

1. DATE ISSUED MM/DD/YYYY 07/10/2017 2. CFDA NO. 93.757 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)

301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

1a. SUPERSEDES AWARD NOTICE dated 07/10/2017  
except that any additions or restrictions previously imposed remain  
in effect unless specifically rescinded

4. GRANT NO.  
6 NU58DP004809-05-02  
Formerly 3U58DP004809-02S1

5. ACTION TYPE  
Post Award  
Amendment

6. PROJECT PERIOD MM/DD/YYYY  
From 06/30/2013

Through MM/DD/YYYY  
06/29/2018

7. BUDGET PERIOD MM/DD/YYYY  
From 06/30/2017

Through MM/DD/YYYY  
06/29/2018

8. TITLE OF PROJECT (OR PROGRAM)

KY TO PREVENT & CONTROL AND PROMOTE SCHOOL HEALTH

9a. GRANTEE NAME AND ADDRESS

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

9b. GRANTEE PROJECT DIRECTOR

Ms. BONITA BOBO  
275 E. MAIN STREET  
CHRONIC DISEASE BRANCH  
FRANKFORT, KY 40621  
Phone: 502-564-7996

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

Patricia Patrick  
1600 Clifton Rd  
Atlanta, GA 30333  
Phone: 404-639-5200

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 .....	232,327.00
b. Fringe Benefits .....	183,285.00
c. Total Personnel Costs .....	415,612.00
d. Equipment .....	0.00
e. Supplies .....	14,678.00
f. Travel .....	30,202.00
g. Construction .....	0.00
h. Other .....	83,264.00
i. Contractual .....	1,627,265.00
j. TOTAL DIRECT COSTS	2,171,021.00
k. INDIRECT COSTS	81,315.00
l. TOTAL APPROVED BUDGET	2,252,336.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	2,252,336.00
b. Less Unobligated Balance From Prior Budget Periods	1,232.00
c. Less Cumulative Prior Award(s) This Budget Period	2,251,104.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	10,880,120.00

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. 6		d. 9	
b. 7		e. 10	
c. 8		f. 11	

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)

Please see Attachment 1(Approved Budget) for corrections of the approved budget amounts stated on Page 1 lines 11 through 13. The approved budget amounts shown on Attachment 1(Approved Budget) supersede those stated on Page 1 of this Notice of Award (NoA).

GRANTS MANAGEMENT OFFICIAL: Stephanie Latham

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
21. a. 7-93907Z7	b.04809RF16DDTPPHF1	c. 93.757	d. DP	e. \$0.00
22. a. 7-939083Y	b.04809RF16HDPHF1	c. 93.757	d. DP	e. \$0.00
23. a.	b.	c.	d.	e.

## NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 07/10/2017
GRANT NO. 6 NU58DP004809-05-02	

**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 NU58DP004809-05-02

1. Approved Budget
2. Terms and Conditions

KENTUCKY  
PPHF Approved Budget  
CFDA # 93.757  
5 NU58DP004809-05-00

APPROVED BUDGET	
a. Salaries and Wages	64,863
b. Fringe Benefits	52,236
c. Consultant	-
d. Equipment	-
e. Supplies	4,127
f. Travel	13,818
g. Construction	-
h. Other	117,757
i. Contractual	908,261
j. TOTAL DIRECT COST	1,161,062
k. INDIRECT COST	22,702
<b>l. TOTAL APPROVED BUDGET</b>	<b>1,183,764</b>
AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from line l.)	1,183,764
b. Less Unobligated Balance from prior budget period	-
c. Less Cumulative prior award(s) this budget period	1,183,764
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>-</b>
e. Total Federal Funds Awarded to Date for Project Period	4,790,886

**FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DP13-1305(PPHF)**  
**GRANT #NU58DP004809-05-02**  
**Revision #2**

**ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD**

**PURPOSE:** The purpose of this revised Notice of Award (NoA) is to respond to the Revised Budget, Workplan, and responses to the Technical Review.

**REVISED BUDGET/WORKPLAN:** The recipient's revised budget/workplan dated May 17, 2017, to comply with the requirements in the terms and conditions of the NoA dated April 12, 2017 is approved as submitted.

**BUDGET REVISION REQUIREMENT:** The To be determined (TBD) contract cost for \$103,500 (Local Health Departments) must be submitted to the Grants Management Specialist for prior approval before cost can be expended.

**TECHNICAL REVIEW:** The recipient's response dated May 17, 2017, to comply with the requirements in the terms and conditions of the NoA dated April 12, 2017 is approved as submitted.

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**

**Stephanie Latham**

**Grants Management Specialist/Officer**

Office of Grant Services (OGS)

Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)

Centers for Disease Control and Prevention (CDC)

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