## Notice of Award

Award# 6 NU17CE925004-03-06

FAIN# NU17CE925004

Federal Award Date: 05/11/2023

## **Recipient Information**

#### 1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
[NO DATA]

- 2. Congressional District of Recipient
- **3. Payment System Identifier (ID)** 1446000987B7
- **4. Employer Identification Number (EIN)** 446000987
- 5. Data Universal Numbering System (DUNS) 878092600
- 6. Recipient's Unique Entity Identifier (UEI)
  UETLXV8NG8F4
- 7. Project Director or Principal Investigator

Ms. Lynn Smith lynn.smith@health.mo.gov 573-526-4862

#### 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

Darryl Mitchell dvm1@cdc.gov 770-488-2747

#### 10.Program Official Contact Information

Latoya Golden Program Officer qll1@cdc.gov 404.498.1726

## **Federal Award Information**

#### 11. Award Number

6 NU17CE925004-03-06

12. Unique Federal Award Identification Number (FAIN)

NU17CE925004

13. Statutory Authority

Section 311(c)(1) of the PHS Act (42 USC § 243(c)(1))

#### 14. Federal Award Project Title

Overdose Data in Action - NCIPC

## 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

**Budget Revision** 

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

No

## **Summary Federal Award Financial Information**

19. Budget Period Start Date	09/01/2021	- End Date	08/31/2023

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 \$2,069,512.00

**23.** Total Amount of Federal Funds Obligated this budget period \$7,618,832.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00
 25. Total Federal and Non-Federal Approved this Budget Period \$7,618,832.00

26. Period of Perfomance Start Date 09/01/2019 - End Date 08/31/2023

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

\$17,464,582.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Ms. Stephanie Latham

Team Lead, Grants Management Officer

## 30. Remarks

## Notice of Award

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## **Recipient Information**

#### **Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &

SENIOR SERVICES

920 WILDWOOD DR

JEFFERSON CITY, MO 65109-5796

[NO DATA]

### **Congressional District of Recipient**

03

#### **Payment Account Number and Type**

1446000987B7

**Employer Identification Number (EIN) Data** 

446000987

**Universal Numbering System (DUNS)** 

878092600

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

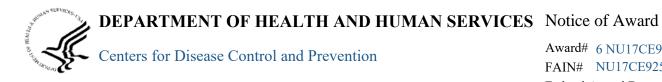
a. Salaries and Wages	\$1,261,914.00
b. Fringe Benefits	\$778,065.00
c. TotalPersonnelCosts	\$2,039,979.00
d. Equipment	\$0.00
e. Supplies	\$961,463.00
f. Travel	\$105,332.00
g. Construction	\$0.00
h. Other	\$272,697.00
i. Contractual	\$5,917,552.00
j. TOTAL DIRECT COSTS	\$9,297,023.00
k. INDIRECT COSTS	\$391,321.00
1. TOTAL APPROVED BUDGET	\$9,688,344.00
m. Federal Share	\$9,688,344.00

## 34. Accounting Classification Codes

Ī	FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
	2-9390BX6	19NU17CE925004OPCE	CE	41.51	93.136	\$0.00	75-22-0952

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**

# MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NU17CE925004-03-06

1. Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Redirection:** The purpose of this amended Notice of Award is to approve the redirection **submitted** by your organization dated April 11, 2023. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Missing Contractual/Consultant Elements –** The contracts listed below are **not** approved and the recipient may not begin the contract until **name of contractor, itemized budget, and justification**, are submitted via GrantSolutions as a notification of a new contractor/consultant amendment and GMO approval is provided via Notice of Award.

Contractor 1: To provide vulnerability assessment update

Contractor 2: To provide statewide harm reduction conference

Contractor 3: To provide statewide harm reduction conference

Contractor 4: To provide vulnerability assessment

**Contractor 5: To provide evaluation contract**