1. DATE ISSUED MM/DD/YYYY|2. CFDA NO. | 3. ASSISTANCE TYPE 10/01/2018 93.981 Cooperative Agreement 1a. SUPERSEDES AWARD NOTICE dated 06/10/2018except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4. GRANT NO. 5. ACTION TYPE Post Award 6 NU58DP006432-01-01 Amendment Formerly 6. PROJECT PERIOD MM/DD/YYYY MM/DD/YYYY From Through 06/30/2018 06/29/2023 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY From Through 06/30/2018 06/29/2019

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) 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.

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

The grant program legislation The grant program regulations. This award notice including terms and conditions, if any, noted below under REMARKS. 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.

8. TITLE OF PROJECT (OR PROGRAM)

	= 1.1.1.1.1.						
Wel.	lness Initiative for Student	Success (WISS)					
ELEM OF Alte 75 P	INTEE NAME AND ADDRESS ENTARY AND SECONDARY EDUCATION, MASSA rnate Name: Massachusetts Department leasant St en, MA 02148-4906		Kristen 75 Plea Malden,	McKinnon sant Street MA 02148-4906 781-338-6306			
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Jeffrey Riley 75 PLEASANT ST MALDEN, MA 02148-5089 Phone: 781-338-3000			10b. FEDERAL PROJECT OFFICER Jyotsna Blackwell 4770 Buford Hwy. Chamblee, GA 30341 Phone: 770-488-6137				
11 ADDI	ROVED BUDGET (Excludes Direct Assistance)	ALL AMOUNTS AR		IN USD			
I Finan	cial Assistance from the Federal Awarding Agency Only project costs including grant funds and all other financial p	articipation	a. Amount o	of Federal Financial Assistance (from obligated Balance From Prior Budget I	Periods	365,000.00 0.00	
a. Salaries and Wages 96,068.00						365,000.00 0.00	
b. c. d.	Fringe Benefits	131,248.00	(Subject to the availability of furious and satisfactory progress of the project).				
۵.	Supplies	0.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS	
f.	Travel	0.00	a. 2	365,000.00	d. 5	365,000.00	
g.	Construction	2,580.00	b. 3 c. 4	365,000.00 365,000.00	e. 6 f. 7		
h.	Other		15. PROGRAM	INCOME SHALL BE USED IN ACCORD WITH (ONE OF THE FOLLOWIN	IG IG	
i.	Contractual	,	712.12.11.17.11.12	DEDUCTION ADDITIONAL COSTS		ь	
j.	TOTAL DIRECT COSTS ————	322,978.00	c. d. e.	MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS)			

REMARKS (Other Terms and Conditions Attached -

TOTAL APPROVED BUDGET

INDIRECT COSTS

Federal Share

Non-Federal Share

X Yes

No)

42,022.00

365,000.00

365,000.00

0.00

Patricia French, Grants Management Officer GRANTS MANAGEMENT OFFICIAL:

17. OBJ 0	CLASS 41.51	18a. VENDOR CODE 1046002284E1	18b. EIN	046002284	19. DUNS	799538178	20. CONG. DIS	эт . 05
	FY-ACCOUNT NO.	DOCUMENT NO.		ADMINISTRATIVE CODE	AMT	ACTION FIN ASST	APPROP	RIATION
21. a.	8-939ZRHR	b. 18NU58DP006432	C.	DP	d.	\$0.00	e. 75-	18-0948
22. a.		b.	C.		d.		e.	
23. a.		b.	C.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of	2	DATE ISSUED
		10/01/2018
GRANT NO. 6 NU		J58DP006432-01-01

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

AWARD ATTACHMENTS

Massachusetts Department of Education

6 NU58DP006432-01-01

1. Revised Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget: The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization on July 27, 2018. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Karen Clackum, 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)
KClackum@cdc.gov | 770-488-2680

Patricia French, 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)
PFrench@cdc.gov | 770-488-2849