Notice of Award

Award# 6 NU90TP922019-03-03

FAIN# NU90TP922019

Federal Award Date: 10/22/2021

# **Recipient Information**

1. Recipient Name

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

920 Wildwood Dr

Health and Senior Services

Jefferson City, MO 65109-5796

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. Jody Starr

Program Coordinator

Jody.Starr@health.mo.gov

573-522-9434

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 NU90TP922019-03-03

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

16. Assistance Listing Program Title

Public Health Emergency Preparedness

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

# Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2021 - End Date 06/30/2022

20. Total Amount of Federal Funds Obligated by this Action \$0.00 20a. Direct Cost Amount (\$1,059,004.00) 20b. Indirect Cost Amount \$14,932.00

21. Authorized Carryover

\$0.00

\$0.00

22. Offset

\$10,994,848.00

23. Total Amount of Federal Funds Obligated this budget period

\$3,400,687.00

24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period

\$14,395,535.00

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

Not Available

### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Randolph Williams

## 30. Remarks

## Notice of Award

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#### **Recipient Name**

HEALTH AND SENIOR SERVICES, MISSOURI

DEPARTMENT OF

920 Wildwood Dr

Health and Senior Services

Jefferson City, MO 65109-5796

Congressional District of Recipient

03

**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
- II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,618,665.00
b. Fringe Benefits	\$865,164.00
c. TotalPersonnelCosts	\$2,483,829.00
d. Equipment	\$0.00
e. Supplies	\$132,976.00
f. Travel	\$61,904.00
g. Construction	\$0.00
h. Other	\$316,929.00
i. Contractual	\$7,499,959.00
j. TOTAL DIRECT COSTS	\$10,495,597.00
k. INDIRECT COSTS	\$499,251.00
1. TOTAL APPROVED BUDGET	\$10,994,848.00
m. Federal Share	\$10,994,848.00

### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-921027R	19NU90TP922019	TP	41 51	\$0 00	75-21-0956

n. Non-Federal Share

\$3,400,687.00



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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**

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

6 NU90TP922019-03-03

1. Terms and Conditions

Revised Budget: The purpose of this amended Notice of Award is to approve the revised budget request, and the additional budgetary requirements submitted by your organization dated **September 23**, **2021** as indicated in the approved budget of this Notice of Award.

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