



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
PO BOX 570
Jefferson Cty, MO 65102-0570
[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

Ms. LYNN SMITHI

PIPD

LYNN.SMITH@HEALTH.MO.GOV

5735264862

8. Authorized Official

Ms. Marcia Mahaney

Grants@health.mo.gov

573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Natasha Jones

Grants Management Officer

mgz2@cdc.gov

770-488-1649

10. Program Official Contact Information

Latoya Golden

Program Officer

qll1@cdc.gov

404.498.1726

Federal Award Information

11. Award Number

6 NU17CE010204-01-01

12. Unique Federal Award Identification Number (FAIN)

NU17CE010204

13. Statutory Authority

Section 311(c)(1) of the PHS Act (42 USC § 243(c)(1))

14. Federal Award Project Title

OVERDOSE DATA TO ACTION-STATES

15. Assistance Listing Number

93.136

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	09/01/2023	- End Date	08/31/2024
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			(\$1,116.00)
20b. Indirect Cost Amount			\$1,116.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$4,394,497.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$4,394,497.00
26. Period of Performance Start Date	09/01/2023	- End Date	08/31/2028
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$4,394,497.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Tajsha LaShore

30. Remarks



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Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES PO BOX 570 Jefferson Cty, MO 65102-0570 [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	\$688,064.00
b. Fringe Benefits	\$469,518.00
c. Total Personnel Costs	\$1,157,582.00
d. Equipment	\$0.00
e. Supplies	\$27,683.00
f. Travel	\$42,414.00
g. Construction	\$0.00
h. Other	\$307,526.00
i. Contractual	\$2,649,770.00
j. TOTAL DIRECT COSTS	\$4,184,975.00
k. INDIRECT COSTS	\$209,522.00
l. TOTAL APPROVED BUDGET	\$4,394,497.00
m. Federal Share	\$4,394,497.00
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
3-9390BX6	23NU17CE010204OPCE	CE	410Q	93.136	\$0.00	75-23-0952



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU17CE010204-01-01

FAIN# NU17CE010204

Federal Award Date: 10/20/2023

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 NU17CE010204-01-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget: The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated September 27, 2023. 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 below. This approval is in response to the request submitted by your organization dated September 27, 2023.

- **Local Public Health Agencies (LPHA) contracts**
 - **Butler County**
 - **Cape Girardeau County**
 - **City of St. Joseph**
 - **Columbia-Boone County**
 - **Jackson County**
 - **Jefferson County**
 - **Lincoln County**
 - **Madison County**
 - **Mississippi County**
 - **New Madrid County**
 - **Pulaski County**
 - **St. Charles County**
 - **St. Louis City**
 - **St. Louis County**
 - **Stone County**
 - **Washington County**