



**Recipient Information**

**1. Recipient Name**

MISSOURI  
920 Wildwood Drive  
P.O. Box 570

JEFFERSON CITY, MISSOURI 65102 0570

**2. Congressional District of Recipient**

\*See Remarks

**3. Payment Account Number and Type**

\*See Remarks

**4. Employer Identification Number (EIN)**

1446000987B7

**5. Data Universal Numbering System (DUNS)**

878092600

**6. Recipient's Unique Entity Identifier**

\*See Remarks

**7. Project Director or Principal Investigator**

Andra Jungmeyer

andra.jungmeyer@health.mo.gov

**8. Authorized Official**

\*See Remarks

**Federal Agency Information**

**9. Awarding Agency Contact Information**

David Lee

Grants Management Officer

david.lee@acf.hhs.gov

202-401-5461

**10. Program Official Contact Information**

Jerry Milner

Program Authorizing Official

ACYF - Family and Youth Services Bureau

Milner.Jerry@acf.hhs.gov

111-111-1111

**Federal Award Information**

**11. Award Number**

2201MOSRAE

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

2201MOSRAE

**13. Statutory Authority**

The Bipartisan Budget Act of 2018, Title V, Section 2954, Public Law 113-93, 42 US Code 710

**14. Federal Award Project Title**

\*See Remarks

**15. Catalog of Federal Domestic Assistance (CFDA) Number**

93.235

**16. CFDA Program Title**

Sexual Risk Avoidance Education (SRAE)

**17. Award Action Type**

Supplement

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

\*See Remarks

**Summary Federal Award**

**19. Budget Period Start Date** 10-01-2021

**20. Total Amount of Federal Funds Obligated by this Action**

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

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**

**26. Project Period Start Date** 10-01-2021 -

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

**Financial Information**

**End Date** 09-30-2023

\$0

\*See Remarks

\*See Remarks

\*See Remarks

\*See Remarks

\$1,110,587

\*See Remarks

\*See Remarks

**End Date** 09-30-2023

\*See Remarks

**28. Authorized Treatment of Program Income**

\*See Remarks

**29. Grants Management Officer – Signature**

David Lee

**Footnotes**

Grants Management Officer

This NOA is issued to correct the Budget Period End Date from 09/30/22 to 09/30/23.



Department of Health and Human Services  
Administration for Children and Families

Notice of Award  
Award # 2201MOSRAE  
FAIN# 2201MOSRAE  
Federal Award Date: January 3, 2022

**Recipient Information**

MISSOURI  
920 Wildwood Drive  
P.O. Box 570  
JEFFERSON CITY, MISSOURI 65102 0570  
**Employer Identification Number (EIN):** XXXXXXXXXXXXX  
**Data Universal Numbering System (DUNS):** 878092600  
**Recipient's Unique Entity Identifier:** \*See Remarks  
**Object Class:** 41.15

**Financial Information**

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-22-1512	2022,G990597	\$1,110,587	\$0	\$1,110,587	2201MOSRAE	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award # 2201MOSRAE

FAIN# 2201MOSRAE

Federal Award Date: January 3, 2022

By acceptance of this award the grantee agrees to comply with the General Terms and Conditions and the additional requirements below applicable to this program.

APPLICABLE LEGISLATION, STATUTE, REGULATIONS

1. The administration of this program is authorized under Title V, Section 513, of the Social Security Act.
2. The program is codified at 42 U.S.C. §713.
3. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR 75 in its entirety. No exceptions were identified.
4. Additional applicable regulations and Requirements, can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

NON-FEDERAL SHARE OF PROGRAM FUNDING

N/A

The statute for State SRAE does not require a match.

