

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU17CE925004-02-03 FAIN# NU17CE925004 Federal Award Date: 10/30/2020

Recipient Information	Federal Award Information				
1. Recipient Name Missouri Department of Health 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 [NO DATA]	 Award Number 6 NU17CE925004-02-03 Unique Federal Award Identification Number (FAIN) NU17CE925004 Statutory Authority Section 311(c)(1) of the PHS Act (42 USC § 243(c)(1)) Federal Award Project Title Overdose Data in Action - NCIPC 				
 Congressional District of Recipient ⁰³ Payment System Identifier (ID) Employer Identification Number (EIN) Data Universal Numbering System (DUNS) ⁸⁷⁸⁰⁹²⁶⁰⁰ Recipient's Unique Entity Identifier Project Director or Principal Investigator Ms. Lynn Smith 	 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 Change in Key Personnel 18. Is the Award R&D? No 				
lynn.smith@health.mo.gov Summary Federal Award Financial Information					
573-751-6400	19. Budget Period Start Date 09/01/2020 - End Date 08/31/2021				
8. Authorized Official Ms. Marcia A Mahaney Director Marcia.Mahaney@health.mo.gov 573-751-6014	 20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount 21. Authorized Carryover 22. Offset 	\$0.00 (\$4,709,060.00) (\$213,815.00) \$0.00 \$0.00			
Federal Agency Information	23. Total Amount of Federal Funds Obligated this budget period	\$4,922,875.00			
CDC Office of Financial Resources	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00			
9. Awarding Agency Contact Information Mrs. Natasha Jones Grants Management Specialist mgz2@cdc.gov 770-488-1649	 25. Total Federal and Non-Federal Approved this Budget Period 26. Project Period Start Date 09/01/2019 - End Date 08/31/2022 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period 	\$4,922,875.00 \$9,845,750.00			
10.Program Official Contact Information Ms. Tawanda Asamaowei Public Health Advisor LHY0@cdc.gov 404.718.6389	 28. Authorized Treatment of Program Income ADDITIONAL COSTS 29. Grants Management Officer – Signature Ms. Stephanie Latham Team Lead, Grants Management Officer 				

30. Remarks



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Recipient Information		33. Approv (Excludes D	red Budget irect Assistance)			
Recipient Name		I. Financial Assistance from the Federal Awarding Agency Only				
Missouri Department of Health		II. Total project costs including grant funds and all other financial participation				
920 WILDWOOD DR		a. Salaries	and Wages			\$659,212.00
JEFFERSON CITY, MO 65109-5796		b. Fringe	Benefits			\$403,301.00
[NO DATA]		с. То	otalPersonnelC	osts		\$1,062,513.00
Congressional District of Recipient		d. Equipn	ient			\$0.00
03		e. Supplie	s			\$60,349.00
Payment Account Number and Typ	e	f. Travel				\$64,775.00
Employer Identification Number (H	(IN) Data	g. Constru	iction			\$0.00
		h. Other				\$128,742.00
Universal Numbering System (DUNS))	i. Contra	ctual			\$3,392,931.00
878092600 Recipient's Unique Entity Identifier		j. TOTAL DIRECT COSTS				\$4,709,310.00
Not Available		k. INDIRE	CT COSTS			\$213,565.00
31. Assistance Type		l. TOTAL	APPROVED BUD	GET		\$4,922,875.00
Cooperative Agreement		m. Federa	ıl Share			\$4,922,875.00
32. Type of Award Other		n. Non-Fe	deral Share			\$0.00
34. Accounting Classification Codes						
FY-ACCOUNT NO. DOCUMENT NO.		RATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL AS	SISTANCE	APPROPRIATION
0-9390BX6 19NU17CE925004OP	CE	CE	41 51	41 51 \$0 00 75-20-0952		



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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

Missouri Department of Health

6 NU17CE925004-02-03

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve the *Principle Investigator* change to Ms. Lynn Smith . This is in response to the request submitted by your organization dated October 1, 2020.