

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU90TP922019-02-01 FAIN# NU90TP922019 Federal Award Date: 11/18/2020

Recipient Information Federal Award Information		
1. Recipient Name Missouri Department of Health 920 Wildwood Dr Health and Senior Services Jefferson City, MO 65109-5796 [NO DATA]	 Award Number 6 NU90TP922019-02-01 Unique Federal Award Identification Number (FAIN) NU90TP922019 Statutory Authority 319C-1 of the Public Health Service (PHS) Act (47 USC 247d-3a) Federal Award Project Title MISSOURI PHEP COOPERATIVE AGREEMENT 	
 Congressional District of Recipient ⁰³ Payment System Identifier (ID) Employer Identification Number (EIN) Data Universal Numbering System (DUNS) ⁸⁷⁸⁰⁹²⁶⁰⁰ Recipient's Unique Entity Identifier Project Director or Principal Investigator Ms. Genevieve Weseman genevieve.weseman@health.mo.gov 573-526-9796 	 15. Assistance Listing Number 93.069 16. Assistance Listing Program Title Public Health Emergency Preparedness 17. Award Action Type Change in Key Personnel 18. Is the Award R&D? No Summary Federal Award Financial Informat 19. Budget Period Start Date 07/01/2020 - End Date 06/30/2021 	tion
8. Authorized Official Ms. Genevieve Weseman genevieve.weseman@health.mo.gov 573-526-9796	 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 \$0.00 \$0.00 \$0.00 \$0.00
Federal Agency Information CDC Office of Financial Resources 9. Awarding Agency Contact Information Ms. Rose Mosley GMS wvx3@cdc.gov	 23. Total Amount of Federal Funds Obligated this budget period 24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period 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 	\$10,681,850.00 \$1,069,180.00 \$11,751,030.00 \$22,710,497.00
770-488-2450 10.Program Official Contact Information Sherita Cummings ZNO1@cdc.gov 404-639-8000	 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 Information	33. Approved Budget (Excludes Direct Assistance)	
Recipient Name Missouri Department of Health	 Financial Assistance from the Federal Awarding Agency Only Total project costs including grant funds and all other financial participation 	
Missouri Department of Health 920 Wildwood Dr Health and Senior Services Jefferson City, MO 65109-5796 [NO DATA] Congressional District of Recipient 03 Payment Account Number and Type 1446000987B7 Employer Identification Number (EIN) Data 446000987 Universal Numbering System (DUNS) 878092600 Recipient's Unique Entity Identifier Not Available	 a. Salaries and Wages b. Fringe Benefits c. TotalPersonnelCosts d. Equipment e. Supplies f. Travel g. Construction h. Other i. Contractual 	\$1,514,715.00 \$826,649.00 \$2,341,364.00 \$0.00 \$102,743.00 \$46,960.00 \$0.00 \$7,689,725.00 \$0.00
	j. TOTAL DIRECT COSTS k. INDIRECT COSTS	\$10,180,792.00 \$501,058.00
31. Assistance Type Cooperative Agreement 32. Type of Award Other	I. TOTAL APPROVED BUDGETm. Federal Sharen. Non-Federal Share	\$10,681,850.00 \$10,681,850.00 \$1,069,180.00
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



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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



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35. Terms And Conditions

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
07/01/2019	06/30/2020	Annual	09/28/2020
07/01/2020	06/30/2021	Annual	09/28/2021

AWARD ATTACHMENTS

Missouri Department of Health

6 NU90TP922019-02-01

1. Terms and Conditions

Key Personnel: The purpose of this amendment is to approve the Principal Investigator (PI)/Project Director change from Ms. Paula Nickelson to Ms. Genevieve Wesseman. This is in response to the request submitted by your organization dated **November 12, 2020**.

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) Global Health Security Branch District at Chamblee Building 2939, 2nd Floor, MS.TV-2 Room 2103.02 Atlanta, GA 30341 Email: Rmosley@cdc.gov [770-488-2450 office