

1. DATE ISSUED MM/DD/YYYY 12/07/2018		1a. SUPERSEDES AWARD NOTICE dated 07/21/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.948 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 6 NU38DP000002-01-01 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU38DP000002		5a. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 09/30/2018		Through 09/29/2023	
7. BUDGET PERIOD MM/DD/YYYY From 09/30/2018		Through 09/29/2019	
8. TITLE OF PROJECT (OR PROGRAM) KY Sudden Unexpected Infant Death (SUID) Case Registry			

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)
301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section
241(a) and 247b(k)(2)], as amended.

9a. GRANTEE NAME AND ADDRESS Health & Family Services, Kentucky Cabinet for 275 E Main St Maternal and Child Health Frankfort, KY 40621-1000		9b. GRANTEE PROJECT DIRECTOR Ms. Tina Ferguson 275 East Main Street Maternal and Child Health Frankfort, KY 40621-0001 Phone: (502) 554-4830 ext.	
10a. GRANTEE AUTHORIZING OFFICIAL Dr. Connie Gayle White M.D. 275 E. Main Street Office of Health Equity Frankfort, KY 40621-0001		10b. FEDERAL PROJECT OFFICER Carri Cottangim 1600 Clifton Rd DRH MIHB Atlanta, GA 30333 Phone: 770-488-4290	

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) 80,900.00																			
II Total project costs including grant funds and all other financial participation f				b. Less Unobligated Balance From Prior Budget Periods 0.00																			
a. Salaries and Wages 26,965.00				c. Less Cumulative Prior Award(s) This Budget Period 80,900.00																			
b. Fringe Benefits 29,622.00				d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00																			
c. Total Personnel Costs 56,587.00				13. Total Federal Funds Awarded to Date for Project Period 80,900.00																			
d. Equipment 0.00				14. RECOMMENDED FUTURE SUPPORT																			
e. Supplies 6,011.00				(Subject to the availability of funds and satisfactory progress of the project)																			
f. Travel 3,765.00				<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL DIRECT COSTS</th> <th>YEAR</th> <th>TOTAL DIRECT COSTS</th> </tr> </thead> <tbody> <tr> <td>a. 2</td> <td>80,900.00</td> <td>d. 5</td> <td>80,900.00</td> </tr> <tr> <td>b. 3</td> <td>80,900.00</td> <td>e. 6</td> <td></td> </tr> <tr> <td>c. 4</td> <td>80,900.00</td> <td>f. 7</td> <td></td> </tr> </tbody> </table>				YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS	a. 2	80,900.00	d. 5	80,900.00	b. 3	80,900.00	e. 6		c. 4	80,900.00	f. 7	
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a. 2	80,900.00	d. 5	80,900.00																				
b. 3	80,900.00	e. 6																					
c. 4	80,900.00	f. 7																					
g. Construction 0.00				15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:																			
h. Other 5,100.00				<table border="1"> <tr> <td>a. DEDUCTION</td> <td rowspan="5">b</td> </tr> <tr> <td>b. ADDITIONAL COSTS</td> </tr> <tr> <td>c. MATCHING</td> </tr> <tr> <td>d. OTHER RESEARCH (Add / Deduct Option)</td> </tr> <tr> <td>e. OTHER (See REMARKS)</td> </tr> </table>				a. DEDUCTION	b	b. ADDITIONAL COSTS	c. MATCHING	d. OTHER RESEARCH (Add / Deduct Option)	e. OTHER (See REMARKS)										
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c. MATCHING																							
d. OTHER RESEARCH (Add / Deduct Option)																							
e. OTHER (See REMARKS)																							
i. Contractual 0.00				16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:																			
j. TOTAL DIRECT COSTS 71,463.00				<table border="1"> <tr> <td>a. The grant program legislation</td> </tr> <tr> <td>b. The grant program regulations.</td> </tr> <tr> <td>c. This award notice including terms and conditions, if any, noted below under REMARKS</td> </tr> <tr> <td>d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.</td> </tr> </table>				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.												
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d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.																							
k. INDIRECT COSTS 9,437.00				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.																			
l. TOTAL APPROVED BUDGET 80,900.00																							
m. Federal Share 80,900.00																							
n. Non-Federal Share 0.00																							

REMARKS (Other Terms and Conditions Attached -

☒ Yes

☐ No)

GRANTS MANAGEMENT OFFICIAL:

Stephanie Latham
1600 Clifton Rd
Atlanta, GA 30333
Phone: 770-488-2917

17.OBJ CLASS	41 51	18a. VENDOR CODE	1610600439B5	18b. EIN	610600439	19. DUNS	927049757	20. CONG. DIST.	06
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	8-939ZRD	b.	18NU38DP000002	c.	DP	d.	\$0.00	e.	75-18-0948
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

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DATE ISSUED
12/07/2018

GRANT NO. 6 NU38DP000002-01-01

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)

PAGE 3 of 3	DATE ISSUED 12/07/2018
GRANT NO. 6 NU38DP000002-01-01	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/30/2018	09/29/2019	Annual	12/28/2019
09/30/2019	09/29/2020	Annual	12/28/2020
09/30/2020	09/29/2021	Annual	12/28/2021
09/30/2021	09/29/2022	Annual	12/28/2022
09/30/2022	09/29/2023	Annual	12/28/2023

AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

6 NU38DP000002-01-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget: The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated **November 14, 2018** . Funds have been distributed as indicated in the approved budget of this Notice of Award.

Summary Statement: The purpose of this amended Notice of Award is to approve the response to the Summary Statement submitted by your organization dated **November 14, 2018**.

Monique Tatum
Grants Management Specialist
Office of Grant Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
mmcewen@cdc.gov | 770-488-2617 office

Stephanie Latham
Grants Management Officer
Office of Grant Services(OGS)
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