FINANCIAL MANAGEMENT AND REPORTING

1. Federal funds awarded under this grant must be expended for the purposes for which they were awarded and within the time period allotted.
2. Funding (Project) Period / Obligation Deadline. The funding (project) period and the obligation period are synonymous. Sexual Risk Avoidance Education funds are available for obligation for a 2 year period - from the first day of the Federal Fiscal Year for which these funds were awarded through the last day of the next Federal Fiscal Year. (i.e., October 1, Federal Fiscal Year 1 through September 30, Federal Fiscal Year 2.) Any Federal funds not obligated by the end of the obligation period will be recouped by this Department.
3. Liquidation Deadline. In accordance with Federal regulations at 45 CFR 75.309(b), A grantee must liquidate all obligations incurred under the award no later than 90 days after the end of the funding/obligation period (i.e., December 30 following the end of Federal Fiscal Year 2. Any Federal funds from this award not liquidated by this date will be recouped by this Department.
4. Financial Reporting Form: The OMB approved Financial Reporting form for this program is the Federal Financial Report SF-425. The SF-425 is due annually and no later than December 30, which is 90 days after the end of each project period.
5. Submission Schedule: Annual. Each annual financial report must be submitted within 90 days (i.e., no later than December 30) following the end of each Federal Fiscal Year.
  - a. An Interim financial report (covering Year 1 of the project period) is due 90 days following the end of Federal Fiscal Year 1;
  - b. A Final financial report (cumulative, covering the entire 2-year project period) is due 90 days following the end of Federal Fiscal Year 2.
6. Submission Methodology: All periodic SF-425 financial reports for all grant programs must be submitted electronically through the Payment Management System (PMS). Grantees must not submit duplicate copies either by mail, by fax or as an email attachment of any reports submitted.

PROGRAM MANAGEMENT REPORTS

7. Semi-annual narrative program performance reports must describe the program activities carried out, including an assessment of the effectiveness of those activities in achieving the purposes of this grant.

Each report covers the preceding 6-month period and is due 30 days following the end of the 2nd and 4th quarters (i.e., no later than April 30 and October 30, respectively)

Electronic online program management report submission through GrantSolutions/OLDC is required.

EFFECTIVE PERIOD

These program-specific Supplemental Terms and Conditions are effective on the date shown in the footer at the bottom of the page and will remain in effect until updated. They will be updated and reissued only



**Department of Health and Human Services**  
**Administration for Children and Families**

**Notice of Award**

Award # 2201MOSRAE

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as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures or restrictions is amended, revised, altered, or repealed.

**POINTS OF CONTACT**

• Program Office: Administration for Children and Families  
Administration on Children, Youth and Families  
Family and Youth Services Bureau  
Attn.: State Sexual Risk Avoidance Education Program  
330 C Street, S.W. Washington, D.C. 20201

Contact: Tanya Matthews  
E-mail: [Tanya.matthews@acf.hhs.gov](mailto:Tanya.matthews@acf.hhs.gov)  
Phone: (202) 205-8496

• Financial Office: Administration for Children and Families  
Office of Grants Management  
Division of Mandatory Grants  
Attn.: Health Promotion Grants  
330 C Street, S.W., Washington, D.C. 20201

Contact: David Lee  
E-mail: [david.lee@acf.hhs.gov](mailto:david.lee@acf.hhs.gov)  
Phone: (202) 401-5461

**Remarks**

\* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters .



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Andra Jungmeyer  
  
andra.jungmeyer@health.mo.gov
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david.lee@acf.hhs.gov  
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Program Authorizing Official  
ACYF - Family and Youth Services Bureau  
Milner.Jerry@acf.hhs.gov  
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- 25. Total Federal and Non-Federal Approved**
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- 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

**Financial Information**

- End Date** 09-30-2023
- \$0
- \*See Remarks
- \*See Remarks
- \*See Remarks
- \*See Remarks
- \$1,110,587
- \*See Remarks
- \*See Remarks
- End Date** 09-30-2023
- \*See Remarks

- 28. Authorized Treatment of Program Income**  
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- 29. Grants Management Officer – Signature**

David Lee

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FAIN# 2201MOSRAE

Federal Award Date: January 3, 2022

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MISSOURI

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Family and Youth Services Bureau  
Attn.: State Sexual Risk Avoidance Education Program  
330 C Street, S.W. Washington, D.C. 20201

Contact: Tanya Matthews  
E-mail: Tanya.mattehws@acf.hhs.gov  
Phone: (202) 205-8496

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Office of Grants Management  
Division of Mandatory Grants  
Attn.: Health Promotion Grants  
330 C Street, S.W., Washington, D.C. 20201

Contact: David Lee  
E-mail: david.lee@acf.hhs.gov  
Phone: (202) 401-5461

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