



**Recipient Information**

**1. Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
PO BOX 570  
Jefferson Cty, MO 65102-0570  
[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. Neann Wedgeworth  
neann.wedgeworth@health.mo.gov  
816-251-0791

**8. Authorized Official**  
Ms. Marcia Mahaney  
Grants@health.mo.gov  
573-751-6014

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

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

**10. Program Official Contact Information**

Latoya Golden  
Program Officer  
ql11@cdc.gov  
404.498.1726

**Federal Award Information**

**11. Award Number**  
5 NU17CE010204-02-00

**12. Unique Federal Award Identification Number (FAIN)**  
NU17CE010204

**13. Statutory Authority**  
Section 311(c)(1) of the PHS Act (42 USC § 243(c)(1))

**14. Federal Award Project Title**  
OVERDOSE DATA TO ACTION-STATES

**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**  
Non-Competing Continuation

**18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/01/2024	- End Date	08/31/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$4,394,497.00
20a. Direct Cost Amount			\$4,170,291.00
20b. Indirect Cost Amount			\$224,206.00
<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>			\$0.00
<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>			\$4,394,497.00
<b>26. Period of Performance Start Date</b>	09/01/2023	- End Date	08/31/2028
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$8,788,994.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer – Signature**

Ms. Tajsha LaShore

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES PO BOX 570 Jefferson Cty, MO 65102-0570 [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	

<b>33. Approved Budget</b> (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	\$657,295.00
b. Fringe Benefits	\$420,612.00
c. Total Personnel Costs	\$1,077,907.00
d. Equipment	\$0.00
e. Supplies	\$29,220.00
f. Travel	\$36,279.00
g. Construction	\$0.00
h. Other	\$180,541.00
i. Contractual	\$2,846,344.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$4,170,291.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$224,206.00</b>
<b>I. TOTAL APPROVED BUDGET</b>	<b>\$4,394,497.00</b>
<b>m. Federal Share</b>	<b>\$4,394,497.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390BX6	23NU17CE010204OPCE	CE	410Q	93.136	\$0.00	75-23-0952
4-9390BX6	23NU17CE010204OPCE	CE	410Q	93.136	\$4,394,497.00	75-24-0952



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

Centers for Disease Control and Prevention

Award# 5 NU17CE010204-02-00

FAIN# NU17CE010204

Federal Award Date: 06/18/2024

**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 & SENIOR SERVICES

5 NU17CE010204-02-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-CE-23-0002, entitled Overdose Data to Action in States, and application dated February 29, 2024, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

**Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA.** All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Approved Component Funding:** The NOFO provides for the funding of multiple components under this award. For this NOA, the approved funding level for each component is shown below:

NOFO Component	Amount
Core Surveillance	\$ 1,150,725
Surveillance Strategy 4	\$ 350,000
Prevention	\$ 2,893,772

**Financial Assistance Mechanism:** Cooperative Agreement

**Technical Review:** Within 5 days of this Notice of Award's (NOA) issue date, the Technical Review will be accessible to the recipient in GrantSolutions Grant Notes. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow up requirements and timelines set forth therein.

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities as detailed in the NOFO and included below. CDC will provide substantial involvement beyond regular performance and financial monitoring during the period of performance. Substantial involvement means that recipients can expect federal programmatic partnership in carrying out the effort under the award. CDC's Division of

Overdose Prevention (DOP), with support from the DOP Technical Assistance Center (TAC), will work in partnership with recipients to ensure the success of the cooperative agreement by:

- Assisting in advancing program activities to achieve project outcomes
- Providing technical assistance on data management plans
- Collaborating with recipients to develop evaluation plans that align with CDC evaluation activities.
- Providing technical assistance on the recipient's Evaluation and Performance Measurement Plan
- Providing technical assistance on recipient's Targeted Evaluation Project
- Providing technical assistance to define and operationalize performance measures
- Facilitating the sharing of information among recipients
- Participating in relevant meetings, committees, conference calls, and working groups related to - the cooperative agreement requirements
- Coordinating communication and program linkages with other CDC programs and Federal agencies, such as the Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), the National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Justice (DOJ), and the HHS Office of the National Coordinator for Health Information Technology (ONC)
- Translating and disseminating lessons learned and best practices through publications, reports, technical packages, meetings, and other means to expand the evidence base; and
- Identifying and awarding a partner organization to expand and strengthen recipients' capacity to implement surveillance and prevention activities through jurisdiction-level staffing support.

