### Notice of Award

Award# 6 NU50CK000546-01-10

FAIN# NU50CK000546

Federal Award Date: 01/19/2022

### Recipient Information

#### 1. Recipient Name

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 Wildwood Dr

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

### 7. Project Director or Principal Investigator

Mrs. Cheryl L Kerr Public Health Program Supervisor chervl.kem@health mo gov 5737516476

#### 8. Authorized Official

Mrs. Marcia Mahaney Director, Division of Administration marcia mahaney a health mo gov 573-751-6014

#### Federal Agency Information

CDC Office of Financial Resources

### 9. Awarding Agency Contact Information

Kım McDowell Grant Management Specialist qpx9@cdc gov 404-498-4105

#### 10.Program Official Contact Information

Ashley Trehame Health Scientist qmp4 acdc.gov 404-718-1434

### **Federal Award Information**

#### 11. Award Number

6 NUSOCK000546-01-10

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

NU50CK000546

#### 13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

#### 14. Federal Award Project Title

CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

#### 15. Assistance Listing Number

93 323

#### 16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

#### 17. Award Action Type

**Budget Revision** 

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

No

### **Summary Federal Award Financial Information**

#### 19. Budget Period Start Date 08/01/2019 - End Date 07/31/2020

	20. Total Amount of Federal Funds Obligated by this Action	\$0.00
ı	20a. Direct Cost Amount	\$0.00
	20b. Indirect Cost Amount	\$0.00
I	21. Authorized Carryover	\$0.00

22. Offset

\$0.00 23. Total Amount of Federal Funds Obligated this budget period \$149,176,078.00

24. Total Approved Cost Sharing or Matching, where applicable

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

26. Project Period Start Date 08/01/2019 - End Date 07/31/2024

27. Total Amount of the Federal Award including Approved

Cost Sharing or Matching this Project Period Not Available

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

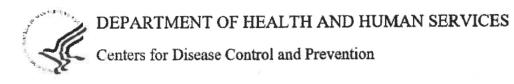
#### 29. Grants Management Officer - Signature

Ms. Freda Johnson Grants Management Officer

#### 30. Remarks

\$0.00

\$149,176,078.00



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### **Recipient Information**

#### Recipient Name

HEALTH AND SENIOR SERVICES, MISSOURI

DEPARTMENT OF

920 Wildwood Dr

Jefferson City, MO 65109-5796

[NO DATA]

**Congressional District of Recipient** 

03

Payment Account Number and Type

Employer Identification Number (EIN)

Data Universal Numbering System (DUNS)

878092600

Recipient's Unique Entity Identifier

### 31. Assistance Type

Cooperative Agreement

32. Type of Award

Demonstration

33. Approved Budget (Excludes Direct Assistance)					
Financial Assistance from the Federal Awarding Agency Only  Total project costs including grant funds and all other financial participation					
a. Salaries and Wages	\$6,370,739.00				
b. Fringe Benefits	\$3,767,804.00				
c. TotalPersonnelCosts	\$10,138,543.00				
d. Equipment	\$1,457,284.00				
e. Supplies	\$13,679,845.00				
f. Travel	\$264,171.00				
g. Construction	\$0.00				
h. Other	\$1,598,800.00				
i. Contractual	\$119,985,717.00				
j. TOTAL DIRECT COSTS	\$147,124,360.00				
k. INDIRECT COSTS	\$2,051,718.00				
1. TOTAL APPROVED BUDGET	\$149,176,078.00				

#### 34. Accounting Classification Codes

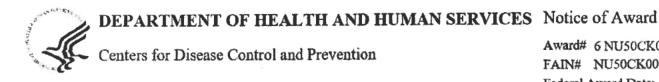
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
0-9390EPX	19NU50CK000546CV	CK	41.51	\$0.00	75-2022-0943	

m. Federal Share

n. Non-Federal Share

\$149,176,078.00

\$0.00



Award# 6 NU50CK000546-01-10

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Federal Award Date: 01/19/2022

### 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**

## HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

6 NU50CK000546-01-10

1. Revised Terms and Conditions

### ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

**Revised Budget:** The purpose of this amended Notice of Award is to retroactive approve the revised budget submitted by your organization dated December 20, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Contract:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all cost 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.