



**Recipient Information**

**1. Recipient Name**

Missouri Department of Health  
920 WILDWOOD DR  
JEFFERSON CITY, MO 65109-5796  
[NO DATA]

**2. Congressional District of Recipient**

03

**3. Payment System Identifier (ID)**

[REDACTED]

**4. Employer Identification Number (EIN)**

[REDACTED]

**5. Data Universal Numbering System (DUNS)**

878092600

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Mr. Damon Ferlazzo  
damon.ferlazzo@health.mo.gov  
573-751-3871

**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**

Mrs. Natasha Jones  
Grants Management Specialist  
mgz2@cdc.gov  
770-488-1649

**10. Program Official Contact Information**

Ms. Tawanda Asamaowei  
Public Health Advisor  
LHY0@cdc.gov  
404.718.6389

**Federal Award Information**

**11. Award Number**

6 NU17CE925004-02-02

**12. Unique Federal Award Identification Number (FAIN)**

NU17CE925004

**13. Statutory Authority**

Section 311(c)(1) of the PHS Act (42 USC § 243(c)(1))

**14. Federal Award Project Title**

Overdose Data in Action - NCIPC

**15. Assistance Listing Number**

93.136

**16. Assistance Listing Program Title**

Injury Prevention and Control Research and State and Community Based Programs

**17. Award Action Type**

Budget Revision

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

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/01/2020	- End Date	08/31/2021
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$250.00
20b. Indirect Cost Amount			(\$250.00)
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$4,922,875.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$4,922,875.00
<b>26. Project Period Start Date</b>	09/01/2019	- End Date	08/31/2022
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			\$9,845,750.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Stephanie Latham  
Team Lead, Grants Management Officer  
fzv6@cdc.gov  
770.488.2917

**30. Remarks**



Award# 6 NU17CE925004-02-02

FAIN# NU17CE925004

Federal Award Date: 10/26/2020

Recipient Information
<b>Recipient Name</b> Missouri Department of Health 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 [NO DATA]
<b>Congressional District of Recipient</b> 03
<b>Payment Account Number and Type</b> [REDACTED]
<b>Employer Identification Number (EIN) Data</b> [REDACTED]
<b>Universal Numbering System (DUNS)</b> 878092600
<b>Recipient's Unique Entity Identifier</b> Not Available
<b>31. Assistance Type</b> Cooperative Agreement
<b>32. Type of Award</b> 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	\$659,212.00
b. Fringe Benefits	\$403,301.00
c. Total Personnel Costs	\$1,062,513.00
d. Equipment	\$0.00
e. Supplies	\$60,349.00
f. Travel	\$64,775.00
g. Construction	\$0.00
h. Other	\$128,742.00
i. Contractual	\$3,392,931.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$4,709,310.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$213,565.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$4,922,875.00</b>
<b>m. Federal Share</b>	<b>\$4,922,875.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390BX6	19NU17CE925004OPCE	CE	41 51	\$0 00	75-20-0952



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

Centers for Disease Control and Prevention

Award# 6 NU17CE925004-02-02

FAIN# NU17CE925004

Federal Award Date: 10/26/2020

**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 NU17CE925004-02-02

---

1. Terms and Conditions

#### **ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated October 15, 2020. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Technical Review:** The purpose of this amended Notice of Award is to approve the response to the Technical Review submitted by your organization dated October 15, 2020.