Grant Number: 2B01OT009022-15 REVISED  
FAIN: B01OT009022

Principal Investigator(s):  
STEPHANIE MAYFIELD

Project Title: PREVENTIVE HEALTH SERVICES

MICHAEL TUGGLE  
KY ST CABINET FOR HEALTH & FAMILY SERVICES  
275 EAST MAIN STREET, HS1C-B  
FRANKFORT, KY 40621

Award e-mailed to: Tony.Adkins@ky.gov

Budget Period: 10/01/2014 – 09/30/2015  
Project Period: 10/01/2014 – 09/30/2016

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to KENTUCKY ST CABINET FOR HEALTH & FAMILY SERVICES in support of the above referenced project. This award is pursuant to the authority of PART A, TITLE XIX, PHS ACT, AS AMENDED and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Brownie Anderson-Rana  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows
SECTION I – AWARD DATA – 2B01OT009022-15 REVISED

Award Calculation (U.S. Dollars)

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<th>Amount</th>
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<tr>
<td>Federal Direct Costs</td>
<td>$2,033,989</td>
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<tr>
<td>Approved Budget</td>
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<tr>
<td>Federal Share</td>
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<tr>
<td>TOTAL FEDERAL AWARD AMOUNT</td>
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AMOUNT OF THIS ACTION (FEDERAL SHARE) $0

Fiscal Information:
CFDA Number: 93.991
EIN: 1610600439B5
Document Number: 15B1KYPRVS

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<tr>
<td>OT</td>
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SUMMARY TOTALS FOR ALL YEARS

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CDC Administrative Data:
PCC: B / OC: 4115 / Processed: ERAAPPS 09/22/2015

SECTION II – PAYMENT/HOTLINE INFORMATION – 2B01OT009022-15 REVISED

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhshtags@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 2B01OT009022-15 REVISED

This award is based on the application submitted to, and as approved by, CDC 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 and program regulation cited in this Notice of Award.
b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) B01OT009022. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.
SECTION IV – OT Special Terms and Conditions – 2B01OT009022-15 REVISED

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: OT14-14000001PPHF15
AWARD NUMBER: 2 B01OT009002-15 (Revision 1)
AWARD TYPE: Grant
APPLICABLE COST PRINCIPLES: 2 CFR Part 225 Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87)

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

AWARD INFORMATION

NOTE 1: ADMINISTRATIVE CORRECTION: This amendment corrects the Principal Investigator and Business Official to Dr. Stephanie Mayfield and Michael Tuggle respectively.

NOTE 2: ADMINISTRATIVE CORRECTION TO ORIGINAL NOTICE OF AWARD

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the NoA. To prevent disallowance of cost, the grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization’s established travel policies and procedures. Grantees approved policies must meet the requirements of 45 CFR Part 75, as applicable.

Required CDC Travel: Recipients are required to participate in CDC sponsored workshops and meetings and must ensure appropriate representatives attend.

NOTE 3: 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 4: 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 THE FOA AND AWARD NUMBER ON ALL CORRESPONDENCE

PROGRAMMATIC CONTACT:

Jerry Jackson, Region IV AL, FL, GA, KY, MS, NC, SC, TN, Region VIII CO, MT, ND, SD, UT, WY
Centers for Disease Control and Prevention
Office for State Tribal Local and Territorial Support
Division of Public Health Performance Branch
1825 Century Center Blvd, MS E-19
Atlanta, GA 30345
Telephone Number (404) 498-1919
Email address: pjcjackson@cdc.gov

STAFF CONTACTS

Grants Management Specialist: Laquanda Lewis
Center for Disease Control and Prevention
CDC / ATSDR
2960 Brandywine Road MS K98
Atlanta, GA 30341
Grants Management Officer: Brownie Anderson-rana
Centers for Disease Control and Prevention
CDC/ATSDR
2920 Brandywine Road MS.K75
Atlanta, GA 30341
Email: FL12@cdc.gov Phone: 770-488-2771

SPREADSHEET SUMMARY
GRANT NUMBER: 2B01OT009022-15 REVISED

INSTITUTION: KY ST CABINET/HEALTH/FAMILY SERVICES