

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

### Notice of Award

Award# 6 NUF2CE002490-02-03 FAIN# NUF2CE002490 Federal Award Date: 12/04/2020

Recipient Information	Federal Award Information         11. Award Number       6 NUF2CE002490-02-03         12. Unique Federal Award Identification Number (FAIN)       NUF2CE002490         13. Statutory Authority       Recipient is funded under Category" B" / Statutory Authority: 392(a)(1) of the PHS Act (42 USC § 280b-1(a)(         14. Federal Award Project Title       Rape Prevention and Education: Using the best available evidence for Sexual Violence Prevention		
1. Recipient Name Missouri Department of Health 920 Wildwood Dr Missouri Dept. of Health and Senior Services Jefferson City, MO 65109-5796 [NO DATA]			
<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</li> </ol>	<ul> <li>15. Assistance Listing Number 93.136</li> <li>16. Assistance Listing Program Title Injury Prevention and Control Research and State and Community Based Programs</li> <li>17. Award Action Type Notification of a Contractor or Consultant</li> <li>18. Is the Award R&amp;D?</li> </ul>		
Ms. Mindy Laughlin mindy.laughlon@health.mo.gov	No Summary Federal Award Financial Informat	ion	
5737516435	<b>19. Budget Period Start Date</b> 02/01/2020 - End Date 01/31/2021		
8. Authorized Official Ms. Marcia Mahaney Director, Division of Admnistration marcia.mahaney@health.mo.gov 573-751-6014	<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 \$55,600.00 \$0.00	
Federal Agency Information	<b>23.</b> Total Amount of Federal Funds Obligated this budget period	\$1,019,824.00	
CDC Office of Financial Resources	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00	
9. Awarding Agency Contact Information Mr. John McGee Grants Management Specialist qsj4@cdc.gov	<ul> <li>25. Total Federal and Non-Federal Approved this Budget Period</li> <li>26. Project Period Start Date 02/01/2019 - End Date 01/31/2024</li> <li>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</li> </ul>	\$1,019,824.00	
404-498-4348	20 Authorized Treatment of Dece		
<b>0.Program Official Contact Information</b> Shayla L Wilkinson Project Officer DVP PPTB IHB9@cdc.gov	<ul> <li>28. Authorized Treatment of Program Income ADDITIONAL COSTS</li> <li>29. Grants Management Officer – Signature Ms. Stephanie Latham Team Lead, Grants Management Officer</li> </ul>		

#### 30. Remarks



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om the Federal Awarding Agency Only		
<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>		
Costs \$73,802.00 \$44,281.00 \$118,083.00 \$0.00 \$5,626.00 \$2,212.00 \$0.00 \$4,920.00 \$931,920.00		
\$\$1,062,761.00 \$12,663.00		
JDGET \$1,075,424.00 \$1,075,424.00 \$0.00		

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390EWQ	19NUF2CE002490C3	CE	41 51	\$0 00	75-2024-0943
0-939ZSFL	19NUF2CE002490	CE	41 51	\$0 00	75-20-0952



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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	
02/01/2019	01/31/2020	Annual	11/28/2020	
02/01/2020	01/31/2021	Annual	05/01/2021	

# AWARD ATTACHMENTS

### Missouri Department of Health

6 NUF2CE002490-02-03

1. Terms and Conditions

### ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Contract:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract below. This approval is in response to the request submitted by your organization dated October 29, 2020.

University of Missouri