Notice of Award

Award# 6 NU58DP006650-03-01

FAIN# NU58DP006650

Federal Award Date: 11/02/2020

# **Recipient Information**

### 1. Recipient Name

Missouri Department of Health 920 WILDWOOD DR Community and Public Health-DUP 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) 878092600
- 6. Recipient's Unique Entity Identifier
- 7. Project Director or Principal Investigator

Ms. Mindy Laughlin mindy.laughlon@health.mo.gov 5737516435

#### 8. Authorized Official

Ms. 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

Ms. Robyn Bryant

Grants Management Specialist

ppa4@cdc.gov

770-488-2917

#### 10.Program Official Contact Information

Ms. Alyson Davis
Public Health Analyst / Project Officer
bmo5@cdc.gov
404-639-7497

### Federal Award Information

#### 11. Award Number

6 NU58DP006650-03-01

12. Unique Federal Award Identification Number (FAIN)

NU58DP006650

13. Statutory Authority

[AWARD AUTHORITY NOT DEFINED FOR DP16-1601]

14. Federal Award Project Title

Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)

## 15. Assistance Listing Number

93.436

16. Assistance Listing Program Title

WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)

17. Award Action Type

**Budget Revision** 

18. Is the Award R&D?

No

# **Summary Federal Award Financial Information**

19.	<b>Budget Period Start Date</b>	09/30/2020	- End Date	09/29/2021

20.	20. Total Amount of Federal Funds Obligated by this Action				
	20a. Direct Cost Amount				
	20b. Indirect Cost Amount				
21.	Authorized Carryover				

**22.** Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$900,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$300,000.00
 25. Total Federal and Non-Federal Approved this Budget Period \$1,200,000.00

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

\$3,000,000.00

\$0.00

\$0.00

\$0.00

\$0.00

### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Ms. Pamela Render

Grants Management Officer

# 30. Remarks

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### Recipient Name

Missouri Department of Health 920 WILDWOOD DR Community and Public Health-DUP

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)

878092600

Recipient's Unique Entity Identifier

Not Available

# 31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

(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	\$197,159.00			
b. Fringe Benefits	\$115,767.00			
c. TotalPersonnelCosts	\$312,926.00			
d. Equipment	\$0.00			
e. Supplies	\$2,292.00			
f. Travel	\$7,697.00			
g. Construction	\$0.00			
h. Other	\$94,143.00			

# 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-939ZRBH	18NU58DP006650	DP	41 51	\$0 00	75-20-0948

33. Approved Budget

i. Contractual

j. TOTAL DIRECT COSTS

1. TOTAL APPROVED BUDGET

k. INDIRECT COSTS

m. Federal Share

n. Non-Federal Share

\$482,942.00

\$900,000.00

\$900,000.00

\$900,000.00

\$300,000.00

\$0.00



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Federal Award Date: 11/02/2020

### **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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Federal Award Date: 11/02/2020

### 35. Terms And Conditions

Federal Financial Report Cycle				
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date	
09/30/2018	09/29/2019	Annual	03/11/2020	
09/30/2020	09/29/2021	Annual	12/28/2021	

# **AWARD ATTACHMENTS**

# Missouri Department of Health

6 NU58DP006650-03-01

1. Terms and Conditions

### ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Summary Statement / Technical Review**: The purpose of this amended Notice of Award is to approve the response to the Summary Statement / Technical Review submitted by your organization dated October 22, 2020.

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget request** submitted by your organization dated October 22, 2020 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

### **STAFF CONTACTS:**

# **Robyn Bryant**

**Grants Management Specialist (GMS)** 

Office of Grant Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Chenega Government Consulting, LLC
Centers for Disease Control and Prevention (CDC)
PPA4@cdc.gov | 404-498-2698 office

# Rhonda Latimer

**Grants Management Officer** 

Office of Grant Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Lto1@cdc.gov | 770-488-1647 office