



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
qll1@cdc.gov
404.498.1726

Federal Award Information

11. Award Number

6 NU17CE010204-01-03

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

Notification of a Contractor or Consultant

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/01/2023	- End Date	08/31/2024
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$4,394,497.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$4,394,497.00
26. Period of Performance Start Date	09/01/2023	- End Date	08/31/2028
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$4,394,497.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer – Signature

Ms. Tajsha LaShore

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU17CE010204-01-03

FAIN# NU17CE010204

Federal Award Date: 04/16/2024

Recipient Information	
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES PO BOX 570 Jefferson Cty, MO 65102-0570 [NO DATA]	
Congressional District of Recipient 03	
Payment Account Number and Type [REDACTED]	
Employer Identification Number (EIN) Data [REDACTED]	
Universal Numbering System (DUNS) 878092600	
Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4	
31. Assistance Type Cooperative Agreement	
32. Type of Award 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	\$688,064.00
b. Fringe Benefits	\$469,518.00
c. Total Personnel Costs	\$1,157,582.00
d. Equipment	\$0.00
e. Supplies	\$27,683.00
f. Travel	\$42,414.00
g. Construction	\$0.00
h. Other	\$307,526.00
i. Contractual	\$2,649,770.00
j. TOTAL DIRECT COSTS	\$4,184,975.00
k. INDIRECT COSTS	\$209,522.00
L. TOTAL APPROVED BUDGET	\$4,394,497.00
m. Federal Share	\$4,394,497.00
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
3-9390BX6	23NU17CE010204OPCE	CE	410Q	93.136	\$0.00	75-23-0952



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU17CE010204-01-03

FAIN# NU17CE010204

Federal Award Date: 04/16/2024

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

6 NU17CE010204-01-03

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 April 5, 2024.

- **First Call Alcohol/ Drug Prevention and Recovery**
- **Beacon Mental Health**
- **Preferred Family Healthcare**
- **Compass Health Network**
- **PreventEd**
- **FCC Behavioral Health**
- **Southeast Missouri State University**
- **Southeast Missouri Behavioral Health**
- **Community Partnership of the Ozarks**
- **Prevention Consultants of MO**