# Notice of Award

Award# 6 NU58DP007546-01-02

FAIN# NU58DP007546

Federal Award Date: 08/22/2024

# Recipient Information

#### 1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

920 Wildwood Dr

-DUP

Jefferson City, MO 65109-5796

[NO DATA]

# 2. Congressional District of Recipient

# 3. Payment System Identifier (ID)

## 4. Employer Identification Number (EIN)

## 5. Data Universal Numbering System (DUNS) 878092600

# 6. Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4

#### 7. Project Director or Principal Investigator

Ms. Sarah R Young MS, RD, LD MO Physical Activity & Nutrition Program Manager sarah.young@health.mo.gov 573-751-7109

#### 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

Mr. Daniel Jackson

Grants Management Specialist

qpz2@cdc.gov

(678) 475-4577

#### 10,Program Official Contact Information

Everett Jackson Public Health Advisor pvw4@cdc.gov 4044984036

#### **Federal Award Information**

#### 11. Award Number

6 NU58DP007546-01-02

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

NU58DP007546

#### 13. Statutory Authority

Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

#### 14. Federal Award Project Title

Missouri Physical Activity and Nutrition Program (MPAN)

#### 15. Assistance Listing Number

93.439

#### 16. Assistance Listing Program Title

State Physical Activity and Nutrition (SPAN)

#### 17. Award Action Type

Notification of a Contractor or Consultant

#### 18, Is the Award R&D?

No

19. B	udget Period Start Date	09/30/2023	- End Date	09/29/2024

20.	0. Total Amount of Federal Funds Obligated by this Action		
	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 \$888,000.00

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period \$888,000.00

26. Period of Performance Start Date 09/30/2023 - End Date 09/29/2028

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

\$1,776,000.00

\$0.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Darryl Mitchell

#### 30. Remarks

# Notice of Award

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\$219,446.86

\$888,000.00

# **Recipient Information**

#### **Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &

SENIOR SERVICES

920 Wildwood Dr

-DUP

Jefferson City, MO 65109-5796

Congressional District of Recipient

**Payment Account Number and Type** 

**Employer Identification Number (EIN) Data** 

**Universal Numbering System (DUNS)** 

Recipient's Unique Entity Identifier (UEI)

UETLXV8NG8F4

#### 31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget
(Excludes Direct Assista

a. Salaries and Wages

ince)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

b. Fringe Benefits \$134,636.79 c. TotalPersonnelCosts \$354,083.65 d. Equipment \$0.00

e. Supplies \$600.00

f. Travel \$38,941.50 g. Construction \$0.00

h, Other \$62,956.45

i. Contractual \$357,769.00

j. TOTAL DIRECT COSTS \$814,350.60

k. INDIRECT COSTS \$73,649.40 1. TOTAL APPROVED BUDGET

m. Federal Share \$888,000.00

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
3-921047C	23NU58DP007546	DP	410Q	93.439	\$0.00	75-23-0948



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## **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 NU58DP007546-01-02

1. Terms and Conditions

# ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Contract/Consultant:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract/Consultant(s) below. This approval is in response to the request submitted by your organization dated July 12, 2024.

# **Contractor: Service Members (4)**

- Service Member 1: Chelsea Kight
- Service Member 2: Claire Thannen
- Service Member 3: Maddy Ray
- Service Member 4: Mia Lanemann

**Key Personnel:** The purpose of this amendment is to approve the *Nutrition Strategy Lead* change to Becky Kuykendall. This is in response to the request submitted by your organization dated July 12, 2024.