Notice of Award

Award# 6 NU90TP922019-02-02

FAIN# NU90TP922019

Federal Award Date: 03/05/2021

## **Recipient Information**

#### 1. Recipient Name

Missouri Department of Health

920 Wildwood Dr

Health and Senior Services

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

Ms. Genevieve Weseman genevieve.weseman@health.mo.gov 573-526-9796

#### 8. Authorized Official

Ms. Genevieve Weseman genevieve.weseman@health.mo.gov 573-526-9796

#### **Federal Agency Information**

CDC Office of Financial Resources

## 9. Awarding Agency Contact Information

Ms. Rose Mosley

GMS

RMosley@cdc.gov

770-488-2450

#### 10.Program Official Contact Information

Sherita Cummings ZNO1@cdc.gov 404-639-8000

## **Federal Award Information**

#### 11. Award Number

6 NU90TP922019-02-02

12. Unique Federal Award Identification Number (FAIN)
NU90TP922019

#### 13. Statutory Authority

319C-1 of the Public Health Service (PHS) Act (47 USC 247d-3a)

#### 14. Federal Award Project Title

MISSOURI PHEP COOPERATIVE AGREEMENT

## 15. Assistance Listing Number

93.060

#### 16. Assistance Listing Program Title

Public Health Emergency Preparedness

#### 17. Award Action Type

Release of Restrictions on NOA

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

No

Summary	Federal Award	<b>Financial</b>	Information
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19.	<b>Budget Period Start Date</b>	07/01/2020	- End Date	06/30/2021

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20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	\$0.00
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00

**23.** Total Amount of Federal Funds Obligated this budget period \$10,681,850.00

24. Total Approved Cost Sharing or Matching, where applicable \$2,138,360.00
 25. Total Federal and Non-Federal Approved this Budget Period \$12,820,210.00

26. Project Period Start Date 07/01/2019 - End Date 06/30/2024

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

\$23,779,677.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Ms. Shirley K Byrd

Grants Management Officer

#### 30. Remarks

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#### Recipient Name

Missouri Department of Health

920 Wildwood Dr

Health and Senior Services

Jefferson City, MO 65109-5796

[NO DATA]

**Congressional District of Recipient** 

02

**Payment Account Number and Type** 

**Employer Identification Number (EIN) Data** 

Universal Numbering System (DUNS)

272092600

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 Agency Only

 $\ensuremath{\mathsf{II}}$  . Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,514,715.00
b. Fringe Benefits	\$826,649.00
c. TotalPersonnelCosts	\$2,341,364.00
d. Equipment	\$0.00
e. Supplies	\$102,743.00
f. Travel	\$46,960.00
g. Construction	\$0.00
h. Other	\$333,024.00
i. Contractual	\$7,356,701.00
j. TOTAL DIRECT COSTS	\$10,180,792.00
k. INDIRECT COSTS	\$501,058.00
1. TOTAL APPROVED BUDGET	\$10,681,850.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-921027R	19NU90TP922019	TP	41 51	\$0.00	75-20-0956
0-9213367	19NU90TP922019	TP	41 51	\$0.00	75-20-0956

m. Federal Share

n. Non-Federal Share

\$10,681,850.00

\$2,138,360.00



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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 NU90TP922019-02-02

1. Terms and Conditions

**PHEP Administrative Restrictions:** The purpose of this amended Notice of Award is to approve the restrictions listed in the NOA dated June 06, 2020, and the PHEP Administrative Restrictions request submitted by your organization on **February 11, 2021**. We have reviewed the material submitted and find it to be acceptable.

The following budget cost categories are approved at this time and funds reallocated to the cost category:

## Contractual - BASE and CRI components

Please be advised that the 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.

### **CDC Staff Contacts:**

Grants Management Specialist: Rose Mosley Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Center for Disease Control and Prevention (CDC)
District at Chamblee
Building 2939, 2nd Floor
Atlanta, GA 30341

Email: Rmosley@cdc.gov |770-488-2450 office