

1. DATE ISSUED MM/DD/YYYY 05/23/2017 2. CFDA NO. 93.073 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)

42 USC 241 31 USC 6305 42 CFR 52

1a. SUPERSEDES AWARD NOTICE dated 12/21/2016
except that any additions or restrictions previously imposed remain
in effect unless specifically rescinded

4. GRANT NO.
6 NU50DD004938-02-01
Formerly

5. ACTION TYPE
Post Award
Amendment

6. PROJECT PERIOD MM/DD/YYYY
From 02/01/2016

MM/DD/YYYY
Through 01/31/2020

7. BUDGET PERIOD MM/DD/YYYY
From 02/01/2017

MM/DD/YYYY
Through 01/31/2018

8. TITLE OF PROJECT (OR PROGRAM)

Kentucky Population-Based Surveillance of Birth Defects and Data Utilization for Public Health Action

9a. GRANTEE NAME AND ADDRESS

Kentucky Cabinet for Health & Family Services
275 E Main St # 5wa
Kentucky Cabinet for Health and Family Services
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR

Monica Clouse
275 E Main St
Maternal and Child Health
Frankfort, KY 40621-0001
Phone: 502/564/4830 x 4394

10a. GRANTEE AUTHORIZING OFFICIAL

Ms. Martie Kupchinsky
275 E Main St
Frankfort, KY 40601-2321
Phone: 5025643756x3768

10b. FEDERAL PROJECT OFFICER

William Paradies
Centers for Disease Control and Prevention
CCHP/NCBDDD/DBDDD/DBD
Atlanta, GA 30333
Phone: 404-498-3919

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

I

II Total project costs including grant funds and all other financial participation

| | |
|--------------------------------|------------|
| a. Salaries and Wages | 70,017.00 |
| b. Fringe Benefits | 53,515.00 |
| c. Total Personnel Costs | 123,532.00 |
| d. Equipment | 0.00 |
| e. Supplies | 1,986.00 |
| f. Travel | 8,389.00 |
| g. Construction | 0.00 |
| h. Other | 58,183.00 |
| i. Contractual | 0.00 |
| j. TOTAL DIRECT COSTS | 192,090.00 |
| k. INDIRECT COSTS | 24,506.00 |
| l. TOTAL APPROVED BUDGET | 216,596.00 |

12. AWARD COMPUTATION

| | |
|--|------------|
| a. Amount of Federal Financial Assistance (from item 11m) | 216,596.00 |
| b. Less Unobligated Balance From Prior Budget Periods | 6,596.00 |
| c. Less Cumulative Prior Award(s) This Budget Period | 210,000.00 |
| d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | 0.00 |
| 13. Total Federal Funds Awarded to Date for Project Period | 420,000.00 |

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. 3 | | d. 6 | |
| b. 4 | | e. 7 | |
| c. 5 | | f. 8 | |

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)

e

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: Pamela Render

| | | | | | | | | | | | |
|---------------------|--|-------------------------------|--|--------------------|--|---------------------|--|---------------------|--|---------------|--|
| 17. OBJ CLASS 41.51 | | 18a. VENDOR CODE 1610600439B5 | | 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. 7-939ZRAM | | b. 16DD004938 | | c. 93.073 | | d. DD | | e. \$0.00 | | f. 75-17-0958 | |
| 22. a. | | b. | | c. | | d. | | e. | | f. | |
| 23. a. | | b. | | c. | | d. | | e. | | f. | |

NOTICE OF AWARD (Continuation Sheet)

| | |
|--------------------------------|---------------------------|
| PAGE 2 of 3 | DATE ISSUED 05/23/2017 |
| GRANT NO. 6 NU50DD004938-02-01 | |

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)

| | |
|--------------------------------|---------------------------|
| PAGE 3 of 3 | DATE ISSUED 05/23/2017 |
| GRANT NO. 6 NU50DD004938-02-01 | |

| Federal Financial Report Cycle | | | |
|--------------------------------|---------------------------|----------------|---------------------------|
| Reporting Period Start Date | Reporting Period End Date | Reporting Type | Reporting Period Due Date |
| 02/01/2016 | 01/31/2017 | Annual | 05/01/2017 |
| 02/01/2017 | 01/31/2018 | Annual | 05/01/2018 |

AWARD ATTACHMENTS

Kentucky Cabinet for Health & Family Services

6 NU50DD004938-02-01

1. Terms and Conditions

Funding Opportunity Announcement (FOA) Number: DD16-1601

Award Number: NU58 DD004938-02

Award Type: **Cooperative Agreement**

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

AWARD INFORMATION

NOTE 1: The purpose of this amendment is to authorize the use of Year 1 unobligated funds in the amount of \$6,596 in Year 2 to support “Other” expenditures relevant to the project entitled, "Kentucky Population-Based Surveillance of Birth Defects and Data Utilization for Public Health Action". This action was taken in accordance with your letter dated April 24, 2017. We have reviewed the material submitted by your organization and find it to be acceptable. These funds are approved for the current fiscal year budget period only with no commitment for continued support in future budget.

NOTE 2: These funds have been approved by cost categories as follows

| Category | Year 02 | Carryover Request year 01 | Approved Revised Budget |
|-----------------------------|------------------|--|------------------------------------|
| Salaries & Wages | \$70,017 | | \$70,017 |
| Fringe Benefits | \$53,515 | | \$53,515 |
| Supplies | \$1,986 | | \$1,986 |
| Travel Costs | \$8,389 | | \$8,389 |
| Other Costs | \$51,587 | \$6,596 | \$58,183 |
| <i>Total Direct Costs</i> | \$185,494 | \$6,596 | \$192,090 |
| Indirect costs | \$24,506 | \$0 | \$24,506 |
| Total Approved Costs | \$210,000 | \$6,596 | \$216,596 |

Note 3: The purpose of this amendment is to approve the response to the Technical Review Statement submitted as required in the Notice of Award Issued December 21, 2016. We have reviewed the material submitted on March 10, 2017, in response to the Summary Statement reviewer's comments and find it to be acceptable. Therefore, the response requirement noted in the Notice of Award has been satisfied.

Note 4: The purpose of this amendment is to approve the Budget Revision submitted as required in the Notice of Award Issued December 21, 2016. We have reviewed the material submitted on March 10, 2017, in response to the Budget comments and find it to be

acceptable. Therefore, the response requirement noted in the Notice of Award has been satisfied.

NOTE 5: Unobligated funds in the amount of **\$6,596** have been applied to this award, based on the Federal Financial Report dated April 30, 2017. 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.

NOTE 6: Funding cannot be used for activities already covered by other Federal grants and or cooperative agreements.

NOTE 7: Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

NOTE 8: 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 AWARD NUMBER ON ALL CORRESPONDENCE

Administrative Contacts:

Grants Management Officer, Pamela Render
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Office of Grants Services
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Atlanta, Georgia 30341
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Email: PRender@cdc.gov

Grants Management Specialist: Keisha Thompson
Center for Disease Control and Prevention
CDC / ATSDR
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Atlanta, GA 30341
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