



Recipient Information 1. Recipient Name HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 WILDWOOD DR JEFFERSON CITY, MO 65109 2. Congressional District of Recipient 03 3. Payment System Identifier (ID) [REDACTED] 4. Employer Identification Number (EIN) [REDACTED] 5. Data Universal Numbering System (DUNS) 878092600 6. Recipient's Unique Entity Identifier 7. Project Director or Principal Investigator Karen Wallace karen.wallace@health.mo.gov 8. Authorized Official Marcia Mahaney grants@health.mo.gov 573 751 6014	Federal Award Information 11. Award Number 6H79SP080319-04M001 12. Unique Federal Award Identification Number (FAIN) H79SP080319 13. Statutory Authority Section 546 of the Public Health 14. Federal Award Project Title Missouri Overdose Rescue and Education (MORE) project 15. Assistance Listing Number 93.243 16. Assistance Listing Program Title Substance Abuse and Mental Health Services_ Projects of Regional and National Significance 17. Award Action Type Amendment 18. Is the Award R&D? No																										
Federal Agency Information 9. Awarding Agency Contact Information Karen Warner Grants Management Specialist Center for Substance Abuse Prevention karen.warner@samhsa.hhs.gov 240-276-1426 10. Program Official Contact Information Morris Flood Center for Substance Abuse Prevention Morris.Flood@samhsa.hhs.gov 240-276-2479	<table border="1"> <tr> <th colspan="2" style="text-align: center;">Summary Federal Award Financial Information</th> </tr> <tr> <td>19. Budget Period Start Date</td> <td>09/30/2020 – End Date 01/31/2022</td> </tr> <tr> <td>20. Total Amount of Federal Funds Obligated by this Action</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td> 20a. Direct Cost Amount</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td> 20b. Indirect Cost Amount</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>21. Authorized Carryover</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>22. Offset</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td style="text-align: right;">\$800,000</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td style="text-align: right;">\$800,000</td> </tr> <tr> <td colspan="2" style="text-align: center;">-----</td> </tr> <tr> <td>26. Project Period Start Date</td> <td>09/30/2017 – End Date 01/31/2022</td> </tr> <tr> <td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</td> <td style="text-align: right;">\$3,200,000</td> </tr> </table> 28. Authorized Treatment of Program Income Additional Costs 29. Grants Management Officer - Signature Karen Warner	Summary Federal Award Financial Information		19. Budget Period Start Date	09/30/2020 – End Date 01/31/2022	20. Total Amount of Federal Funds Obligated by this Action	\$0	20a. Direct Cost Amount	\$0	20b. Indirect Cost Amount	\$0	21. Authorized Carryover	\$0	22. Offset	\$0	23. Total Amount of Federal Funds Obligated this budget period	\$800,000	24. Total Approved Cost Sharing or Matching, where applicable	\$0	25. Total Federal and Non-Federal Approved this Budget Period	\$800,000	-----		26. Project Period Start Date	09/30/2017 – End Date 01/31/2022	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,200,000
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30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



First Responders
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 07/13/2021

Center for Substance Abuse Prevention

Award Number: 6H79SP080319-04M001
FAIN: H79SP080319
Program Director: Karen Wallace

Project Title: Missouri Overdose Rescue and Education (MORE) project

Organization Name: HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

Authorized Official: Marcia Mahaney

Authorized Official e-mail address: grants@health.mo.gov

Budget Period: 09/30/2020 – 01/31/2022
Project Period: 09/30/2017 – 01/31/2022

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$0 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF in support of the above referenced project. This award is pursuant to the authority of Section 546 of the Public Health and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment requests:

- No-Cost Extension (6H79SP080319-04L001)

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Karen Warner
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 6H79SP080319-04M001

Award Calculation (U.S. Dollars)

Personnel(non-research)	\$41,186
Fringe Benefits	\$24,712
Travel	\$2,335
Supplies	\$545,867
Contractual	\$170,000
Other	\$1,798
Direct Cost	\$785,898
Indirect Cost	\$14,102
Approved Budget	\$800,000
Federal Share	\$800,000
Cumulative Prior Awards for this Budget Period	\$800,000

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
4	\$800,000

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
 EIN: XXXXXXXXXX
 Document Number: 17SP80319A
 Fiscal Year: 2020

IC	CAN	Amount
TI	C96N705	\$0

IC	CAN	2020
TI	C96N705	\$0

SP Administrative Data:

PCC: FR-CARA / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 6H79SP080319-04M001

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 6H79SP080319-04M001

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – SP Special Terms and Conditions – 6H79SP080319-04M001

REMARKS

Post Award Amendment - No Cost Extension

This award approves a four (4) month**NO COST E XTENSION extending the budget and project period from 09/29/2021 to 01/31/2022, based on documentation received on 07/09/2021.

If the final resolution of the audit covering the above stated budget period(s) determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds available to cover any shortfall.

You are required to submit an annual cumulative 12-month [FFR \(SF-425\) \(PDF | 268 KB\)](#) no later than **90 days** after the close of the **original** project period as well as a final FFR no later than **90 days** after the end of the No Cost Extension project period as per Closeout guidance. <https://www.samhsa.gov/grants/grants-management/grant-closeout>

- o Annual FFR Due: 12/30/2021

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- o Final FFR Due: **90 days** after the end of the No Cost Extension

STANDARD TERMS OF AWARD:

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.3 71, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

Staff Contacts:

Morris Flood, Program Official

Phone: 240-276-2479 **Email:** Morris.Flood@samhsa.hhs.gov

Karen Warner, Grants Specialist

Phone: 240-276-1426 **Email:** karen.warner@samhsa.hhs.gov **Fax:** 240-276-1430