



Recipient Information

1. Recipient Name

Missouri Department of Health
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
[NO DATA]

2. Congressional District of Recipient

03

3. Payment System Identifier (ID)

[REDACTED]

4. Employer Identification Number (EIN)

[REDACTED]

5. Data Universal Numbering System (DUNS)

878092600

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Ms. Mindy Laughlin
mindy.laughlon@health.mo.gov
5737516435

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

Ms. Emmanuella Lamothe
omy9@cdc.gov
404.498.5772

10. Program Official Contact Information

Charissa Rivers
il3@cdc.gov
770-488-3938

Federal Award Information

11. Award Number

6 NU58DP006299-04-02

12. Unique Federal Award Identification Number (FAIN)

NU58DP006299

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

Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

15. Assistance Listing Number

93.898

16. Assistance Listing Program Title

Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

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 Date	06/30/2020	- End Date	06/29/2021
20. Total 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			\$21,846.00
23. Total Amount of Federal Funds Obligated this budget period			\$3,911,961.00
24. Total Approved Cost Sharing or Matching, where applicable			\$3,743,090.00
25. Total Federal and Non-Federal Approved this Budget Period			\$7,655,051.00
26. Project Period Start Date	06/30/2017	- End Date	06/29/2022
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period			\$20,131,070.00

28. Authorized Treatment of Program Income

MATCHING

29. Grants Management Officer - Signature

Karen Zion1
Grants Management Officer

30. Remarks



Recipient Information	
Recipient Name	
Missouri Department of Health 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 [NO DATA]	
Congressional District of Recipient	
03	
Payment Account Number and Type	
[REDACTED]	
Employer Identification Number (EIN) Data	
[REDACTED]	
Universal Numbering System (DUNS)	
878092600	
Recipient's Unique Entity Identifier	
Not Available	
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	
a. Salaries and Wages	\$614,665.00
b. Fringe Benefits	\$377,391.00
c. Total Personnel Costs	\$992,056.00
d. Equipment	\$0.00
e. Supplies	\$2,795.00
f. Travel	\$23,455.00
g. Construction	\$0.00
h. Other	\$115,262.00
i. Contractual	\$2,578,643.00
j. TOTAL DIRECT COSTS	\$3,712,211.00
k. INDIRECT COSTS	\$221,596.00
l. TOTAL APPROVED BUDGET	\$3,933,807.00
m. Federal Share	\$3,933,807.00
n. Non-Federal Share	\$3,743,090.00

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-921Z1RU	17NU58DP006299	DP	41 51	\$0 00	75-20-0948
0-9390540	17NU58DP006299	DP	41 51	\$0 00	75-20-0948
0-9390541	17NU58DP006299	DP	41 51	\$0 00	75-20-0948
0-9390542	17NU58DP006299	DP	41 51	\$0 00	75-20-0948
0-9390543	17NU58DP006299	DP	41 51	\$0 00	75-20-0948
0-939ZRBC	17NU58DP006299	DP	41 51	\$0 00	75-20-0948
0-939ZRBL	17NU58DP006299	DP	41 51	\$0 00	75-20-0948



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP006299-04-02

FAIN# NU58DP006299

Federal Award Date: 12/09/2020

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



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FAIN# NU58DP006299

Federal Award Date: 12/09/2020

35. Terms And Conditions

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
06/30/2017	06/29/2018	Annual	09/27/2018
06/30/2018	06/29/2019	Annual	09/27/2019
06/30/2018	06/29/2019	Annual	09/27/2019
06/30/2019	06/29/2020	Annual	09/27/2020
06/30/2020	06/29/2021	Annual	09/27/2021

AWARD ATTACHMENTS

Missouri Department of Health

6 NU58DP006299-04-02

1. Contractor Notification Revised Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Notification of Contractor: The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contractor below. This approval is in response to the request submitted by your organization dated October 29, 2020.

Contractors:

- Southeast Missouri Health Network
- Diagnostic Imaging Centers, P.A.
- Myles Healthcare
- Phelps Health
- Liberty Hospital

Please be advised that the recipient must exercise proper stewardship over federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable, necessary and reasonable.

All of 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.

GMS Contact:

Emmanuella Lamothe, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
Telephone: 404-498-5772
Email: elamothe@cdc.gov