent p	olicies applicable to	the grant, the ab	ove order of precedence shall
n. Non-Federal Share	0.00	prevail. Accept	ance of the grant terms and conditions is ackne grant payment system.	knowledged by the g	rantee when fun	ds are drawn or otherwise
REMARKS (Other Terms and Conditions Attached -	X Yes	No)				

This amendment approves a 12 month extension of Ebola activities through March 30, 2019. No new activities are approved and no further extensions will be given.

GRANTS MANAGEMENT OFFICIAL: Shirley K Byrd, Grants Management Officer

17. OBJ C	CLASS 41.51	18a. VENDOR CO	<b>DE</b> 16106	0043	39B5	18b. E	IN	610600439	19. DUNS	927049767	20	D. CONG. DIST.	06
FY-ACCOUNT NO. DOCUMENT NO.		CFDA			ADMINISTRATIVE CODE	AMT ACTION FIN ASST		APPROPRIATION					
21. a.	5-93902YZ	b. 00038	2CK15	C.	93.8	15	d.	CK	e.	\$0.00	f.	75-1519-	0943
22. a.	5-93902Z0	b. 00038	2CK15	C.	93.8	15	d.	CK	e.	\$0.00	f.	75-1519-	0943
23. a.		b.		C.			d.		e.		f.		

## NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of	2	DATE ISSUED		
		03/16/2018		
GRANT NO.	6 NU	J50CK000382-01-09		

Federal Financial Report Cycle						
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date			
03/31/2015	07/31/2015	Annual	10/29/2015			
08/01/2016	07/31/2017	Annual	10/29/2017			
08/01/2015	07/31/2017	Annual	10/29/2017			
08/01/2017	07/31/2018	Annual	10/29/2018			

# **AWARD ATTACHMENTS**

Health & Family Services, Kentucky Cabinet for

6 NU50CK000382-01-09

1. Ebola Extension Terms and Conditions

#### REVISED NOTICE OF COOPERATIVE AGREEMENT

Notice of Funding Opportunity (NOFO): CK14-1401

Award Number: NU50CK000382-01-09 Award Type: Cooperative Agreement

Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative

Requirements, Cost Principles, and Audit Requirements for HHS Awards

### 

<u>PURPOSE</u>: This purpose of this revision is to approve a 12-month extension for Ebola activities only, as requested in the letter dated March 9, 2018. The revised budget period ending date has been extended from March 31, 2018 through March 30, 2019.

<u>ASSISTANCE AWARD CLOSEOUT REQUIREMENTS (Ebola)</u>: Award recipient shall submit within 90 days after the revised budget period all programmatic reports as required by the terms and conditions of the assistance award.

**FINAL PROGRESS REPORT (Ebola)** is due no later than June 28, 2019. This final progress report should summarize progress made through the entire project period: March 31, 2015 through March 30, 2019. At a minimum it should include the following:

- \* A statement of progress made toward the achievement of originally stated aims
- \* A description of results (positive or negative) considered significant
- \* A list of publications resulting from the project, with plans, if any, for further publication

**FINAL FINANCIAL STATUS REPORT (FFR) - (Ebola)** is due no later than June 28, 2019. Reporting period is March 31, 2015 through March 30, 2019.

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.

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.

### **Programmatic Contact:**

Jason Snow, Project Officer Centers for Disease Control & Prevention 1600 Clifton Rd, NE, MS-C18 Atlanta, GA 30329 Telephone: 404-639-4577

Email: itk0@cdc.gov

## **Grants Management Contacts:**

Jon Messick, Grants Management Specialist Centers for Disease Control & Prevention Office of Grant Services 2920 Brandywine Rd., MS E-15 Atlanta, GA 30341

Telephone: 770-488-1005 Email: yfa4@cdc.gov

Shirley Byrd, Grants Management Officer Centers for Disease Control & Prevention Office of Grant Services 2920 Brandywine Rd., MS E-15 Atlanta, GA 30341

Telephone: 770-488-2591 Email: yuo6@cdc.gov

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE