

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Centers for Disease Control and Prevention

### Notice of Award

Award# 6 NU50CK000546-01-09 FAIN# NU50CK000546 Federal Award Date: 03/15/2021

<b>Recipient Information</b>	Federal Award Information			
1. Recipient Name Missouri Department of Health 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]	<ul> <li>11. Award Number 6 NU50CK000546-01-09</li> <li>12. Unique Federal Award Identification Number (FAIN) NU50CK000546</li> <li>13. Statutory Authority 301(A)AND317(K)(2)PHS42USC241(A)247B(K)2</li> </ul>			
<ol> <li>Congressional District of Recipient         <sup>03</sup></li> <li>Payment System Identifier (ID)</li> <li>Employer Identification Number (EIN)</li> <li>Data Universal Numbering System (DUNS)         <sup>878092600</sup></li> <li>Recipient's Unique Entity Identifier</li> <li>Project Director or Principal Investigator</li> </ol>	<ul> <li>14. Federal Award Project Title CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of I Diseases (ELC)</li> <li>15. Assistance Listing Number 93.323</li> <li>16. Assistance Listing Program Title Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)</li> <li>17. Award Action Type Budget Revision</li> <li>18. Is the Award R&amp;D? No</li> </ul>	Emerging Infectious		
Mrs. Cheryl L Kerr Public Health Program Supervisor cheryl.kerr@health.mo.gov	Summary Federal Award Financial Informa	tion		
5737516476	<b>19. Budget Period Start Date</b> 08/01/2019 - End Date 07/31/2020			
8. Authorized Official Ms. 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> <li>23. Total Amount of Federal Funds Obligated this budget period</li> </ul>	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
Federal Agency Information		\$149,176,078.00		
CDC Office of Financial Resources	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
9. Awarding Agency Contact Information Kim McDowell Grant Management Specialist qpx9@cdc.gov	<ul> <li>25. Total Federal and Non-Federal Approved this Budget Period</li> <li>26. Project Period Start Date 08/01/2019 - End Date 07/31/2024</li> <li>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</li> </ul>	\$149,176,078.00 \$505,994,151.00		
404-498-4105 <b>10.Program Official Contact Information</b> Angelica O'Connor apw1@cdc.gov 404-639-7379	<ul> <li>28. Authorized Treatment of Program Income ADDITIONAL COSTS</li> <li>29. Grants Management Officer – Signature Kathy Raible</li> </ul>			

**30. Remarks** 



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Recipient Information		oved Budget Direct Assistance)				
Recipient Name	I. Financ	I. Financial Assistance from the Federal Awarding Agency Only				
Missouri Department of Health	II. Total p	${\tt II}_{\cdot}$ Total project costs including grant funds and all other financial participation				
920 Wildwood Dr	a. Salari	es and Wages		\$6,370,739.00		
Jefferson City, MO 65109-5796	b. Fring	e Benefits		\$3,767,804.00		
[NO DATA]	<b>c.</b> 1	FotalPersonnelC	Costs	\$10,138,543.00		
Congressional District of Recipient 03 Payment Account Number and Type Employer Identification Number (EIN) Data	d. Equip	oment		\$1,457,284.00		
	e. Suppl	ies		\$13,679,845.00		
	f. Trave	1		\$264,171.00		
	g. Const	ruction		\$0.00		
	h. Other	r		\$1,598,800.00		
Iniversal Numbering System (DUNS) 878092600	i. Contr	actual		\$119,985,717.00		
Recipient's Unique Entity Identifier	ј. ТОТА	L DIRECT COSTS		\$147,124,360.00		
Not Available	k. INDIR	ECT COSTS		\$2,051,718.00		
31. Assistance Type	l. TOTA	L APPROVED BUI	DGET	\$149,176,078.00		
Cooperative Agreement	m. Fede	ral Share		\$149,176,078.00		
32. Type of Award Demonstration	n. Non-F	ederal Share		\$0.00		
34. Accounting Classification Codes						
FY-ACCOUNT NO. DOCUMENT NO. ADM	INISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION		
0-9390EPX 19NU50CK000546CV	CK	41 51	\$0 0	0 75-2022-0943		

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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 NU50CK000546-01-09

1. Revised Terms and Conditions

#### ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

**REVISED BUDGET:** The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated March 4, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

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

All 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.