## Notice of Award

Award# 6 NU90TP922019-05-02

FAIN# NU90TP922019

Federal Award Date: 04/19/2024

## Recipient Information

#### 1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

920 Wildwood Dr

Health and Senior Services

Jefferson City, MO 65109-5796

[NO DATA]

878092600

## 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

Ms. Rikae Melzer rikae.melzer@health.mo.gov 573-751-6486

#### 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

Ms. Rose Mosley

GMS

RMosley@cdc.gov

770-488-2450

#### 10,Program Official Contact Information

Graylin Mitchell

Program Officer

gnm0@cdc.gov

404-498-6522

#### **Federal Award Information**

#### 11. Award Number

6 NU90TP922019-05-02

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

NU90TP922019

#### 13. Statutory Authority

319C-1 of the Public Health Service (PHS) Act (47 USC 247d-3a)

#### 14. Federal Award Project Title

MISSOURI PHEP COOPERATIVE AGREEMENT

#### 15. Assistance Listing Number

02 060

#### 16. Assistance Listing Program Title

Public Health Emergency Preparedness

#### 17. Award Action Type

No Cost Extension

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

No

## **Summary Federal Award Financial Information**

19	Rudget Period Start Date	07/01/2023	- Fnd Date	06/30/2025	

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
22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$11,155,537.00

**24. Total Approved Cost Sharing or Matching, where applicable** \$1,116,837.00

25. Total Federal and Non-Federal Approved this Budget Period \$12,272,374.00

26. Period of Performance Start Date 07/01/2019 - End Date 06/30/2025
27. Total Amount of the Federal Award including Approved

Cost Sharing or Matching this Period of Performance

\$62,849,607.00

\$0.00

\$0.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Mrs. Erica Stewart

Team Lead, Grants Management Officer

#### 30. Remarks

### Notice of Award

Award# 6 NU90TP922019-05-02

FAIN# NU90TP922019

Federal Award Date: 04/19/2024

\$1,703,892.00

### **Recipient Information**

#### **Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &

SENIOR SERVICES

920 Wildwood Dr

Health and Senior Services

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 Assistar

a. Salaries and Wages

nce)

I. Financial Assistance from the Federal Awarding Agency Only

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

b. Fringe Benefits \$1,024,745.00 c. TotalPersonnelCosts \$2,728,637.00 d. Equipment \$0.00

e. Supplies \$126,714.00 f. Travel \$64,411.00

g. Construction \$0.00

h, Other \$356,784.00

i. Contractual \$7,385,108.00

j. TOTAL DIRECT COSTS \$10,661,654.00

k. INDIRECT COSTS \$493,883.00

\$11,155,537.00 m. Federal Share \$11,155,537.00

n. Non-Federal Share \$1,116,837.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-921027R	19NU90TP922019	TP	41.51	93.069	\$0.00	75-23-0956
3-9213367	19NU90TP922019	TP	41.51	93.069	\$0.00	75-23-0956

1. TOTAL APPROVED BUDGET



Award# 6 NU90TP922019-05-02

FAIN# NU90TP922019

Federal Award Date: 04/19/2024

### **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 NU90TP922019-05-02

1. Terms and Conditions

### ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a 12 month No Cost Extension per the request submitted by your organization dated **April 10, 2024**. The budget and project period end dates have been extended from **June 30, 2024** to **June 30, 2025**.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Based on the approved no-cost extension, an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of July 01, 2023 to June 30, 2024 must be submitted by September 30, 2024.

Closeout Requirements: Recipients must submit all closeout reports within 120 days of the period of performance end date. Standard closeout reporting requirements are identified in the General Terms and Conditions, which are published on the CDC website at <a href="https://www.cdc.gov/grants/federal-regulations-policies/index.html">https://www.cdc.gov/grants/federal-regulations-policies/index.html</a>.

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

All 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.