

1. DATE ISSUED MM/DD/YYYY 08/17/2017
2. CFDA NO. 93.745
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)
301A,311BC,317K2(42USC241A,243BC247BK2)

1a. SUPERSEDES AWARD NOTICE dated 06/22/2017
except that any additions or restrictions previously imposed remain
in effect unless specifically rescinded

4. GRANT NO. 6 NU58DP006058-03-03
Formerly 1U58DP006058-01
5. ACTION TYPE Post Award
Amendment

6. PROJECT PERIOD MM/DD/YYYY
From 03/29/2015 Through 03/28/2020

7. BUDGET PERIOD MM/DD/YYYY
From 03/29/2017 Through 03/28/2018

8. TITLE OF PROJECT (OR PROGRAM)
KENTUCKY BEHAVIORAL RISK FACTOR SURVEILLANCE (KYBRFS)

9a. GRANTEE NAME AND ADDRESS
Health & Family Services, Kentucky Cabinet for
275 E Main St # 5wa
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR
Dr. Sarojini Kanotra Ph.D.
275 EAST MAIN STREET
FRANKFORT, KY 40621
Phone: 502-564-7996

10a. GRANTEE AUTHORIZING OFFICIAL
Mr. Michael Tuggle
275 E Main St # 4-cf
DDID
Frankfort, KY 40621-1000
Phone: 502-564-6663

10b. FEDERAL PROJECT OFFICER
Ken Laliberte
4770 Buford Hwy.
Chamblee, GA 30341
Phone: 404-498-0514

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

| | |
|--------------------------------|------------|
| a. Salaries and Wages | 41,414.00 |
| b. Fringe Benefits | 31,230.00 |
| c. Total Personnel Costs | 72,644.00 |
| d. Equipment | 0.00 |
| e. Supplies | 0.00 |
| f. Travel | 4,000.00 |
| g. Construction | 0.00 |
| h. Other | 0.00 |
| i. Contractual | 245,117.00 |
| j. TOTAL DIRECT COSTS | 321,761.00 |
| k. INDIRECT COSTS | 11,590.00 |
| l. TOTAL APPROVED BUDGET | 333,351.00 |
| m. Federal Share | 333,351.00 |
| n. Non-Federal Share | 0.00 |

12. AWARD COMPUTATION

| | |
|--|------------|
| a. Amount of Federal Financial Assistance (from item 11m) | 333,351.00 |
| b. Less Unobligated Balance From Prior Budget Periods | 0.00 |
| c. Less Cumulative Prior Award(s) This Budget Period | 112,445.00 |
| d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | 220,906.00 |
| 13. Total Federal Funds Awarded to Date for Project Period | 805,515.00 |

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: Kang Lee

| | | | | | | | | | | | |
|---------------------|--|-------------------------------|--|--------------------|--|---------------------|--|---------------------|--|---------------|--|
| 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. 7-93900GA | | b. 006058DP15 | | c. 93.745 | | d. DP | | e. \$165,906.00 | | f. 75-17-0959 | |
| 22. a. 7-93908D4 | | b. 006058DP15 | | c. 93.745 | | d. DP | | e. \$25,000.00 | | f. 75-17-0948 | |
| 23. a. 7-93908UE | | b. 006058DP15 | | c. 93.745 | | d. DP | | e. \$30,000.00 | | f. 75-17-0872 | |

NOTICE OF AWARD (Continuation Sheet)

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|--------------------------------|---------------------------|
| PAGE 2 of 2 | DATE ISSUED 08/17/2017 |
| GRANT NO. 6 NU58DP006058-03-03 | |

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 |

AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

6 NU58DP006058-03-03

1. SUPPLEMENT TERMS AND CONDITIONS
2. SUMMARY STATEMENT

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DP15-15130301SUPP17

Award Number: 6 NU58DP006058-03-03

Revision: 3

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 \$220,906 for the period 8/30/2017 – 3/31/2018. This action is taken in accordance with the grantee's request dated June 26, 2017. These funds are approved for the current budget period with no commitment for continued support in future budget periods.

SUMMARY STATEMENT RESPONSE REQUIREMENT: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A written response to the weaknesses in these statements must be submitted to the CDC Project Officer. Failure to submit the required information by September 30, 2017, will cause delay in programmatic progress and will adversely affect the future funding of this project.

BUDGET REVISION REQUIREMENT: By September 30, 2017, the grantee must submit a revised budget with a narrative justification and work plan. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the recipient is required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

PAYMENT MANAGEMENT SYSTEM SUBACCOUNT: Funds are available for payment under the grant document number and subaccount title (below):

Grant Document Number: 006058DP15

Subaccount Title: DP151513BRFSSHLTDP15

Please be advised that the grantee 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.

Barbara Strother
Grants Management Specialist (GMS)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Kty4@cdc.gov | 404-498-1275

Kang Lee
Grants Management Officer (GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Kil8@cdc.gov | 770-488-2853

Centers for Disease Control and Prevention
Supplemental CDC/NCCDPHP/BRFSS Funding Opportunity Announcement (FOA)
CDC-RFA-DP15-15130301SUPP17 Behavioral Risk Factor Surveillance System (BRFSS)
CDC-RFA-DP15-1513

| |
|--------------------------|
| Summary Statement |
|--------------------------|

Date Reviewed: 6-27-2017

Grant Number: NU58DP006058

Applicant Organization: Kentucky Department for Public Health

Funds Requested: \$313,230

Funds Recommended: \$220,906

Recommendation: Approved

Human Subjects Issues: No

Summary of the Project (provided by applicant)

The Kentucky BRFSS has implemented the use of mixed-multi mode data collection techniques. The grantee collects data using landline telephone survey and cell phone survey. The program has increased its cell phone proportion from 40% in 2016 to 50% for CY16.

The grantee proposes with this funding it will be utilized to maintain current operations of Kentucky BRFSS. They will be used mainly to maintain or increase sample size, and add specific modules to the 2017 questionnaire, such as the sleep disorder, COPD, and family planning module. The family planning module will also be added in 2017 questionnaire to facilitate rapid response and planning for local Zika transmission since Kentucky falls in the Risk 2 jurisdiction.

Summary of Strengths

- The grantee proposes to analysis the results from the 2016 Kentucky BRFSS questions will be utilized for a special project such as “The Development of Area - Development District” profiles, annual data report, various fact sheets and/or surveillance briefs.
- The Kentucky BRFSS is oversampling the African American population in 2017.
- The grantee has implemented the use of mixed-multi mode data collection techniques. Kentucky BRFSS will collect data using landline telephone survey and cell phone survey. The program has increased its cell phone proportion from 40% in 2015 to 50% this year.

Summary of Weaknesses / Concerns: None noted

Budget:

The budget is clearly explained, adequately justified, and is reasonable and consistent with the stated objectives and planned activities to some extent.

Kentucky is committed to, and is currently collecting the COPD Module for \$30,000 and Sleep Module for \$25,000 for 2017 at the cost of: \$55,000.

Human Subjects Issues

No research activities are planned.

Recommendation(s): None Noted

The applicant should address any issues of concern noted in the Weaknesses / Concerns or Budget Sections and / or as follows:

Kenneth J. Laliberte

Project Officer Signature