

## 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]	<ol> <li>Award Number 6 NU90TP922019-02-01</li> <li>Unique Federal Award Identification Number (FAIN) NU90TP922019</li> <li>Statutory Authority 319C-1 of the Public Health Service (PHS) Act (47 USC 247d-3a)</li> <li>Federal Award Project Title MISSOURI PHEP COOPERATIVE AGREEMENT</li> </ol>	
<ol> <li>Congressional District of Recipient         <sup>03</sup></li> <li>Payment System Identifier (ID)</li> <li>Employer Identification Number (EIN)</li> <li>Data Universal Numbering System (DUNS)         <sup>878092600</sup></li> <li>Recipient's Unique Entity Identifier</li> <li>Project Director or Principal Investigator         Ms. Genevieve Weseman         genevieve.weseman@health.mo.gov         573-526-9796</li> </ol>	<ul> <li>15. Assistance Listing Number 93.069</li> <li>16. Assistance Listing Program Title Public Health Emergency Preparedness</li> <li>17. Award Action Type Change in Key Personnel</li> <li>18. Is the Award R&amp;D? No</li> <li>Summary Federal Award Financial Informat</li> <li>19. Budget Period Start Date 07/01/2020 - End Date 06/30/2021</li> </ul>	tion
8. Authorized Official Ms. Genevieve Weseman genevieve.weseman@health.mo.gov 573-526-9796	<ul> <li>20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount</li> <li>21. Authorized Carryover</li> <li>22. Offset</li> </ul>	\$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	<ul> <li>23. Total Amount of Federal Funds Obligated this budget period</li> <li>24. Total Approved Cost Sharing or Matching, where applicable</li> <li>25. Total Federal and Non-Federal Approved this Budget Period</li> <li>26. Project Period Start Date 07/01/2019 - End Date 06/30/2024</li> <li>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</li> </ul>	\$10,681,850.00 \$1,069,180.00 \$11,751,030.00 \$22,710,497.00
770-488-2450 <b>10.Program Official Contact Information</b> Sherita Cummings ZNO1@cdc.gov 404-639-8000	<ul> <li>28. Authorized Treatment of Program Income ADDITIONAL COSTS</li> <li>29. Grants Management Officer – Signature Ms. Shirley K Byrd Grants Management Officer</li> </ul>	

#### 30. Remarks



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Recipient Information	<b>33. Approved Budget</b> (Excludes Direct Assistance)	
Recipient Name Missouri Department of Health	<ol> <li>Financial Assistance from the Federal Awarding Agency Only</li> <li>Total project costs including grant funds and all other financial participation</li> </ol>	
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	<ul> <li>a. Salaries and Wages</li> <li>b. Fringe Benefits <ul> <li>c. TotalPersonnelCosts</li> </ul> </li> <li>d. Equipment</li> <li>e. Supplies</li> <li>f. Travel</li> <li>g. Construction</li> <li>h. Other</li> <li>i. Contractual</li> </ul>	\$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	<ul><li>I. TOTAL APPROVED BUDGET</li><li>m. Federal Share</li><li>n. Non-Federal Share</li></ul>	\$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, 2<sup>nd</sup> Floor, MS.TV-2 Room 2103.02 Atlanta, GA 30341 Email: Rmosley@cdc.gov [770-488-2450 office