



NATIONAL CENTER FOR CHRONIC DISEASE PREV AND HEALTH PROMO

Grant Number: 5U01DP006199-02 REVISED
FAIN: U01DP006199

Principal Investigator(s):
Tracey Jewell

Project Title: Kentucky Pregnancy Risk Assessment Monitoring System (PRAMS) program

Mrs. Jewell, Tracey
Epidemiologist III
275 East Main St.
HS2W-A
Frankfort, KY 406210001

Award e-mailed to: Tony.Adkins@ky.gov

Budget Period: 05/01/2017 – 04/30/2018
Project Period: 05/01/2016 – 04/30/2021

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to KY ST HUMAN RESOURCES CABINET, OFFICE OF THE SECRETARY in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 31 USC 6305 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Patricia A French
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 5U01DP006199-02 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$19,060
Fringe Benefits	\$14,429
Personnel Costs (Subtotal)	\$33,489
Supplies	\$168
Other Costs	\$31,393
Consortium/Contractual Cost	\$81,696

Federal Direct Costs	\$146,746
Federal F&A Costs	\$6,671
Approved Budget	\$153,417
Federal Share	\$153,417
TOTAL FEDERAL AWARD AMOUNT	\$153,417

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

03	\$156,826
04	\$156,826
05	\$156,826

Fiscal Information:

CFDA Number: 93.946
EIN: 1610600439A1
Document Number: 16DP006199

IC	CAN	2017	2018	2019	2020
DP	939ZREU	\$153,417	\$156,826	\$156,826	\$156,826

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
2	\$153,417	\$153,417
3	\$156,826	\$156,826
4	\$156,826	\$156,826
5	\$156,826	\$156,826

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: / OC: 4141 / Processed: FRENCHP 06/02/2017

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U01DP006199-02 REVISED

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhtips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 5U01DP006199-02 REVISED

This award is based on the application submitted to, and as approved by, CDC 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 and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) U01DP006199. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Treatment of Program Income:
Additional Costs

SECTION IV – DP Special Terms and Conditions – 5U01DP006199-02 REVISED

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DP16-001
GRANT # 5U01DP006199-02
Revision 1

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

REVISED BUDGET: The purpose of this revised Notice of Award (NOA) is to respond to your letter dated May 23, 2017. Your request has been approved as follows:

- Salaries have been reduced from \$26,577 to \$19,060
- Fringe benefits have been reduced from \$21,252 to \$14,429
- Other costs have been increased from \$14,411 to \$31,393
- Indirect costs have been reduced from \$9,302 to \$6,671

Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable, necessary, and reasonable.

All 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

STAFF CONTACTS

Grants Management Specialist: Natasha Grant
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Atlanta, ga 30341
Email: NGrant@cdc.gov **Phone:** 770.488.1649

