



Recipient Information

1. Recipient Name

Missouri Department of Health
920 Wildwood Dr
Missouri Dept. of Health and Senior Services
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

Alicia Jenkins
ALICIA.JENKINS@HEALTH.MO.GOV
5737516431

8. Authorized Official

Ms. Marcia Mahaney
Director, Division of Administration
marcia.mahaney@health.mo.gov
573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Terrian Dixon
Grants Management Officer
thd4@cdc.gov
770-488-2774

10. Program Official Contact Information

Mary Allen
IDJ8@cdc.gov
404-639-5200

Federal Award Information

11. Award Number

6 NU62PS924577-04-01

12. Unique Federal Award Identification Number (FAIN)

NU62PS924577

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

Integrated HIV Surveillance and Prevention Programs for Health Departments

15. Assistance Listing Number

93.940

16. Assistance Listing Program Title

HIV Prevention Activities_Health Department Based

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	01/01/2021	- End Date	12/31/2022
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$5,610.00		
20b. Indirect Cost Amount	(\$5,610.00)		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$1,119,372.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$1,119,372.00		
26. Project Period Start Date	01/01/2018	- End Date	12/31/2022
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$14,551,833.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Arthur Lusby
Grants Management Officer, Team Lead

30. Remarks

Revised Budget - Approved



Award# 6 NU62PS924577-04-01

FAIN# NU62PS924577

Federal Award Date: 02/22/2021

<p>Recipient Information</p> <p>Recipient Name Missouri Department of Health 920 Wildwood Dr Missouri Dept. of Health and Senior Services Jefferson City, MO 65109-5796 [NO DATA]</p> <p>Congressional District of Recipient 03</p> <p>Payment Account Number and Type [REDACTED]</p> <p>Employer Identification Number (EIN) Data [REDACTED]</p> <p>Universal Numbering System (DUNS) 878092600</p> <p>Recipient's Unique Entity Identifier Not Available</p>
<p>31. Assistance Type Cooperative Agreement</p> <p>32. Type of Award Other</p>

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	\$214,913.00
b. Fringe Benefits	\$134,232.00
c. Total Personnel Costs	\$349,145.00
d. Equipment	\$0.00
e. Supplies	\$127,509.00
f. Travel	\$18,991.00
g. Construction	\$0.00
h. Other	\$26,125.00
i. Contractual	\$527,423.00
j. TOTAL DIRECT COSTS	\$1,049,193.00
k. INDIRECT COSTS	\$70,179.00
l. TOTAL APPROVED BUDGET	\$1,119,372.00
m. Federal Share	\$1,119,372.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
0-93909SC	18NU62PS924577	PS	41 51	\$0 00	75-20-0950	
0-93909SM	18NU62PS924577	PS	41 51	\$0 00	75-20-0950	
9-93909SC	18NU62PS924577	PS	41 51	\$0 00	75-19-0950	
9-93909SM	18NU62PS924577	PS	41 51	\$0 00	75-19-0950	
1-93909SC	18NU62PS924577	PS	41 51	\$0 00	75-21-0950	
1-93909SM	18NU62PS924577	PS	41 51	\$0 00	75-21-0950	



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924577-04-01

FAIN# NU62PS924577

Federal Award Date: 02/22/2021

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

Missouri Department of Health

6 NU62PS924577-04-01

1. REVISED TERMS AND CONDITIONS: RESPONSE TO BUDGET REQUIREMENT

Notice of Funding Opportunity (NOFO) Number: CDC-RFA-PS18-1802
Award Number: 6 NU62 PS924577
Grant Recipient: Missouri Department of Health

ADDITIONAL TERMS AND CONDITIONS OF AWARD

REVISED NOTICE OF COOPERATIVE AGREEMENT

PURPOSE: Revised Budget Approval. This revised Notice of Award approves your response to the Revised Budget Requirements. The revised itemized budget provided by your organization, submitted January 25, 2021, in the amount of **\$1,119,372** has been reviewed and found to be acceptable. Therefore, the Revised Budget Requirement noted in the terms and conditions of your award dated December 17, 2020, has been satisfied. However, the revised budget noted the Principal Investigator position is now identified as "Vacant". Therefore, the recipient is required to submit the following: following:

Budget Revision Requirement: Personnel

The revised budget indicated the Principal Investigator (PI) position is currently "Vacant". The PI of the awardees' organization is responsible for coordinating and overseeing activities of the program, and providing the administrative support needed to ensure performance accountability. Therefore, the recipient must submit a prior approval request via Grant Solutions as an amendment. The request should be submitted with a cover letter signed by the Authorizing Official Representative, along with a resume or curriculum vitae of the new PI.

The information above is due March 23, 2021. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the **GMS/GMO** identified in the **Staff Contacts** section of this notice before the due date.

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.

PLEASE REFERENCE YOUR NOFO AND AWARD NUMBER ON ALL CORRESPONDENCE

GMS Contact:

Terrian Dixon, Grants Management Specialist / Officer
Infectious Diseases Services Branch (IDSB)
Office of Financial Resources
Office of Grants Services
Center for Disease Control and Prevention
2939 Flowers Road, MS TV2
Atlanta, Georgia 30341
Telephone: 770-488-2774
Email: thd4@cdc.gov