# Notice of Award

Award# 6 NU50CK000546-03-03

FAIN# NU50CK000546

Federal Award Date: 12/22/2021

# **Recipient Information**

#### 1. Recipient Name

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

920 Wildwood Dr

Jefferson City, MO 65109-5796 [NO DATA]

2. Congressional District of Recipient

- 03
  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

Mrs. Cheryl L Kerr

Public Health Program Supervisor

cheryl.kerr@health.mo.gov

5737516476

#### 8. Authorized Official

Mrs. Marcia Mahaney

Director, Division of Admnistration

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

Ashley Trehame

Health Scientist

qmp4@cdc.gov

404-718-1434

30. Remarks

### Federal Award Information

#### 11. Award Number

6 NU50CK000546-03-03

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

03 323

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 08/01/2021 - End Date 07/31/2022

20. Total Amount of Federal Funds Obligated by this Action\$0.0020a. Direct Cost Amount(\$44,436.00)20b. Indirect Cost Amount\$44.436.00

21. Authorized Carryover

\$0.00 \$0.00

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$43,520,841.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

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

\$43,520,841.00

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

Not Available

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Freda Johnson

Grants Management Officer

# Notice of Award

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Federal Award Date: 12/22/2021

# **Recipient Information**

## **Recipient Name**

HEALTH AND SENIOR SERVICES, MISSOURI

DEPARTMENT OF

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)

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	\$924,902.00				
b. Fringe Benefits	\$560,448.00				
c. TotalPersonnelCosts	\$1,485,350.00				
d. Equipment	\$0.00				
e. Supplies	\$3,769,195.00				
f. Travel	\$62,202.00				
g. Construction	\$0.00				
h. Other	\$35,616,092.00				
i. Contractual	\$2,305,784.00				
j. TOTAL DIRECT COSTS	\$43,238,623.00				
k. INDIRECT COSTS	\$282,218.00				
1. TOTAL APPROVED BUDGET	\$43,520,841.00				
m. Federal Share	\$43,520,841.00				
n. Non-Federal Share	\$0.00				

# 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GXY	19NU50CK000546TH2C6	CK	41 51	\$0 00	75-X-0140



Award# 6 NU50CK000546-03-03 FAIN# NU50CK000546

Federal Award Date: 12/22/2021

#### **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**

# HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

6 NU50CK000546-03-03

1. Terms and Conditions- DMI Confinement

#### ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget request submitted by your organization dated November 1, 2021. Funds that were deemed to be in scope of the guidance have been distributed as indicated in the approved budget of this Notice of Award.

# ADDITIONAL ADMINISTRATIVE REQUIREMENTS

The recipient must respond to the Budget Mark-up comments in accordance with the recommendations provided in GrantSolutions as a Grant Note within 30 days of receipt of the Notice of Award. If the date falls on a weekend or holiday, the submission will be due the following business day.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information on page one of this Notice of Award prior to the due date.

To be considered an official response, recipients must:

- Use the Confinement/Data Modernization budget workbook (Excel) provided in Grant Notes at time the revised NOA is issued.
- Go to the 'CDC Program Notes Report' tab in the budget workbook.
- 3. For each line item that has been flagged, provide the requested information in the 'Recipient Response' section.
- 4. Submit the revised Confinement/Data Modernization budget workbook (Excel) in GrantSolutions via Grant Note.

All the 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.

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE