



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 WILDWOOD DR
Missouri Department of Health and Senior Services
JEFFERSON CITY, MO 65109-5796
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1446000987B7

4. Employer Identification Number (EIN)
446000987

5. Data Universal Numbering System (DUNS)
878092600

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

7. Project Director or Principal Investigator

Venkata Garikapaty
Venkata.Garikapaty@health.mo.gov
573-526-0452

8. Authorized Official

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

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ulicia Bolton
Grants Management Specialist
uaj0@cdc.gov
678-475-4805

10. Program Official Contact Information

Skylla Hall
N/A
mlo3@cdc.gov
770.488.0984

Federal Award Information

11. Award Number

6 NU58DP006883-03-02

12. Unique Federal Award Identification Number (FAIN)

NU58DP006883

13. Statutory Authority

301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

14. Federal Award Project Title

Missouri Behavioral Risk Factor Surveillance System Project Abstract Summary

15. Assistance Listing Number

93.336

16. Assistance Listing Program Title

Behavioral Risk Factor Surveillance System

17. Award Action Type

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/01/2022	- End Date	07/31/2024
20. Total Amount of Federal Funds Obligated by this Action	\$595,000.00		
20a. Direct Cost Amount	\$570,206.00		
20b. Indirect Cost Amount	\$24,794.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$546,000.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$1,141,000.00		
26. Period of Performance Start Date	08/01/2020	- End Date	07/31/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$2,186,940.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Natasha Jones
Grants Management Officer

30. Remarks



Recipient Information
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 WILDWOOD DR Missouri Department of Health and Senior Services JEFFERSON CITY, MO 65109-5796 [NO DATA] Congressional District of Recipient 03 Payment Account Number and Type 1446000987B7 Employer Identification Number (EIN) Data 446000987 Universal Numbering System (DUNS) 878092600 Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4
31. Assistance Type Cooperative Agreement 32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$134,175.00
b. Fringe Benefits	\$91,574.00
c. Total Personnel Costs	\$225,749.00
d. Equipment	\$0.00
e. Supplies	\$2,744.00
f. Travel	\$5,820.00
g. Construction	\$0.00
h. Other	\$112,699.00
i. Contractual	\$749,909.00
j. TOTAL DIRECT COSTS	\$1,096,921.00
k. INDIRECT COSTS	\$44,079.00
l. TOTAL APPROVED BUDGET	\$1,141,000.00
m. Federal Share	\$1,141,000.00
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
1-9390GR3	20NU58DP006883	DP	41.51	93.336	\$0.00	75-2124-0943
3-921ZCFN	20NU58DP006883	DP	41.51	93.336	\$48,000.00	75-23-0948
3-9390AVT	20NU58DP006883	DP	41.51	93.336	\$50,000.00	75-23-0947
3-9390L46	20NU58DP006883	DP	41.51	93.336	\$15,000.00	75-X-0948
3-9390L47	20NU58DP006883	DP	41.51	93.336	\$273,684.00	75-X-0943
2-9390GVT	20NU58DP006883	DP	41.51	93.336	\$0.00	75-2124-0943
3-939ZRJC	20NU58DP006883	DP	41.51	93.336	\$166,316.00	75-23-0948
3-939ZTRL	20NU58DP006883	DP	41.51	93.336	\$42,000.00	75-23-0952



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP006883-03-02

FAIN# NU58DP006883

Federal Award Date: 08/01/2023

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 NU58DP006883-03-02

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Supplemented Extension: The purpose of this amendment is to approve a 12-month extension with supplemental funds per the request submitted by your organization dated May 12, 2023. The budget and project period end dates have been extended from July 31, 2023 to July 31, 2024.

Additional funds in the amount of \$595,000 are authorized and have been distributed as indicated in the approved budget of this Notice of Award.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Core/Optional	\$ 545,000
Asthma Call Back	\$ 50,000

Budget Revision Requirement: By September 1, 2023, the recipient must submit a revised budget with a narrative justification based on the approved funding amount of \$595,000. Recipient should also itemize Fringe Benefits according to the CDC Budget Guidelines for FICA percentage, Medical percentage, Dental percentage, and Retirement percentage. Failure to submit the required information in a timely manner may adversely affect the 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 CDC Staff Contacts section of this notice before the due date.

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 3, 2023, which calculates indirect costs as follows, a Provisional is approved at a rate of 20.80% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2023 to June 30, 2024.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of August 1, 2022 to July 31, 2023 must be submitted by October 31, 2023.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the form can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Final Invention Statement: A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.