

1. DATE ISSUED MM/DD/YYYY 09/14/2018  
2. CFDA NO. 93.946  
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)  
Section 317K of the Public Health Service Act, [42 U.S.C. 247b-12], as amended

1a. SUPERSEDES AWARD NOTICE dated 07/10/2018  
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 U01DP006199-03-02  
Formerly 5U01DP006199-02  
5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY  
From 05/01/2016 Through 04/30/2021

7. BUDGET PERIOD MM/DD/YYYY  
From 05/01/2018 Through 04/30/2019

8. TITLE OF PROJECT (OR PROGRAM)

Kentucky Pregnancy Risk Assessment Monitoring System (PRAMS) program

9a. GRANTEE NAME AND ADDRESS

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

9b. GRANTEE PROJECT DIRECTOR

Tracey Jewell  
275 E Main St  
Frankfort, KY 40601-2321  
Phone: 5025644830 x4393

10a. GRANTEE AUTHORIZING OFFICIAL

Tracey Jewell  
275 E Main St  
Frankfort, KY 40601-2321  
Phone: 5025644830 x4393

10b. FEDERAL PROJECT OFFICER

Sue Shaw  
4770 Buford Hwy NE  
Atlanta, GA 30341  
Phone: 770-488-6142

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

I

|                                |            |
|--------------------------------|------------|
| a. Salaries and Wages .....    | 19,060.00  |
| b. Fringe Benefits .....       | 20,905.00  |
| c. Total Personnel Costs ..... | 39,965.00  |
| d. Equipment .....             | 0.00       |
| e. Supplies .....              | 0.00       |
| f. Travel .....                | 2,808.00   |
| g. Construction .....          | 0.00       |
| h. Other .....                 | 0.00       |
| i. Contractual .....           | 135,221.00 |
| j. TOTAL DIRECT COSTS          | 177,994.00 |
| k. INDIRECT COSTS              | 6,671.00   |
| l. TOTAL APPROVED BUDGET       | 184,665.00 |

12. AWARD COMPUTATION

|  |            |
|--|------------|
| a. Amount of Federal Financial Assistance (from item 11m)  | 184,665.00 |
| b. Less Unobligated Balance From Prior Budget Periods      | 0.00       |
| c. Less Cumulative Prior Award(s) This Budget Period       | 153,417.00 |
| d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION              | 31,248.00  |
| 13. Total Federal Funds Awarded to Date for Project Period | 508,545.00 |

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

GRANTS MANAGEMENT OFFICIAL: Merlin Williams

|                     |                               |                     |                     |                    |
|---------------------|-------------------------------|---------------------|---------------------|--------------------|
| 17. OBJ CLASS 41.41 | 18a. VENDOR CODE 1610600439A1 | 18b. EIN 610600439  | 19. DUNS 927049767  | 20. CONG. DIST. 06 |
| FY-ACCOUNT NO.      | DOCUMENT NO.                  | ADMINISTRATIVE CODE | AMT ACTION FIN ASST | APPROPRIATION      |
| 21. a. 8-939ZREU    | b. 16DP006199                 | c. DP               | d. \$0.00           | e. 75-18-0948      |
| 22. a. 8-9390ATV    | b. 16DP00619918OCDP           | c. DP               | d. \$31,248.00      | e. 75-1819-0952    |
| 23. a.              | b.                            | c.                  | d.                  | e.                 |

## AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

6 U01DP006199-03-02

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1. Revised Terms and Conditions

**NOTICE OF FUNDING OPPORTUNITY (NOFO) NUMBER: DP16-001****ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD**

**SUPPLEMENT:** The purpose of this revised Notice of Award (NOA) is to authorize supplemental funds in the amount of \$31,248 for the period 9/30/2018-4/30/2019. This action is taken in accordance with the recipient's application dated August 9, 2018.

**Opioid Funds and Availability:** Opioid Crisis Funding in the amount of \$31,248 is approved for this award for budget period September 30, 2018 through April 30, 2019.

The budget is approved as follows:

| <b><u>Budget Category</u></b> | <b><u>Current Award</u></b> | <b><u>Opioid Module A Supplement</u></b> | <b><u>Opioid Module B Supplement</u></b> | <b><u>Revised Award</u></b> |
|-------------------------------|-----------------------------|--|--|-----------------------------|
| Salaries & Wages              | \$ 19,060                   | \$ -                                     | \$ -                                     | \$ 19,060                   |
| Fringe Benefits               | \$ 20,905                   | \$ -                                     | \$ -                                     | \$ 20,905                   |
| Equipment                     | \$ -                        | \$ -                                     | \$ -                                     | \$ -                        |
| Supplies                      | \$ -                        | \$ -                                     | \$ -                                     | \$ -                        |
| Contractual                   | \$ 103,973                  | \$ 10,945                                | \$ 20,303                                | \$ 135,221                  |
| Consulting                    | \$ -                        | \$ -                                     | \$ -                                     | \$ -                        |
| Travel                        | \$ 2,808                    | \$ -                                     | \$ -                                     | \$ 2,808                    |
| Other                         | \$ -                        | \$ -                                     | \$ -                                     | \$ -                        |
| <u>Total Direct</u>           | \$ 146,746                  | \$ 10,945                                | \$ 20,303                                | \$ 177,994                  |
| Indirect Costs                | \$ 6,671                    | \$ -                                     | \$ -                                     | \$ 6,671                    |
| <u>Total Costs</u>            | \$ 153,417                  | \$ 10,945                                | \$ 20,303                                | \$ 184,665                  |

**FFR Reporting:** The recipient is required to report separately on the use of opioid funds on the Federal Financial Report (FFR). The recipient must submit an annual FFR as indicated in the Reporting Requirements section of the [General Terms and Conditions](#), and the recipient must attach a document to their FFR submission to reflect expenditures by subaccount.

**Human Subject Restrictions:**

A 10% funding restriction is placed on this award pending receipt of an IRB approval letter for DP16-001 PRAMS: Supplemental Opioid and Disability Research Module A: Opioid Questionnaire.

A 10% funding restriction is placed on this award pending receipt of an IRB approval letter for DP16-001 PRAMS: Supplemental Opioid and Disability Research Module B: Opioid Call-Back Survey.

**PAYMENT MANAGEMENT SYSTEM SUBACCOUNT:** Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". A "P" Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

All award funds must be tracked and reported separately. Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number (below) must be known in order to draw down funds from this P Account.

**Grant Document Number:** 16DP00619918OCDP

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

All other terms and conditions issued with the original Notice of Award remain in effect throughout the budget period unless changed, in writing, by the CDC Grants Management Officer.

PLEASE REFERENCE THE GRANT NUMBER ON ALL CORRESPONDENCE.

GMS Contact:

Natasha Jones, Grants Management Specialist  
Centers for Disease Control  
Chronic Disease and Birth Defects Service Branch 2960  
Brandywine Rd.  
Atlanta, GA 30341  
Telephone: 770-488-1649  
Email: [njones6@cdc.gov](mailto:njones6@cdc.gov)

GMO Name:

Patricia French, Grants Management Officer  
Centers for Disease Control  
Chronic Disease and Birth Defects Service Branch 2960  
Brandywine Rd.  
Atlanta, GA 30341  
Telephone: 770-488-2849  
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