Notice of Award

Award# 6 NU58DP006506-04-01

FAIN# NU58DP006506

Federal Award Date: 08/07/2021

Recipient Information

1. Recipient Name

Missouri Department of Health 920 Wildwood Dr Missouri Department of Health 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) 878092600
- 6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Steve Cramer Section Administrator steve.cramer@health.mo.gov 573-522-2806

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

Mrs. Rhonda Colbert Grants Management Specialist hvx1(a)cdc.gov 770-488-2848

10.Program Official Contact Information

Everett Jackson Public Health Advisor pvw4@cdc.gov 11111111111

Federal Award Information

11. Award Number

6 NU58DP006506-04-01

12. Unique Federal Award Identification Number (FAIN)

NU58DP006506

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 Physical Activity and Nutrition Program (MPAN)

15. Assistance Listing Number

93.439

16. Assistance Listing Program Title

State Physical Activity and Nutrition (SPAN)

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19.	Budget Period Start Date	09/30/2021	- End Date	09/29/2022	

20. Total Amount of Federal Funds Obligated by this Action \$0.00 20a. Direct Cost Amount \$2,984.00 20b. Indirect Cost Amount (\$2,984.00)

21. Authorized Carryover

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$884,164.00 24. Total Approved Cost Sharing or Matching, where applicable

\$884,164.00

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

26. Project Period Start Date 09/30/2018 - End Date 09/29/2023

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

Not Available

\$0.00

\$0.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer Grants Management Officer

30. Remarks

Approved Year 4 Budget.

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Recipient Name

Missouri Department of Health 920 Wildwood Dr

Missouri Department of Health Jefferson City, MO 65109-5796

[NO DATA]

Congressional District of Recipient

03

Payment Account Number and Type

Employer Identification Number (EIN) Data

Universal Numbering System (DUNS)

878002600

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Ag	gency Only
II. Total project costs including grant funds and all o	ther financial participation
a. Salaries and Wages	\$259,541.00
b. Fringe Benefits	\$165,094.00
c. TotalPersonnelCosts	\$424,635.00
d. Equipment	\$0.00
c. Supplies	\$756.00
Travel	\$6,547.00
. Construction	\$0.00
. Other	\$23,282.00
. Contractual	\$348,263.00
. TOTAL DIRECT COSTS	\$803,483.00
k. INDIRECT COSTS	\$80,681.00
, TOTAL APPROVED BUDGET	\$884,164.00
m. Federal Share	\$884.164.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION				
1-921047C	18NU58DP006506	DP	41.51	\$0.00	75-21-0948				

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

6 NU58DP006506-04-01

1, Terms and Conditions

REVISED NOTICE OF COOPERATIVE AGREEMENT

Revised Budget: The purpose of this amended Notice of Award is to approve the **revised budget request** submitted by your organization dated 7/26/2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

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

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 your award number on all correspondence including each page of all attachments.

Office of Grant Services Personnel:

GMS Contact:

Rhonda Colbert, Grants Management Specialist
Grants Management Specialist
Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
hvx1@cdc.gov | 770-488-2848 office

*The Grants Management Officer & Project Officer's information can be found on page 1 of this Notice of Award.