



**Recipient Information**

**1. Recipient Name**

Health and Senior Services, Missouri Department of  
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 (UEI)**

UETLXV8NG8F4

**7. Project Director or Principal Investigator**

Ms. Lynn Smith  
lynn.smith@health.mo.gov  
573-526-4862

**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**

Darryl Mitchell  
dvm1@cdc.gov  
770-488-2747

**10. Program Official Contact Information**

Ms. Jocelyn Wheaton  
Project Officer  
kzw9@cdc.gov  
404-639-1048

**Federal Award Information**

**11. Award Number**

6 NU17CE925004-03-02

**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>	09/01/2021	- End Date	08/31/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$16,078.00
20b. Indirect Cost Amount			(\$16,078.00)
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$819,513.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$4,024,659.00
<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>			\$4,024,659.00
<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>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Stephanie Latham  
Team Lead, Grants Management Officer

**30. Remarks**



Recipient Information
<b>Recipient Name</b> Health and Senior Services, Missouri Department of 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 (UEI)</b> UETLXV8NG8F4
<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	\$608,326.00
b. Fringe Benefits	\$372,613.00
c. Total Personnel Costs	\$980,939.00
d. Equipment	\$0.00
e. Supplies	\$52,118.00
f. Travel	\$53,423.00
g. Construction	\$0.00
h. Other	\$222,451.00
i. Contractual	\$3,348,862.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$4,657,793.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$186,379.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$4,844,172.00</b>
m. Federal Share	\$4,844,172.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390BX6	19NU17CE925004OPCE	CE	41 51	93 136	\$0 00	75-21-0952



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

Centers for Disease Control and Prevention

Award# 6 NU17CE925004-03-02

FAIN# NU17CE925004

Federal Award Date: 04/05/2022

**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 NU17CE925004-03-02

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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 March 07, 2022. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Contractor:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the contracts below. This approval is in response to the request submitted by your organization dated March 7, 2022.

**Contractor 1:** Butler County Health Department

**Contractor 2:** Cape Girardeau County Public Health Center

**Contractor 3:** St. Joseph Health Department

**Contractor 4:** Columbia/Boone County Health Department of Public Health and Human Services

**Contractor 5:** Jefferson County Health Department

**Contractor 6:** Lincoln County Health Department

**Contractor 7:** Mississippi County Health Department

**Contractor 8:** New Madrid County Health Department

**Contractor 9:** Phelps/Maries County Health Department

**Contractor 10:** Jackson County Health Department

**Contractor 11:** Madison County Health Department

**Contractor 12:** Pulaski County Health Center

**Contractor 13:** St. Charles Department of Public Health

**Contractor 14:** St. Louis County Department of Public Health

**Contractor 15:** Stone County Health Department

**Contractor 16:** Washington County Health Department