

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922606-05-01 FAIN# NH23IP922606 Federal Award Date: 09/05/2023

<b>Recipient Information</b>	Federal Award Information			
<ol> <li>Recipient Name         MISSOURI DEPARTMENT OF HEALTH &amp;         SENIOR SERVICES         920 Wildwood Dr         Jefferson City, MO 65109-5796         [NO DATA]</li> <li>Congressional District of Recipient</li> </ol>	<ul> <li>11. Award Number 6 NH23IP922606-05-01</li> <li>12. Unique Federal Award Identification Number (FAIN) NH23IP922606</li> <li>13. Statutory Authority Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 24 amended.</li> <li>14. Federal Award Project Title CDC-RFA-IP19-1901 Immunization and Vaccines for Children Cooperative Agreemed</li> </ul>			
<ul> <li>03</li> <li>3. Payment System Identifier (ID) 1446000987B7</li> <li>4. Employer Identification Number (EIN) 446000987</li> <li>5. Data Universal Numbering System (DUNS) 878092600</li> <li>6. Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4</li> <li>7. Project Director or Principal Investigator</li> </ul>	<ul> <li>15. Assistance Listing Number 93.268</li> <li>16. Assistance Listing Program Title Immunization Cooperative Agreements</li> <li>17. Award Action Type Supplement</li> <li>18. Is the Award R&amp;D?</li> </ul>			
Ms. Lynelle Paro Lynelle.Paro@health.mo.gov	No Summary Federal Award Financial Informati	on		
573-526-7967	<b>19. Budget Period Start Date</b> 07/01/2023 - End Date 12/31/2024			
8. Authorized Official Mrs. Marcia Mahaney Director, Division of Admnistration marcia.mahaney@health.mo.gov 573-751-6014	<ul> <li>20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount</li> <li>21. Authorized Carryover</li> <li>22. Offset</li> </ul>	\$897,434.00 \$897,434.00 \$0.00 \$0.00 \$2,893,604.00		
Federal Agency Information	<b>23.</b> Total Amount of Federal Funds Obligated this budget period	\$3,192,627.00		
CDC Office of Financial Resources	<ul> <li>24. Total Approved Cost Sharing or Matching, where applicable</li> <li>25. Total Federal and Non-Federal Approved this Budget Period</li> <li>26. Period of Perfomance Start Date 07/01/2019 - End Date 12/31/2024</li> </ul>	\$0.00 \$4,090,061.00		
Ms. Kathy Raible-GMS kcr8@cdc.gov 770-488-2045	<ul> <li>20. Ferror of Ferror and Start Date 307/01/2019 - End Date 12/31/2024</li> <li>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</li> </ul>	\$152,667,580.00		
<b>0.Program Official Contact Information</b> Ms. Hanan Awwad Program Officer	<ul> <li>28. Authorized Treatment of Program Income ADDITIONAL COSTS</li> <li>29. Grants Management Officer – Signature Karen Zion1</li> </ul>			
Immunization Services Division (ISD) wgn5@cdc.gov	Karen Zion1 Grants Management Officer			

**30. Remarks** 

wgn5@cdc.gov 404.718.4623



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# Centers for Disease Control and Prevention

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Award# 6 NH23IP922606-05-01 FAIN# NH23IP922606 Federal Award Date: 09/05/2023

Recipient Information	<b>33. Approved Budget</b> (Excludes Direct Assistance)	
Recipient Name MISSOURI DEPARTMENT OF HEALTH &	<ol> <li>Financial Assistance from the Federal Awarding Agency Only</li> <li>Total project costs including grant funds and all other financial participation</li> </ol>	
SENIOR SERVICES 920 Wildwood Dr Jefferson City, MO 65109-5796	<ul><li>a. Salaries and Wages</li><li>b. Fringe Benefits</li></ul>	\$1,673,545.00 \$1,124,679.00
[NO DATA] Congressional District of Recipient	c. TotalPersonnelCosts d. Equipment e. Supplies	\$2,798,224.00 \$0.00 \$188,486.00
Payment Account Number and Type 1446000987B7 Employer Identification Number (EIN) Data	f. Travel g. Construction	\$200,680.00
446000987 Universal Numbering System (DUNS) 878092600	h. Other i. Contractual	\$1,316,803.00 \$1,971,350.00
<b>Recipient's Unique Entity Identifier (UEI)</b> UETLXV8NG8F4	j. TOTAL DIRECT COSTS k. INDIRECT COSTS	\$6,475,543.00 \$508,122.00
<b>31. Assistance Type</b> Cooperative Agreement	1. TOTAL APPROVED BUDGET         m. Federal Share	\$6,983,665.00 \$6,983,665.00
<b>32. Type of Award</b> Other	n. Non-Federal Share	\$0.00

#### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-93909KZ	19NH23IP922606	IP	41.51	93.268	\$0.00	75-X-0951
1-9390BKG	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009
1-9390BKJ	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009
1-9390BKM	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009
1-939ZRWL	19NH23IP922606	IP	41.51	93.268	\$0.00	75-21-0951
0-9390EWQ	19NH23IP922606C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390FG3	20NH23IP922606C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390GKL	20NH23IP922606C5	IP	41.51	93.268	\$0.00	75-2124-0943
1-9390GUU	20NH23IP922606UDSPC5	IP	41.51	93.268	\$0.00	75-2124-0943
1-9390GWA	20NH23IP922606C6	IP	41.51	93.268	\$0.00	75-X-0943
1-9390GZB	20NH23IP922606VWCC6	IP	41.51	93.268	\$0.00	75-X-0943
2-9390BKG	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009
2-9390BKJ	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009
2-9390BKM	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009
2-9390K3F	19NH23IP922606	IP	41.51	93.268	\$0.00	75-X-0951
2-9390K3G	19NH23IP922606	IP	41.51	93.268	\$0.00	75-X-0951
2-939ZRWL	19NH23IP922606	IP	41.51	93.268	\$0.00	75-22-0951
2-9390K8W	20NH23IP922606UKR	IP	41.51	93.268	\$0.00	75-2223-0943
2-9390K9M	20NH23IP922606IISC6	IP	41.51	93.268	\$0.00	75-X-0943
3-9390BKG	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009
3-9390BKJ	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009
3-9390BKM	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009
3-9390K3F	19NH23IP922606	IP	41.51	93.268	\$0.00	75-X-0951
3-939ZRWL	19NH23IP922606	IP	41.51	93.268	\$0.00	75-23-0951
3-9390LR9	19NH23IP922606	IP	41.51	93.268	\$897,434.00	75-X-0140

# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award



Award# 6 NH23IP922606-05-01 FAIN# NH23IP922606 Federal Award Date: 09/05/2023

#### **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 & SENIOR SERVICES

6 NH23IP922606-05-01

1. Revised Terms and Conditions

### AWARD INFORMATION

**Incorporation**: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <a href="https://www.cdc.gov/grants/federal-regulations-policies/index.html">https://www.cdc.gov/grants/federal-regulations-policies/index.html</a>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP19-1901, titled Immunization and Vaccines for Children, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Extension:** This amendment approves a 6-month extension with additional funds in the amount of **\$897,434**. The budget and project period end dates have been extended from June 30, 2024 to December 31, 2024.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

**Note:** Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Component/Project Funding:** The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
HHS Bridge Access	
Vaccine Confidence	
VtrckS	
BY05 CORE - IIS	\$897,434

**Budget Revision Requirement:** By October 31, 2023, the recipient must submit a detailed budget with a narrative justification and a detailed workplan as a budget revision amendment in GrantSolutions. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date. The following is needed:

• A detailed budget is needed for the CORE-IIS component. Be sure to provide detailed budgets for all subcontracts.

### **REPORTING REQUIREMENTS**

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of **July 01, 2023**, to **June 30, 2024**, must be submitted by **September 30, 2024**.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report (PPER):** This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the form can be downloaded at: https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1

**Equipment and Supplies** - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: https://www.grants.gov/web/grants/forms/postaward-reporting-forms.html#sortby=1

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

### **PAYMENT INFORMATION**

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to <u>hhstips@oig.hhs.gov</u> or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

**Payment Management System Subaccount**: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known to draw down funds.