Notice of Award

Award# 6 NU50CK000546-02-02

FAIN# NU50CK000546

Federal Award Date: 10/28/2020

### **Recipient Information**

### 1. Recipient Name

Missouri Department of Health 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]

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

HOWARD PUE

howard.pue@health.mo.gov [NO DATA]

### 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

Kim McDowell

Grant Management Specialist

qpx9@cdc.gov

404-498-4105

#### 10.Program Official Contact Information

Angelica O'Connor apw1@cdc.gov 404-639-7379

## Federal Award Information

#### 11. Award Number

6 NU50CK000546-02-02

12. Unique Federal Award Identification Number (FAIN)

NU50CK000546

### 13. Statutory Authority

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

### 14. Federal Award Project Title

CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

### 15. Assistance Listing Number

93.32

### 16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

#### 17. Award Action Type

**Budget Revision** 

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

No

### **Summary Federal Award Financial Information**

19. Budget Period Start Date	08/01/2020	<ul> <li>End Date</li> </ul>	07/31/2021
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20	. Total Amount of Federal Funds Obligated by this Action	\$0.00
	20a. Direct Cost Amount	(\$43,806.00)
l	20b. Indirect Cost Amount	\$43,806.00

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period

26. Project Period Start Date 08/01/2019 - End Date 07/31/2024

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

\$151,484,720.00

\$0.00

\$0.00

\$2,308,642.00

\$2,308,642.00

### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

### 29. Grants Management Officer - Signature

Kathy Raible

kcr8@cdc.gov

770-488-2045

### 30. Remarks

### Notice of Award

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### **Recipient Information**

### **Recipient Name**

Missouri Department of Health 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]

Congressional District of Recipient

**Payment Account Number and Type** 

Employer Identification Number (EIN) Data

Universal Numbering System (DUNS)

878092600

Recipient's Unique Entity Identifier

Not Available

### 31. Assistance Type

Cooperative Agreement

32. Type of Award

Demonstration

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	\$929,642.00		
b. Fringe Benefits	\$504,380.00		
c. TotalPersonnelCosts	\$1,434,022.00		
d. Equipment	\$0.00		
e. Supplies	\$195,444.00		
f. Travel	\$28,625.00		
g. Construction	\$0.00		
h. Other	\$86,469.00		
i. Contractual	\$271,736.00		
j. TOTAL DIRECT COSTS	\$2,016,296.00		
k. INDIRECT COSTS	\$292,346.00		
1. TOTAL APPROVED BUDGET	\$2,308,642.00		
m. Federal Share	\$2,308,642.00		

### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390E5Y	19NU50CK000546DR	CK	41 51	\$0 00	75-1920-0943
0-93909PE	19NU50CK000546	CK	41 51	\$0 00	75-X-0951

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



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### 35. Terms And Conditions

Federal Financial Report Cycle				
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date	
08/01/2019	07/31/2020	Annual	10/29/2020	
08/01/2019	07/31/2020	Annual	10/29/2020	
08/01/2020	07/31/2021	Annual	10/29/2021	

# **AWARD ATTACHMENTS**

# Missouri Department of Health

6 NU50CK000546-02-02

1. Terms and Conditions

The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated September 1,2020. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**INDIRECT COSTS:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 26, 2020, which calculates indirect costs as follows, Unrestricted is approved at a rate of 20.1%. The effective dates of this indirect cost rate are from July 1, 2020 to June 30, 2021.

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.