



Recipient Information

1. Recipient Name

MISSOURI
920 Wildwood Drive
P.O. Box 570

JEFFERSON CITY, MISSOURI 65102 0570

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

XXXXXXXXXXXX

5. Data Universal Numbering System (DUNS)

878092600

6. Recipient's Unique Entity Identifier

*See Remarks

7. Project Director or Principal Investigator

Linda Allen

no_email_137491@grantsolutions.gov

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8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

David Lee
Grants Management Officer
David.Lee@acf.hhs.gov
202-401-5461

10. Program Official Contact Information

Jerry Milner
Program Authorizing Official
ACYF - Family and Youth Services Bureau
MGM_Grantor@grantsolutions.gov

Federal Award Information

11. Award Number

2001MOSRAE

12. Unique Federal Award Identification Number (FAIN)

2001MOSRAE

13. Statutory Authority

The Bipartisan Budget Act of 2018, Title V, Section 2954, Public Law 115-123, 42 US Code 710 and extended by the CARES Act Public Law 116-136

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.235

16. CFDA Program Title

Sexual Risk Avoidance Education

17. Award Action Type

New

18. Is the Award R&D?

*See Remarks

Summary Federal Award

Financial Information

19. Budget Period Start Date 10-01-2019

End Date 09-30-2021

20. Total Amount of Federal Funds Obligated by this Action

\$1,106,898

20a. Direct Cost Amount

*See Remarks

20b. Indirect Cost Amount Administrative Offset

*See Remarks

21. Authorized Carryover

*See Remarks

22. Offset

*See Remarks

23. Total Amount of Federal Funds Obligated this budget period

\$1,106,898

24. Total Approved Cost Sharing or Matching, where applicable

*See Remarks

25. Total Federal and Non-Federal Approved

*See Remarks

26. Project Period Start Date 10-01-2019 -

End Date 09-30-2021

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

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

David Lee
Grants Management Officer

Footnotes



Recipient Information

MISSOURI
920 Wildwood Drive
P.O. Box 570
JEFFERSON CITY, MISSOURI 65102 0570
Employer Identification Number (EIN): XXXXXXXXXXXXX
Data Universal Numbering System (DUNS): 878092600
Recipient's Unique Entity Identifier: *See Remarks
Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>		<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-20-1512	2020,G990597	\$1,106,898	\$1,106,898	\$1,106,898		2001MOSRAE	Formula

Terms and Conditions

This grant award is the full amount allocated for the program year made in accordance with Section 412(a)(2) of the Social Security Act. This award provides funds for the purpose of operating a program to make work activities available to the grantee.

By accepting this award, the grantee agrees to use these funds only in accordance with the provisions of all applicable Federal laws, regulations, policies and other terms and conditions governing this program and governing the use of Federal funds and the submission of periodic financial reports. Any expenditure found to have been made in violation of these requirements is subject to disallowance and recoupment by this agency and the imposition of additional interest charges under 45 CFR 30.13 and 30.14.

Specifically, the grantee agrees to comply with the provisions of Federal regulations (45 CFR 92.20(b)(7)) that limit the amount and timing of your requests to draw Federal funds to the minimum amount necessary to meet actual and immediate program needs and requirements. Failure to adhere to funds withdrawal and reporting requirements may result in the unobligated portion of your letter-of-credit to be revoked.

Grant funds are made available through the HHS Payment Management System (PMS). Questions concerning payments should be directed to: Division of Payment Management, PO Box 6021, Rockville, Maryland 20852 (Internet web site: <http://www.dpm.psc.gov>), or to the PMS Help Desk at (877) 614-5533.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.