



**Recipient Information**

**1. Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &  
SENIOR SERVICES  
920 WILDWOOD DR  
JEFFERSON CITY, MO 65109-5796  
[NO DATA]

**2. Congressional District of Recipient**

03

**3. Payment System Identifier (ID)**

1446000987B7

**4. Employer Identification Number (EIN)**

446000987

**5. Data Universal Numbering System (DUNS)**

878092600

**6. Recipient's Unique Entity Identifier (UEI)**

UETLXV8NG8F4

**7. Project Director or Principal Investigator**

Ms. Lynn Smith  
lynn.smith@health.mo.gov  
573-526-4862

**8. Authorized Official**

Ms. Marcia A Mahaney  
Director  
Marcia.Mahaney@health.mo.gov  
573-751-6014

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Darryl Mitchell  
dvm1@cdc.gov  
770-488-2747

**10. Program Official Contact Information**

Latoya Golden  
Program Officer  
qll1@cdc.gov  
404.498.1726

**Federal Award Information**

**11. Award Number**

6 NU17CE925004-03-05

**12. Unique Federal Award Identification Number (FAIN)**

NU17CE925004

**13. Statutory Authority**

Section 311(c)(1) of the PHS Act (42 USC § 243(c)(1))

**14. Federal Award Project Title**

Overdose Data in Action - NCIPC

**15. Assistance Listing Number**

93.136

**16. Assistance Listing Program Title**

Injury Prevention and Control Research and State and Community Based Programs

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/01/2021	<b>- End Date</b>	08/31/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			(\$14,981.00)
20b. Indirect Cost Amount			\$14,981.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$2,069,512.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$7,618,832.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$7,618,832.00
<b>26. Period of Performance Start Date</b>	09/01/2019	<b>- End Date</b>	08/31/2023
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$17,464,582.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Stephanie Latham  
Team Lead, Grants Management Officer

**30. Remarks**



<b>Recipient Information</b>
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 [NO DATA]
<b>Congressional District of Recipient</b> 03
<b>Payment Account Number and Type</b> 1446000987B7
<b>Employer Identification Number (EIN) Data</b> 446000987
<b>Universal Numbering System (DUNS)</b> 878092600
<b>Recipient's Unique Entity Identifier (UEI)</b> UETLXV8NG8F4
<b>31. Assistance Type</b> Cooperative Agreement
<b>32. Type of Award</b> Other

<b>33. Approved Budget</b> (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	\$1,261,914.00
b. Fringe Benefits	\$778,065.00
c. Total Personnel Costs	\$2,039,979.00
d. Equipment	\$0.00
e. Supplies	\$1,655,463.00
f. Travel	\$105,332.00
g. Construction	\$0.00
h. Other	\$172,697.00
i. Contractual	\$5,323,552.00
j. TOTAL DIRECT COSTS	\$9,297,023.00
k. INDIRECT COSTS	\$391,321.00
l. TOTAL APPROVED BUDGET	\$9,688,344.00
m. Federal Share	\$9,688,344.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390BX6	19NU17CE925004OPCE	CE	41.51	93.136	\$0.00	75-22-0952



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU17CE925004-03-05

FAIN# NU17CE925004

Federal Award Date: 03/28/2023

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</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
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NU17CE925004-03-05

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1. Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Redirection/Workplan:** The purpose of this amended Notice of Award is to approve the redirection and revised workplan request submitted by your organization dated February 28, 2023. Funds have been distributed as indicated in the approved budget of this Notice of Award. The budget and workplan for the purchase of Naloxone under prevention strategies 5, 6, 7, 8, or 9 is approved. The requested amount is less than \$2,000,000.