1. DATE ISSUED MM/DD/YYYY|2. CFDA NO. | 3. ASSISTANCE TYPE 04/03/2017 Cooperative Agreement 93.944 1a. SUPERSEDES AWARD NOTICE dated 12/01/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4. GRANT NO. 5. ACTION TYPE Post Award 6 NU62PS003980-05-01 Amendment Formerly 5U62PS003980-04 6. PROJECT PERIOD MM/DD/YYYY MM/DD/YYYY From Through 01/01/2013 12/31/2017 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY Through From 01/01/2017 12/31/2017

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) 307,317K2 PHSA,42USC241,247BK2,PL108

8. TITLE OF PROJECT (OR PROGRAM)

Kentucky's efforts to conduct HIV/AIDS surveillance and Epidemiologic activities

Kentucky Cabinet for Health & Family 275 E Main St # 5wa Kentucky Cabinet for Health and Fami	Services	Ma Var				
Frankfort, KY 40601-2321	9b. GRANTEE PROJECT DIRECTOR Ms. Karen Sams553428 275 E. MAIN STREET HS2E-C KY CABINET FOR HEALTH & FAMILY SERVICES FRANKFORT, KY 40621 Phone: [NO DATA]					
10a. GRANTEE AUTHORIZING OFFICIAL		10b. FEDER	AL PROJECT OFFICER			
Dr. Connie Gayle White M.D. 275 E. Main Street Office of Health Equity Frankfort, KY 40621-0001 Phone: 502-564-3970	Ms. Damarys Cordova 1600 Clifton Rd E47 CDC / NCHHSTP / DHAP / HICSB Atlanta, GA 30333-4027 Phone: 404-639-5351					
	ALL AMOUNTS AR	E SHOWN	IN USD			
11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD	COMPUTATION			
I Financial Assistance from the Federal Awarding Agency Only	П	a. Amount	of Federal Financial Assistance (from	item 11m)		179,251.00
II Total project costs including grant funds and all other financial par	rticipation		obligated Balance From Prior Budget I			0.00
a. Salaries and Wages	22,000.00		nulative Prior Award(s) This Budget P F OF FINANCIAL ASSISTANCE THIS	_		89,625.00
b. Fringe Benefits	17,616.00		deral Funds Awarded to Date for Pr			89,626.00 1,627,533.00
c. Total Personnel Costs	•	14. RECOM	MENDED FUTURE SUPPORT the availability of funds and satisfactor	•		1,627,533.00
	511.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL	DIRECT COSTS
e. Supplies	438.00	a. 6	TOTAL BIRLOT GOOTG	d. 9	101712	DIRECT CCCTC
f. Travel	511.00	b. 7		e. 10		
g. Construction	0.00	c. 8		f. 11		
h. Other	37,873.00	45	INCOME SHALL BE USED IN ACCORD WITH (ONE OF THE FOLLOW	/ING	
i. Contractual	80,666.00		DEDUCTION ADDITIONAL COSTS			b
j. TOTAL DIRECT COSTS	159,615.00	c. d.	MATCHING OTHER RESEARCH (Add / Deduct Option)			
k. INDIRECT COSTS	19,636.00	е.	OTHER (See REMARKS)			
I. TOTAL APPROVED BUDGET	179,251.00	ON THE ABOVE OR BY REFERE	RD IS BASED ON AN APPLICATION SUBMITTE TITLED PROJECT AND IS SUBJECT TO THE TE INCE IN THE FOLLOWING: The grant program legislation The grant program regulations.	ERMS AND CONDITION	NS INCORPORATE	DEKAL AWARDING AGENCY D EITHER DIRECTLY
m. Federal Share	179,251.00	c. d.	This award notice including terms and conditions Federal administrative requirements, cost princip			his grant.
n. Non-Federal Share	0.00	prevail. Accep	ere are conflicting or otherwise inconsistent p tance of the grant terms and conditions is acl the grant payment system.	olicies applicable to knowledged by the g	the grant, the aborrantee when fund	ve order of precedence shall s are drawn or otherwise

GRANTS MANAGEMENT OFFICIAL: Arthur Lusby, Grants Management Officer, Team Lead

17. OBJ CLASS	s 41.51	18a. VEI	NDOR CODE	16106	0043	39B5	18b. E	IN	610600439	19. DUNS	927049767	20	D. CONG. DIST. 06	5
FY-A	CCOUNT NO.	ı	DOCUMENT NO			CFDA			ADMINISTRATIVE CODE	AMT	ACTION FIN ASST		APPROPRIATION	
21. a. 7-	9391154	b.	003980PS	15	C.	93.9	44	d.	PS	e.	\$89,626.00	f.	75-17-095	50
22. a.		b.			C.			d.		e.		f.		
23. a.		b.			C.			d.		e.		f.		

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	3	DATE ISSUED
		04/03/2017
GRANT NO.	6 NU	62PS003980-05-01

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
		04/03/2017
GRANT NO.	6 NU	J62PS003980-05-01

Federal Financial Report Cycle						
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date			
01/01/2013	12/31/2013	Annual	03/31/2014			
01/01/2014	12/31/2014	Annual	03/31/2015			
01/01/2015	12/31/2015	Annual	03/30/2016			
01/01/2016	12/31/2016	Annual	03/31/2017			
01/01/2017	12/31/2017	Annual	03/31/2018			

AWARD ATTACHMENTS

Kentucky Cabinet for Health & Family Services

6 NU62PS003980-05-01

1. 6 NU62PS003980-05-01 T C for Additional Funding Request

Funding Opportunity Announcement (FOA): PS13-1302

Award Number: 6 NU62PS003980-05-01

Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS

Awards

AWARD INFORMATION

<u>PURPOSE</u>: The purpose of this revised Notice of Award is to award additional funding in the amount of <u>\$89,626</u>. Previously, <u>\$89,625</u> had been awarded, making the current total available award amount <u>\$179,251</u> of the approved <u>\$433,973</u> for the Year 05 budget period which is <u>1/1/2017</u> through <u>12/31/2017</u>.

Component A, Case Surveillance: \$89,626

Component B, Incidence: \$0

Molecular: \$ 0

The awarding of the remaining \$179,248 during the budget period is subject to funds availability.

Stewardship: The grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

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 your award number on all correspondence including each page of all attachments.

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

Office of Grant Services Personnel:

GMS Contact:

Rhonda Perry-Colbert, Grants Management Specialist Centers for Disease Control and Prevention (CDC) Office of the Chief Operating Officer (OCOO) Infectious Disease Services Branch 2960 Brandywine Rd, MS E-15 Atlanta, GA 30341-4146

Phone: 770-488-2848

GMO Contact:

Gladys T. Gissentanna, M.S., CGMS

Grants Management Officer Centers for Disease Control and Prevention (CDC) Office of the Chief Operating Officer (OCOO) Infectious Disease Services Branch 2920 Brandywine Road, NE, Mail-Stop E-15, Atlanta, GA 30341-4146

Phone: (770) 488-2741 Fax: 770-488-2868

^{*}The Project Officer's information can be found on page 1 of this Notice of Award.