### Notice of Award

Award# 6 NU58DP006506-05-01 FAIN# NU58DP006506

Federal Award Date: 10/04/2022

### Recipient Information

#### 1. Recipient Name

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

920 Wildwood Dr

Missouri Department of Health and Senior Services
Jefferson City, MO 65109-5796

[NO DATA]

## 2. Congressional District of Recipient

### 3. Payment System Identifier (ID)

### 4. Employer Identification Number (EIN)

## 5. Data Universal Numbering System (DUNS)

# Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4

#### 7. Project Director or Principal Investigator

Mr. Steve Cramer
Deputy Director
steve.cramer@health.mo.gov
573-522-2806

### 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

Mr. Daniel Jackson

Grants Management Specialist qpz2(a)cdc.gov

(678) 475-4577

#### 10.Program Official Contact Information

Everett Jackson Public Health Advisor pvw4@cdc.gov

#### Federal Award Information

#### 11. Award Number

6 NU58DP006506-05-01

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

NU58DP006506

### 13. Statutory Authority

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.

#### 14. Federal Award Project Title

Missouri Physical Activity and Nutrition Program (MPAN)

#### 15, Assistance Listing Number

93,439

#### 16. Assistance Listing Program Title

State Physical Activity and Nutrition (SPAN)

#### 17. Award Action Type

Notification of a Contractor or Consultant

#### 18, Is the Award R&D?

No

### **Summary Federal Award Financial Information**

19. Budget Period Start Dat	09/30/2022	- End Date	09/29/2023
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20. Tota	al Amount of Federal Funds Obligated by this Action	\$0.00
20a.	Direct Cost Amount	\$0.00
20b.	Indirect Cost Amount	\$0.00

21. Authorized Carryover \$0.00

**22.** Offset \$395,372.00

23. Total Amount of Federal Funds Obligated this budget period \$546,342.00

24. Total Approved Cost Sharing or Matching, where applicable
 25. Total Federal and Non-Federal Approved this Budget Period
 \$546,342.00

26. Period of Perfomance Start Date 09/30/2018 - End Date 09/29/2023

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$4,082,998.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Natasha Jones

Grants Management Officer

#### 30. Remarks

### Notice of Award

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#### Recipient Name

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

920 Wildwood Dr

Missouri Department of Health and Senior Services Jefferson City, MO 65109-5796

[NO DATA]
Congressional District of Recipient

**Payment Account Number and Type** 

Employer Identification Number (EIN) Data

Universal Numbering System (DUNS)

Recipient's Unique Entity Identifier (UEI)

UETLXV8NG8F4

### 31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

#### 33. 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

ii. I otal project costs including grant runds and all other financial participation				
a. Salaries and Wages	\$220,133.00			
b. Fringe Benefits	\$140,027.00			
c. TotalPersonnelCosts	\$360,160.00			
d. Equipment	\$0.00			
e. Supplies	\$360.00			
f. Travel	\$8,640.00			
g. Construction	\$0.00			
h. Other	\$21,815.00			
i. Contractual	\$485,550.00			
j. TOTAL DIRECT COSTS	\$876,525.00			
k. INDIRECT COSTS	\$65,189.00			
I. TOTAL APPROVED BUDGET	\$941,714.00			
m. Federal Share	\$941,714.00			

#### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-921047C	18NU58DP006506	DP	41.51	93.439	\$0.00	75-22-0948
2-9390JAA	18NU58DP006506	DP	41.51	93.439	\$0.00	75-X-0948

n. Non-Federal Share

\$0.00



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#### **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 AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 6 NU58DP006506-05-01

1. Terms and Conditions

### ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Contract:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract(s) below. This approval is in response to the request submitted by your organization dated August 31, 2022.

**Contractor 1: Missouri Community Doula Council** 

Contractor 2: Springfield-Greene County Health Department

Contractor 3: Mary Leigh Merrill