Additionally, technical assistance around the funding announcement's guiding principles (see Logic Model) will be available to ensure that all recipients are able to:

- Collect data around community and demographic characteristics, including race and ethnicity, and conduct analyses that consider social determinants of health and use a health equity lens
- Use data to inform and tailor prevention programs, with emphasis on reaching groups disproportionately affected by the overdose epidemic; and
- Ensure implementation of culturally relevant interventions and equitable delivery of prevention services.

The TAC will leverage various modes of technical assistance, including group training, webinars, communities of practice, individualized one-on-one assistance, peer-to-peer interactions, and asynchronous learning to increase recipient capacity to implement evidence-based interventions and successfully execute NOFO strategies. DOP staff and DOP TAC subject matter experts will work with the recipients to provide scientific subject matter expertise and resources by:

- Providing cross-site and recipient-specific surveillance technical assistance, such as providing tools to identify nonfatal overdoses using standardized discharge diagnosis coding (i.e., ICD-10-CM) and unstandardized free text (e.g., chief complaint)
- Providing cross-site and recipient-specific surveillance technical assistance, such as providing tools to identify fatal drug poisonings using ICD-10 cause of death codes and

- free text from the medical examiner and coroner reports
- Providing guidance on SUDORS data abstraction, use of necessary data sharing platforms (e.g., NVDRS, Nssp ESSENCE), and CDC processes to collect required nonfatal data
  - Supporting the use of CDC's nonfatal overdose case definitions by providing recipients computer programming code such as SAS, R, and ESSENCE to implement the cases definitions if resources are available
  - Providing ongoing data quality reviews and feedback on required nonfatal and fatal overdose data submissions
  - Providing guidance and technical assistance for Bio surveillance and Data Linkage projects to jurisdictions funded through the respective optional and competitive surveillance strategies
  - Coordinating health information technology and prescription drug monitoring program (PDMP) communication, program linkages, and technical assistance (TA) with other CDC programs, TA providers, and federal agencies, such as the Bureau of Justice Assistance (BJA), the HHS Office of the National Coordinator for Health Information Technology (ONC), and the PDMP Training and Technical Assistance Center (TTAC); and Providing guidance on using data to inform jurisdiction-level populations of focus, with a health equity lens, selecting evidence-based overdose prevention interventions, and implementing best practices across all four prevention strategies.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

#### FUNDING RESTRICTIONS AND LIMITATIONS

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 30, 2023, which calculates indirect costs as follows: a Provisional rate is approved at a rate of 18.1% of the base, which includes direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2024 to June 30, 2026.

**Missing Contractual/Consultant Elements** – The contracts listed below are **not** approved and the recipient may not begin the contracts until the missing elements noted below are provided via GrantSolutions as a notification of contractor amendment and GMO approval is provided via Notice of Award.

- **Evaluation contract-University of Missouri: Itemized budget with justification**
- **Harm Reduction Navigators: Names and itemized budgets with justification**

- **Local Public Health Agencies (LPHA) contracts (10): itemized budgets with justification**
- **Evaluation contract: Name and itemized budget with justification**
- **Missouri DPMH: Itemized budget with justification**
- **Clinical Educator: Name and itemized budget with justification**
- **Missouri Institute of Mental Health: Itemized budget with justification**
- **Missouri Hospital Association: Itemized budget with justification (Strategy 4 and Prevention)**

#### **PAYMENT INFORMATION**

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.