

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU90TP922111-01-07 FAIN# NU90TP922111 Federal Award Date: 02/02/2021

Recipient Information	Federal Award Information		
1. Recipient Name Missouri Department of Health 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 [NO DATA]	 Award Number 6 NU90TP922111-01-07 Unique Federal Award Identification Number (FAIN) NU90TP922111 Statutory Authority 301A, 317K OF PHSA, 24 USC SEC 241 & 247 		
2. Congressional District of Recipient	14. Federal Award Project Title Missouri Public Health Crisis Response		
 Payment System Identifier (ID) Employer Identification Number (EIN) Data Universal Numbering System (DUNS) 878092600 Recipient's Unique Entity Identifier 	 15. Assistance Listing Number 93.354 16. Assistance Listing Program Title Public Health Emergency Response: Cooperative Agreement for Emergency Response 17. Award Action Type 	nse: Public Health Crisis	
7. Project Director or Principal Investigator Mr. Eric Hueste Eric.Hueste@health.mo.gov 573-751-6087	No Cost Extension 18. Is the Award R&D? No Summary Federal Award Financial Informat 19. Budget Period Start Date 03/16/2020 - End Date 03/15/2022	tion	
8. Authorized Official Ms. Marcia Mahaney Director, Division of Admnistration marcia.mahaney@health.mo.gov 573-751-6014	 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	 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 	\$13,749,947.00 \$0.00 \$13,749,947.00	
Ms. Kimberly Champion Grants Management Specialist qrf9@cdc.gov (404) 498-4229	 26. Project Period Start Date 03/16/2020 - End Date 03/15/2022 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period 	\$13,749,947.00	
10.Program Official Contact Information Dwayne Riley Project Officer qgj3@cdc.gov 404-718-1352	 28. Authorized Treatment of Program Income ADDITIONAL COSTS 29. Grants Management Officer – Signature Ms. Tiffany Mannings Grants Management Officer 		

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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\$0.00

75-2022-0943

Recipient Information	33. Approved Budget (Excludes Direct Assistance)			
Recipient Name	I. Financial Assistance from th	I. Financial Assistance from the Federal Awarding Agency Only		
Missouri Department of Health	II. Total project costs includin	${\tt II}_{\cdot}$ Total project costs including grant funds and all other financial participation		
920 WILDWOOD DR	a. Salaries and Wages	\$23,841.00		
JEFFERSON CITY, MO 65109-5796	b. Fringe Benefits	\$12,874.00		
[NO DATA]	c. TotalPersonnelCost			
	d. Equipment	\$324,775.00		
ongressional District of Recipient	e. Supplies	\$1,778,001.00		
Payment Account Number and Type Employer Identification Number (EIN) Data	f. Travel	\$0.00		
	Data g. Construction	\$0.00		
	h. Other	\$2,420,803.00		
versal Numbering System (DUNS) 8092600	i. Contractual	\$9,182,273.00		
cipient's Unique Entity Identifier	j. TOTAL DIRECT COSTS	\$13,742,567.00		
Not Available	k. INDIRECT COSTS	\$7,380.00		
. Assistance Type	1. TOTAL APPROVED BUDGE	T \$13,749,947.00		
ooperative Agreement	m. Federal Share	\$13,749,947.00		
2. Type of Award emonstration	n. Non-Federal Share	\$0.00		
34. Accounting Classification Codes				
FY-ACCOUNT NO. DOCUMENT NO.	ADMINISTRATIVE CODE OBJECT CLASS A	MT ACTION FINANCIAL ASSISTANCE APPROPRIATION		

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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 NU90TP922111-01-07

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a 12 month No Cost Extension per the request submitted by your organization dated January 13, 2021. The budget and project period end dates have been extended from March 15, 2021 to March 15, 2022.

Revised Budget: The purpose of this amended Notice of Award is to approve the **revised budget request** submitted by your organization dated January 13, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All other terms and conditions issued with this award remain in effect, unless otherwise changed, in writing, by the Grants Management Officer.