Notice of Award

Award# 6 NUE1EH001356-04-01 FAIN# NUE1EH001356

Federal Award Date: 03/16/2021

# **Recipient Information**

## 1. Recipient Name

Missouri Department of Health

PO BOX 570

MISSOURI DEPARTMENT OF HEALTH AND

SENIOR SERVICES

Jefferson City, MO 65102-0570

# 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

Mr. Jeff Wenzel

Bureau Chief

jeff.wenzel@health.mo.gov

573-526-4911

#### 8. Authorized Official

Ms. Marcia A Mahaney

Director

Marcia.Mahaney@health.mo.gov

573-751-6014

#### **Federal Agency Information**

CDC Office of Financial Resources

# 9. Awarding Agency Contact Information

Wanda Tucker

kna9@cdc.gov

770-488-5056

#### 10.Program Official Contact Information

Mr. Aaron J Grober

Project Officer

xih7@cdc.gov

770-488-0787

# Federal Award Information

#### 11. Award Number

6 NUE1EH001356-04-01

12. Unique Federal Award Identification Number (FAIN)

NUE1EH001356

#### 13. Statutory Authority

Section 317(k)(3) of the Public Health Service Act, [42 U.S.C. 247b (k)(3)]

#### 14. Federal Award Project Title

Enhancing Innovation and Capabilities of the Environmental Public Health Tracking Network

### 15. Assistance Listing Number

#### 16. Assistance Listing Program Title

Environmental Public Health and Emergency Response

#### 17. Award Action Type

Notification of a Contractor or Consultant

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

No

Summary	y Federal Award	<b>Financial</b>	Information
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19.	<b>Budget Period Start Date</b>	08/01/2020	- End Date	07/31/2021

20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	\$2,326.00
20b. Indirect Cost Amount	(\$2,326.00)
21. Authorized Carryover	\$0.00

22. Offset 23. Total Amount of Federal Funds Obligated this budget period \$842,170.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$842,170.00

26. Project Period Start Date 08/01/2017 - End Date 07/31/2022

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

\$3,434,180.00

\$0.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Lakita Reid

# 30. Remarks



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# **Recipient Information**

### **Recipient Name**

Missouri Department of Health

PO BOX 570

MISSOURI DEPARTMENT OF HEALTH AND

SENIOR SERVICES

Jefferson City, MO 65102-0570

**Congressional District of Recipient** 

04

**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

(Excludes Direct Assistance)			
I.	Financial Assistance from the Federal Awarding Agency Only		
ш	Total project costs including grant funds and all other finance		

33. Approved Budget

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

a. Salaries and Wages	\$379,371.00
b. Fringe Benefits	\$223,903.00
c. TotalPersonnelCosts	\$603,274.00
d. Equipment	\$0.00
e. Supplies	\$1,939.00
f. Travel	\$3,707.00
g. Construction	\$0.00
h. Other	\$57,123.00
i. Contractual	\$55,000.00
j. TOTAL DIRECT COSTS	\$721,043.00
k. INDIRECT COSTS	\$121,127.00
1. TOTAL APPROVED BUDGET	\$842,170.00

# 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
9-9390AWZ	17NUE1EH001356	EH	41 51	\$0.00	75-19-0947
8-939ZPRT	17NUE1EH001356	EH	41 51	\$0 00	75-18-0947
0-9390AWZ	17NUE1EH001356	EH	41 51	\$0 00	75-20-0947

m. Federal Share

n. Non-Federal Share

\$842,170.00

\$0.00



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Award# 6 NUE1EH001356-04-01 FAIN# NUE1EH001356

Federal Award Date: 03/16/2021

#### **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 NUE1EH001356-04-01

1. Terms and Conditions

**Contract/Consultant:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract(s) below. This approval is in response to the request submitted by your organization dated February 24, 2021.

# Contractor 1: Department of Conservation

Please be advised that grantees 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 the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

# **GMS Contact:**

Wanda Tucker, Grants Management Specialist Centers for Disease Control and Prevention CDC/OGS/OFR 2939 Flowers Road South, MS TV-2 Atlanta, GA 30341

Telephone: 770-488-5056

Fax: 770-488-2640 Email: kna9@cdc.gov