

1. DATE ISSUED MM/DD/YYYY 02/14/2019		1a. SUPERSEDES AWARD NOTICE dated 06/12/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA No. 93.070 - Environmental Public Health and Emergency Response			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 6 NUE1EH001345-02-01 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NUE1EH001345		5a. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 08/01/2017		Through 07/31/2022	
7. BUDGET PERIOD MM/DD/YYYY From 08/01/2018		Through 07/31/2019	

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)
Section 317(k)(3) of the Public Health Service Act, [42 U.S.C. 247b
(k)(3)]

8. TITLE OF PROJECT (OR PROGRAM)
Enhancing Innovation and Capabilities of the Environmental Public Health Tracking Network in Kentucky

9a. GRANTEE NAME AND ADDRESS Health & Family Services, Kentucky Cabinet for Alternate Name: Kentucky Cabinet for Health & Family Services 275 East Main St #5wa PS12-1201 Frankfort, KY 40601-2321	9b. GRANTEE PROJECT DIRECTOR Ms. Rebecca Gillis 275 East Main Street Epidemiology & Health Planning Frankfort, KY 40601-0000 Phone: 502-564-7243
10a. GRANTEE AUTHORIZING OFFICIAL Dr. Connie Gayle White M.D. 275 E. Main Street Office of Health Equity Frankfort, KY 40621-0001 Phone: 502-564-3970	10b. FEDERAL PROJECT OFFICER Shana Eatman 4770 Buford Hwy, NE; MS K60 Atlanta, GA 30341 Phone: 770-488-3933

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) 643,193.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 16,818.00	
a. Salaries and Wages 232,579.00		c. Less Cumulative Prior Award(s) This Budget Period 626,375.00	
b. Fringe Benefits 247,183.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs 479,762.00		13. Total Federal Funds Awarded to Date for Project Period 1,252,750.00	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT	
e. Supplies 240.00		(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel 12,600.00		YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS	
g. Construction 0.00		a. 3 b. 4 c. 5 d. 6 e. 7 f. 8	
h. Other 1,600.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
i. Contractual 67,588.00		a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)	
j. TOTAL DIRECT COSTS 561,790.00		b	
k. INDIRECT COSTS 81,403.00		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:	
I. TOTAL APPROVED BUDGET 643,193.00		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.	
m. Federal Share 643,193.00		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.	
n. Non-Federal Share 0.00			

REMARKS (Other Terms and Conditions Attached - ☒ Yes ☐ No)

GRANTS MANAGEMENT OFFICIAL:

Ralph U Robinson, Grants Management Officer
2960 Brandywine Rd
Mailstop E01
Atlanta, GA 30341-5509
Phone: 770-488-2441

17. OBJ CLASS	41.51	18a. VENDOR CODE	1610600439B3	18b. EIN	610600439	19. DUNS	927049767	20. CONG. DIST.	06
FY-ACCOUNT NO.		DOCUMENT NO.		CFDA		ADMINISTRATIVE CODE		AMT ACTION FIN ASST	APPROPRIATION
21. a.	8-939ZPRT	b.	17NUE1EH001345	c.	93.070	d.	EH	e.	\$0.00
22. a.	7-939ZPRT	b.	17NUE1EH001345	c.	93.070	d.	EH	e.	\$0.00
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

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DATE ISSUED
02/14/2019

GRANT NO. 6 NUE1EH001345-02-01

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)

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GRANT NO. 6 NUE1EH001345-02-01	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
08/01/2017	07/31/2018	Annual	10/29/2018
08/01/2017	07/31/2018	Annual	10/29/2018
08/01/2018	07/31/2019	Annual	10/29/2019
08/01/2019	07/31/2020	Annual	10/29/2020
08/01/2020	07/31/2021	Annual	10/29/2021
08/01/2021	07/31/2022	Annual	10/29/2022

AWARD ATTACHMENTS

Kentucky Cabinet for Health & Family Services

6 NUE1EH001345-02-01

1. Carryover Terms and Conditions

Note 1: The purpose of this amended Notice of Award (NoA) is to approve carryover of unobligated funds in the amount of **\$16,818** from budget period 01 to budget period 02 as indicated in your letter dated November 13, 2018 and received on January 28, 2019 and from the FFR dated December 27, 2018. The activities have been reviewed and found to be appropriate and consistent with program objectives. These funds have been approved to support one-time activities that must be completed by the end of the current budget period of **July 31, 2019** and do not reflect an increase in your on-going funding base.

These funds have been approved by cost categories as follows:

Contractual	\$16,818
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Note 2: Unobligated funds in the amount of **\$16,818** have been applied to this award. Please note that if the actual amount of available unobligated funds is less than the amount used in this action, then the total approved budget may be reduced by the difference in a subsequent award action, thus reducing the amount of the current award.

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

All other terms and conditions issued with the original award remain in effect unless otherwise changed in writing, by the Grants Management Officer.

GMO Contact:

Ralph Robinson, Grants Management Officer
Centers for Disease Control
CDC/OGS/OFR
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
Telephone: 770-488-2441
Fax: 770-488-2640
Email: lnp2@cdc.gov

GMS Contact:

Wanda Tucker, Grants Management Specialist
Centers for Disease Control
CDC/OGS/OFR
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
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Fax: 770-488-2640
Email: kna9@cdc.gov

Programmatic Contact:

Shana Eatman, Project Officer
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