## Notice of Award

Award# 6 NU58DP006476-05-01

FAIN# NU58DP006476

Federal Award Date: 06/29/2023

## **Recipient Information**

#### 1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

920 Wildwood Dr

-DUP7

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

Jacqueline Miller

JACQUELINE.MILLER@HEALTH.MO.GOV 5735263838

#### 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

Monique Tatum

itn8@cdc.gov

770-488-2617

#### 10.Program Official Contact Information

Ms. Monique Brown

Public Health Advisor

DOH

giu3@cdc.gov

4046390925

## **Federal Award Information**

### 11. Award Number

6 NU58DP006476-05-01

#### 12. Unique Federal Award Identification Number (FAIN)

NU58DP006476

#### 13. Statutory Authority

301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as

#### 14. Federal Award Project Title

Missouri Oral Health Integration and Improvement Initiative (MOHIII)

## 15. Assistance Listing Number

#### 16. Assistance Listing Program Title

State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes

#### 17. Award Action Type

Supplement

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

22. Offset

## Summary Federal Award Financial Information

19. Budget Period Start Date	09/01/2022	- End Date	08/31/2024

20. Total Amount of Federal Funds Obligated by this Action	\$354,000.00
20a. Direct Cost Amount	\$323,409.00
20b. Indirect Cost Amount	\$30.591.00

21. Authorized Carryover

\$0.00

\$0.00

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$354,000.00

24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period

\$708,000.00

26. Period of Perfomance Start Date 09/01/2018 - End Date 08/31/2024

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

\$2,124,000.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Ms. Stephanie Latham

Team Lead, Grants Management Officer

### 30. Remarks

DA SAS license \$1,605

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#### **Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &

SENIOR SERVICES

920 Wildwood Dr

-DUP7

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 (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

1 , 33	1 1
a. Salaries and Wages	\$234,838.00
b. Fringe Benefits	\$154,042.00
c. TotalPersonnelCosts	\$388,880.00
d. Equipment	\$0.00
e. Supplies	\$4,277.00
f. Travel	\$24,167.00
g. Construction	\$0.00
h. Other	\$18,595.00
i. Contractual	\$199,715.00
j. TOTAL DIRECT COSTS	\$635,634.00
k. INDIRECT COSTS	\$72,366.00
1. TOTAL APPROVED BUDGET	\$708,000.00
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m. Federal Share \$708,000.00

n. Non-Federal Share \$0.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-939ZRDG	18NU58DP006476	DP	41.51	93.366	\$0.00	75-22-0948
3-939ZRDG	18NU58DP006476	DP	41.51	93.366	\$354,000.00	75-23-0948



Award# 6 NU58DP006476-05-01

FAIN# NU58DP006476

Federal Award Date: 06/29/2023

## **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	\$1,605.00	\$1,605.00	\$3,210.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$1,605.00	\$1,605.00	\$3,210.00

## **AWARD ATTACHMENTS**

## MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NU58DP006476-05-01

1. Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Supplemented Extension:** The purpose of this amendment is to approve a 12-month extension with supplemental funds per the request submitted by your organization dated April 27, 2023. The budget and project period end dates have been extended from **August 31, 2023** to **August 31, 2024**.

Additional funds in the amount of \$354,000 are authorized and have been distributed as indicated in the approved budget of this Notice of Award.

**Direct Assistance (DA):** DA is awarded in the amount of \$1,605 for SAS License in this budget period

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 16, 2022, which calculates indirect costs as follows, a Provisional is approved at a rate of 18.10% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2022 to June 30, 2025.

**Missing Contractual/Consultant Elements –** The contract(s)listed below is approved, however, the recipient must provide *the name of the TBD Contractor*, in GrantSolutions as a Grant Note prior to beginning work on the contract.

Contractor 1 TBD \$59,000

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of **September 1, 2022** to **August 31, 2023** must be submitted by **November 30, 2023**.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report (PPER):** This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the form can be downloaded at: https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

**Final Invention Statement**: A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <a href="http://grants1.nih.gov/grants/hhs568.pdf">http://grants1.nih.gov/grants/hhs568.pdf</a>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.