Notice of Award

Award# 6 NU62PS924838-01-01

FAIN# NU62PS924838

Federal Award Date: 09/25/2024

Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

PO BOX 570

MISSOURI DEPARTMENT OF HEALTH AND

SENIOR SERVICES

Jefferson City, MO 65102-0570

2. Congressional District of Recipient

3. Payment System Identifier (ID)

4. Employer Identification Number (EIN)

5. Data Universal Numbering System (DUNS)

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

7. Project Director or Principal Investigator

Mr. Dustin Hampton
Dustin.Hampton@health.mo.gov
573-751-6431

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

Mr. Keith Preciados

Grants Management Specialist

zpw9@cdc.gov

770-488-5392

10,Program Official Contact Information

Brigitte Brown

Program Officer

blc0@cdc.gov

404-498-5023

Federal Award Information

11. Award Number

6 NU62PS924838-01-01

12. Unique Federal Award Identification Number (FAIN)

NU62PS924838

13. Statutory Authority

Section 318(b-c) of the Public Health Service Act (42USC Sections 247c(b-c), as amended and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113)

14. Federal Award Project Title

High Impact HIV Prevention and Surveillance Programs for Health Departments, including programs targeting Ending the HIV Epidemic

15. Assistance Listing Number

93.940

16. Assistance Listing Program Title

HIV Prevention Activities_Health Department Based

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Peri	od Start Date	08/01/2024	- End Date	05/31/2025	

20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a, Direct Cost Amount	(\$317,968.00)
20b. Indirect Cost Amount	\$317,968.00

21. Authorized Carryover

\$0.00

\$0.00

22. Offset

\$5,660,216.00

23. Total Amount of Federal Funds Obligated this budget period24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$5,660,216.00

26. Period of Performance Start Date 08/01/2024 - End Date 05/31/2029

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

\$5,660,216.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Terrian Dixon

Grants Management Officer

30. Remarks

Budget Revision - Approved

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Recipient Information

Recipient Name

MISSOURI DEPARTMENT OF HEALTH &

SENIOR SERVICES

PO BOX 570

MISSOURI DEPARTMENT OF HEALTH AND

SENIOR SERVICES

Jefferson City, MO 65102-0570 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 Assistance	Έ

I. Financial Assistance from the Federal Awarding Agency Only

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

b. Fringe Benefits \$595,663.00 c. Total Personnel Costs \$1,528,691.00 d. Equipment \$0.00 e. Supplies \$766,972.00 f. Travel \$17,834.00 g. Construction \$0.00 h. Other \$88,449.00 i. Contractual \$2,940,302.00 j. TOTAL DIRECT COSTS \$5,342,248.00 k. INDIRECT COSTS \$317,968.00 l. TOTAL APPROVED BUDGET \$5,660,216.00	a. Salaries and Wages	\$933,028.00
d. Equipment \$0.00 e. Supplies \$766,972.00 f. Travel \$17,834.00 g. Construction \$0.00 h. Other \$88,449.00 i. Contractual \$2,940,302.00 j. TOTAL DIRECT COSTS \$5,342,248.00 k. INDIRECT COSTS \$317,968.00	b. Fringe Benefits	\$595,663.00
e. Supplies \$766,972.00 f. Travel \$17,834.00 g. Construction \$0.00 h. Other \$88,449.00 i. Contractual \$2,940,302.00 j. TOTAL DIRECT COSTS \$5,342,248.00 k. INDIRECT COSTS \$317,968.00	c. TotalPersonnelCosts	\$1,528,691.00
f. Travel \$17,834.00 g. Construction \$0.00 h. Other \$88,449.00 i. Contractual \$2,940,302.00 j. TOTAL DIRECT COSTS \$5,342,248.00 k. INDIRECT COSTS \$317,968.00	d. Equipment	\$0.00
g. Construction \$0.00 h. Other \$88,449.00 i. Contractual \$2,940,302.00 j. TOTAL DIRECT COSTS \$5,342,248.00 k. INDIRECT COSTS \$317,968.00	e. Supplies	\$766,972.00
h. Other \$88,449.00 i. Contractual \$2,940,302.00 j. TOTAL DIRECT COSTS \$5,342,248.00 k. INDIRECT COSTS \$317,968.00	f. Travel	\$17,834.00
i. Contractual \$2,940,302.00 j. TOTAL DIRECT COSTS \$5,342,248.00 k. INDIRECT COSTS \$317,968.00	g. Construction	\$0.00
j. TOTAL DIRECT COSTS \$5,342,248.00 k. INDIRECT COSTS \$317,968.00	h. Other	\$88,449.00
k. INDIRECT COSTS \$317,968.00	i. Contractual	\$2,940,302.00
- MOMAY ADDROVED DVD COM	j. TOTAL DIRECT COSTS	\$5,342,248.00
L TOTAL APPROVED BUDGET \$5,660,216.00	k INDIRECT COSTS	\$317,968.00
	L TOTAL APPROVED BUDGET	\$5,660,216.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390N51	24NU62PS924838	PS	410Q	93.940	\$0.00	75-24-0950
4-9390N5M	24NU62PS924838	PS	410Q	93.940	\$0.00	75-24-0950
4-9390N5P	24NU62PS924838	PS	410Q	93.940	\$0.00	75-24-0950

m. Federal Share

n. Non-Federal Share

\$5,660,216.00

\$0.00



Award# 6 NU62PS924838-01-01

FAIN# NU62PS924838

Federal Award Date: 09/25/2024

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 NU62PS924838-01-01

1. Terms & Conditions - Budget Revision

ADDITIONAL TERMS AND CONDITIONS

<u>PURPOSE</u>: The purpose of this revised Notice of Award (NoA) is to approve the <u>BY01 revised</u> <u>budget</u>, as requested in your letter dated <u>AUG 15</u>, 2024.

<u>BUDGET REQUIREMENT</u>: By October 15, 2024, the recipient must submit a response to the budget requirement(s) identified below. The response must be uploaded via <u>Grant Notes</u> in GrantSolutions no later than the date referenced above.

- SALARIES & WAGES Funds are requested to support multiple FTE positions listed as
 "Vacant" at various percentages for a proposed 10-months. Please notify OGS if the
 positions have been filled since the submission of the application.
- OTHER \$12,600 in funds were requested for temporary staff; however, this staff should be listed as a Consultant or Contractor—with all elements from OFR Budget Preparation guidance listed.

Failure to submit the required information in a timely manner may adversely affect future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

Office of Grants Services contact:

RYAN SPRINGER, MBA

Grants Management Specialist | Branch I, IDSB
Office of Grants Services (OGS)
Centers for Disease Control and Prevention (CDC)

Office: (678) 475-4693 Email: RSpringer@cdc.gov

/PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE/