



**Recipient Information**

**1. Recipient Name**

MISSOURI  
920 Wildwood Dr  
PO 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)**

[REDACTED]

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

[REDACTED]

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

\*See Remarks

**7. Project Director or Principal Investigator**

Linda Allen

no\_email\_137491@grantsolutions.gov

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**8. Authorized Official**

\*See Remarks

**Federal Agency Information**

**9. Awarding Agency Contact Information**

Manolo Salgueiro  
Supervisory Grants Management Specialist  
manolo.salgueiro@acf.hhs.gov  
202-690-5811

**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**

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

**13. Statutory Authority**  
Section 513 of the Social Security Act

**14. Federal Award Project Title**

\*See Remarks

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

93.092

**16. CFDA Program Title**

Personal Responsibility Education Program

**17. Award Action Type**

Supplement

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

\*See Remarks

**Summary Federal Award**

**Financial Information**

**19. Budget Period Start Date** 10-01-2017

**End Date** 09-30-2020

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

\$0

20a. Direct Cost Amount

\*See Remarks

20b. Indirect Cost Amount Administrative Offset

\*See Remarks

21. Authorized Carryover

\*See Remarks

22. Offset

\*See Remarks

23. Total Amount of Federal Funds Obligated this budget period

\$971,354.00

24. Total Approved Cost Sharing or Matching, where applicable

\*See Remarks

25. Total Federal and Non-Federal Approved

\*See Remarks

26. Project Period Start Date 10-01-2017 -

**End Date** 04-30-2021

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

\*See Remarks

**28. Authorized Treatment of Program Income**

\*See Remarks

**29. Grants Management Officer – Signature**

Manolo Salgueiro  
Supervisory Grants Management Specialist

**Footnotes**



**Recipient Information**

MISSOURI  
920 Wildwood Dr  
PO 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</u>		<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-X-1512	2018,G99SU18	\$1,343,380.00	\$0	\$971,354.00		1801MOPREP	Formula

**Terms and Conditions**

This grant award is the full amount allocated for the program year made in accordance with Section 412(a)(2) of the Social Security Act. This award provides funds for the purpose of operating a program to make work activities available to members of the Tribe.

By accepting this award, the Tribe agrees to use these funds only in accordance with the provisions of all applicable Federal laws, regulations, policies and other terms and conditions governing this program and governing the use of Federal funds and the submission of periodic financial reports. Any expenditure found to have been made in violation of these requirements is subject to disallowance and recoupment by this agency and the imposition of additional interest charges under 45 CFR 30.13 and 30.14.

Specifically, the Tribe agrees to comply with the provisions of Federal regulations (45 CFR 92.20(b)(7)) that limit the amount and timing of your requests to draw Federal funds to the minimum amount necessary to meet actual and immediate program needs and requirements. Funds included in this award remain available until expended, although withdrawals may not exceed the total amount authorized in this and previous awards. Failure to adhere to funds withdrawal and reporting requirements may result in the unobligated portion of your letter-of-credit to be revoked.

Grant funds are made available through the HHS Payment Management System (PMS). Questions concerning payments should be directed to: Division of Payment Management, PO Box 6021, Rockville, Maryland 20852 (Internet web site: <http://www.dpm.psc.gov>), or to the PMS Help Desk at (877) 614-5533.

**Remarks**

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