



**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. Lynelle Paro  
Lynelle.Paro@health.mo.gov  
573-526-7967

**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**

Ms. Kathy Raible-GMS  
kcr8@cdc.gov  
770-488-2045

**10. Program Official Contact Information**

Ms. Hanan Awwad  
Program Officer  
Immunization Services Division (ISD)  
wgn5@cdc.gov  
404.718.4623

**Federal Award Information**

**11. Award Number**

6 NH23IP922606-02-12

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

NH23IP922606

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

CDC-RFA-IP19-1901 Immunization and Vaccines for Children Cooperative Agreement

**15. Assistance Listing Number**

93.268

**16. Assistance Listing Program Title**

Immunization Cooperative Agreements

**17. Award Action Type**

Budget Revision

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

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	07/01/2020	<b>- End Date</b>	06/30/2021
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$307,400.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$126,635,623.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$126,635,623.00
<b>26. Period of Performance Start Date</b>	07/01/2019	<b>- End Date</b>	06/30/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$148,577,519.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]
<b>Congressional District of Recipient</b> 03
<b>Payment Account Number and Type</b> 1446000987B7
<b>Employer Identification Number (EIN) Data</b> 446000987
<b>Universal Numbering System (DUNS)</b> 878092600
<b>Recipient's Unique Entity Identifier (UEI)</b> UETLXV8NG8F4
<b>31. Assistance Type</b> Cooperative Agreement
<b>32. Type of Award</b> Demonstration

<b>33. Approved Budget</b> (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	\$3,557,323.00
b. Fringe Benefits	\$2,162,753.00
c. Total Personnel Costs	\$5,720,076.00
d. Equipment	\$0.00
e. Supplies	\$2,601,184.00
f. Travel	\$489,431.00
g. Construction	\$0.00
h. Other	\$1,833,195.00
i. Contractual	\$115,118,804.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$125,762,690.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$1,180,333.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$126,943,023.00</b>
m. Federal Share	\$126,943,023.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GUU	20NH23IP922606UDSPC5	IP	41.51	93.268	\$0.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922606-02-12

FAIN# NH23IP922606

Federal Award Date: 03/30/2023

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</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
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NH23IP922606-02-12

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1. Revised Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

**REDIRECTION:** The purpose of this amended Notice of Award is to approve the redirection request submitted by your organization dated March 7, 2023. Funds have been redirected as indicated in the approved budget of this Notice of Award.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all cost charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE