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Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H1800028
Federal Award Date:
11/12/2020

<p>Recipient Information</p> <ol style="list-style-type: none"> 1. Recipient Name MISSOURI DEPARTMENT OF HEALTH PO BOX 570 Jefferson Cty, MO 65102-0570 2. Congressional District of Recipient 04 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 Venkata Garikapaty Public Health Epidemiologist venkata.garikapaty@dhss.mo.gov (573)526-0452 8. Authorized Official Marcia A Mahaney Marcia.Mahaney@health.mo.gov <p>Federal Agency Information</p> <ol style="list-style-type: none"> 9. Awarding Agency Contact Information Kaleema O Ameen Grants Management Specialist Health Resources and Services Administration KAmeen@hrsa.gov (301) 443-7061 10. Program Official Contact Information Maria Paz Carlos Project Officer Health Resources and Services Administration MCarlos@hrsa.gov (301) 443-2250 	<p style="text-align: center;">Federal Award Information</p> <ol style="list-style-type: none"> 11. Award Number 6 H18MC00028-24-01 12. Unique Federal Award Identification Number (FAIN) H1800028 13. Statutory Authority Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)), as amended 42 U.S.C. § 701(a)(2) 14. Federal Award Project Title STATE SYSTEMS DEVELOPMENT INITIATIVE 15. Assistance Listing Number 93.110 16. Assistance Listing Program Title Maternal and Child Health Federal Consolidated Programs 17. Award Action Type Administrative 18. Is the Award R&D? No <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Summary Federal Award Financial Information</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>19. Budget Period Start Date 12/01/2020 - End Date 11/30/2021</td> <td></td> </tr> <tr> <td>20. Total Amount of Federal Funds Obligated by this Action</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="padding-left: 20px;">20a. Direct Cost Amount</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">20b. Indirect Cost Amount</td> <td></td> </tr> <tr> <td>21. Authorized Carryover</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>22. Offset</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td style="text-align: right;">\$19,730.00</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td style="text-align: right;">\$19,730.00</td> </tr> <tr> <td>26. Project Period Start Date 12/01/2017 - End Date 11/30/2022</td> <td></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;">\$317,674.00</td> </tr> </table> </div> <ol style="list-style-type: none"> 28. Authorized Treatment of Program Income Addition 29. Grants Management Officer – Signature LaShawna Smith on 11/12/2020 	19. Budget Period Start Date 12/01/2020 - End Date 11/30/2021		20. Total Amount of Federal Funds Obligated by this Action	\$0.00	20a. Direct Cost Amount		20b. Indirect Cost Amount		21. Authorized Carryover	\$0.00	22. Offset	\$0.00	23. Total Amount of Federal Funds Obligated this budget period	\$19,730.00	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00	25. Total Federal and Non-Federal Approved this Budget Period	\$19,730.00	26. Project Period Start Date 12/01/2017 - End Date 11/30/2022		27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$317,674.00
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30. Remarks
GA Admin Batch Tracking Number 000087.

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