



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 Wildwood Dr
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

Ms. Laura Kliethermes
laura.kliethermes@health.mo.gov
573-751-5264

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

Bakia Parrish
Grants Management Specialist
tcc0@cdc.gov
678-475-4956

10. Program Official Contact Information

Namita Agravat
Program Officer
nfk0@cdc.gov
6784310843

Federal Award Information

11. Award Number

5 NU50CK000546-05-00

12. Unique Federal Award Identification Number (FAIN)

NU50CK000546

13. Statutory Authority

301(A)AND317(K)(2)PIIS42USC241(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

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/01/2023	- End Date	07/31/2024	
20. Total Amount of Federal Funds Obligated by this Action				\$1,241,418.00
20a. Direct Cost Amount				\$1,547,655.00
20b. Indirect Cost Amount				\$196,371.00
21. Authorized Carryover				\$0.00
22. Offset				\$502,608.00
23. Total Amount of Federal Funds Obligated this budget period				\$0.00
24. Total Approved Cost Sharing or Matching, where applicable				\$0.00
25. Total Federal and Non-Federal Approved this Budget Period				\$1,241,418.00
26. Period of Performance Start Date	08/01/2019	- End Date	07/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance				\$758,993.355.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Karen Zionl
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU50CK000546-05-00

FAIN# NU50CK000546

Federal Award Date: 07/27/2023

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390J4N	19NU50CK000546HOMEC6	CK	41.51	93.323	\$0.00	75-X-0140
1-921047Q	19NU50CK000546HISC3	CK	41.51	93.323	\$0.00	75-2024-0943
1-9390I9L	19NU50CK000546DOJC6	CK	41.51	93.323	\$0.00	75-X-0140
1-9390EWQ	19NU50CK000546DMODC3	CK	41.51	93.323	\$0.00	75-2024-0943
0-9390EWQ	19NU50CK000546C3	CK	41.51	93.323	\$0.00	75-2024-0943
2-9390J4Q	19NU50CK000546SNFC6	CK	41.51	93.323	\$0.00	75-X-0511
2-9390JXH	19NU50CK000546LDXC6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390JEN	19NU50CK000546NWS2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390K2L	19NU50CK000546DMD2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390LFD	19NU50CK000546DMD2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390LM7	19NU50CK000546DMD2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390LMF	19NU50CK000546DMD2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390I7Y	19NU50CK000546ASA2C6	CK	41.51	93.323	\$0.00	75-X-0943
3-921099S	19NU50CK000546SHP2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390I7Z	19NU50CK000546ASA2C6	CK	41.51	93.323	\$0.00	75-X-0943
3-921117S	19NU50CK000546	CK	41.51	93.323	\$204,511.00	75-23-0949
3-9390I4P	19NU50CK000546	CK	41.51	93.323	\$21,132.00	75-23-0949
3-93904SH	19NU50CK000546	CK	41.51	93.323	\$101,844.00	75-23-0959
3-9390SVH	19NU50CK000546	CK	41.51	93.323	\$128,527.00	75-23-0949
3-93906EZ	19NU50CK000546	CK	41.51	93.323	\$13,207.00	75-23-0947
3-93906N9	19NU50CK000546	CK	41.51	93.323	\$15,000.00	75-23-0949
3-93908MV	19NU50CK000546	CK	41.51	93.323	\$13,773.00	75-23-0949
3-93909PJ	19NU50CK000546	CK	41.51	93.323	\$49,249.00	75-X-0951
3-9390ASV	19NU50CK000546	CK	41.51	93.323	\$143,851.00	75-23-0951
3-9390BS5	19NU50CK000546	CK	41.51	93.323	\$38,270.00	75-23-0949
3-9390J8S	19NU50CK000546	CK	41.51	93.323	\$177,654.00	75-X-0949
3-9390JGE	19NU50CK000546	CK	41.51	93.323	\$31,735.00	75-X-0951
3-9390L0D	19NU50CK000546	CK	41.51	93.323	\$111,627.00	75-X-0951
3-939ZVJC	19NU50CK000546	CK	41.51	93.323	\$191,038.00	75-23-0949

AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

5 NU50CK000546-05-00

1. CK000546 Missouri BP05 TC

restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Administrative Requirement: The recipient must respond to the budget mark-up comments within 60 days of issuance & release of the Notice of Award. If the date falls on a weekend or holiday, the submission will be due the following business day. To be considered an official response, recipients must:

1. Go into ELC CAMP and locate the BP5 Budget Workbook under Work Products.
1. For each comment under 'Weaknesses' and/or 'Recommendations', a 'Recipient Response' box will be visible for addressing the review note. (Please note: Comments under 'Strengths' and 'General Comments' do not require recipient response.)
2. Once complete, use the 'Print/Export' button at the top of the Budget Workbook to generate a PDF.
3. The PDF should be uploaded in GrantSolutions as a Grant Note. The Grant Note should be labeled 'BP5 Budget Technical Review Responses'.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 16, 2022, which calculates indirect costs as follows, a Provisional rate type is approved at a rate of 18.10% 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, 2025.

REPORTING REQUIREMENTS

Financial Reporting Requirement:

Quarterly Financial Reporting of both Core and all COVID accounts. Reporting of expenditures and unliquidated obligations (ULOs) are due no later than the 20th of the month following the end of the quarter.

Q1 (August 1 thru October 31) due date November 20th

Q2 (November 1 thru January 31) due date February 20th

Q3 (February 1 thru April 30) due date May 20th

Q4 (May 1 thru July 30) due date August 20th

Additional Reporting Requirement:

Quarterly Workplan Milestone progress reporting due on the first day after the end of the quarter.

terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1- 800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known to draw down funds.