Notice of Award

Award# 6 NU17CE924853-05-01

FAIN# NU17CE924853

Federal Award Date: 10/27/2020

Recipient Information

1. Recipient Name

Missouri Department of Health

920 Wildwood Dr

-DUP3

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)

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Venkata Garikapaty Venkata.Garikapaty(a;health.mo.gov 573-526-0452

8. Authorized Official

Ms. Marcia Mahaney Director, Division of Admnistration marcia.mahaney@health.mo.gov 573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. LaTova Donaldson

vgjb@cdc.gov

770.488.1227

10.Program Official Contact Information

Apreal Bailey

vtj0@cde.gov

4044986669

Federal Award Information

11. Award Number

6 NU17CE924853-05-01

12. Unique Federal Award Identification Number (FAIN)

NU17CE924853

13. Statutory Authority

SEC 301,317,&391A 42USC241,247B&280B-B3

14. Federal Award Project Title

Missouri Collecting Violent Death Information Using National Violent Death Reporting System (NVDRS)

15. Assistance Listing Number

16. Assistance Listing Program Title

Injury Prevention and Control Research and State and Community Based Programs

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2020 - End Date 08/31/2021

20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	(\$89.00)
20b. Indirect Cost Amount	\$89.00

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

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

26. Project Period Start Date 09/01/2016 - End Date 08/31/2021

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

\$1,635,546.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Karen Zion1

Grants Management Officer

wvf8@cdc.gov

770-488-2729

30. Remarks

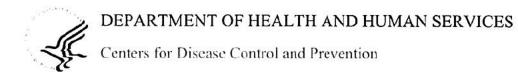
\$0.00

\$0.00

\$0.00

\$357,064.00

\$357,064.00



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Recipient Information

Recipient Name

Missouri Department of Health

920 Wildwood Dr

-DUP3

Jefferson City, MO 65109-5796

[NO DATA]

Congressional District of Recipient

1112

Payment Account Number and Type

Employer Identification Number (EIN) Data

Universal Numbering System (DUNS)

979**003**200

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

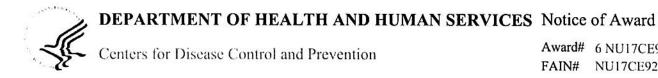
 Financial Assistance from the Federal Awarding A 	gency Only
II. Total project costs including grant funds and all	other financial participation
a. Salaries and Wages	\$120,163.00
b. Fringe Benefits	\$75,102.00
c. TotalPersonnelCosts	\$195,265.00
d. Equipment	\$0.00
e. Supplies	\$1,248.00
f. Travel	\$4,232.00
g. Construction	\$0.00
h. Other	\$6,781.00
i. Contractual	\$110,290.00
j. TOTAL DIRECT COSTS	\$317,816.00
k. INDIRECT COSTS	\$39,248.00
TOTAL APPROVED BUDGET	\$357,064.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
6-939ZSPT	16CH924853	CF	41.51	\$0.00	75-16-0952
7-939ZSP1	16CF-924853	CE:	41.51	\$0.00	75-17-0952
8-939ZSPT	16CE924853	CE	41.51	\$0.00	75-18-0952
9-939ZSPT	16CE924853	CE	41.51	\$0.00	75-19-0952
0-939ZSPI	16CE924853	CE	41.51	\$0.00	75-20-0952

n. Non-Federal Share

\$0.00



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Federal Award Date: 10/27/2020

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



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Federal Award Date: 10/27/2020

35. Terms And Conditions

Federal Financial Report Cycle				
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date	
09/01/2016	08/31/2017	Annual	11/29/2017	
09/01/2017	08/31/2018	Annual	11/29/2018	
09/01/2018	08/31/2019	Annual	02/19/2020	
09/01/2019	08/31/2020	Annual	11/29/2020	
09/01/2020	08/31/2021	Annual	11/29/2021	

AWARD ATTACHMENTS

Missouri Department of Health

6 NU17CE924853-05-01

Terms and conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Budget Revision: The purpose of this revised Notice of Award (NOA) is to approve the Budget Revision submitted by your organization dated September 21, 2020. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Please be advised that the grantee 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 Notice of Award remain in effect throughout the budget period unless changed in writing by the CDC Grants Management Officer.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE

OGS Contact:

Grants Management Specialist Contact:

LaToya Donaldson
Centers for Disease Control and Prevention
Chronic Disease and Birth Defects Services Branch
2939 Flowers Road South, Atlanta, GA 30341

Email: ygj0@cdc.gov Phone: 770-488-1227

Grants Management Officer Contact:

Karen Zion Centers for Disease Control and Prevention Chronic Disease and Birth Defects Services Branch 2939 Flowers Road South, Atlanta, GA 30341

Email: Kzion@cdc.gov Phone: 770.488.2729