



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 Wildwood Dr
Missouri Department of Health
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
Dr. Taylor Kinde
Taylor.Kinde@health.mo.gov
573-751-6266

8. Authorized Official

Ms. Marcia A Mahaney
Director
Marcia.Mahaney@health.mo.gov
573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Patricia Sailor
GMS
tre9@cdc.gov
770 488 1520

10. Program Official Contact Information

Stephanie Henry
Public Health Analyst
shenry@cdc.gov
404-498-3809

Federal Award Information

11. Award Number

6 NU50DD000082-03-01

12. Unique Federal Award Identification Number (FAIN)

NU50DD000082

13. Statutory Authority

Sec 399M(b)(1) PHSA [42U.S.C. 280g-1(b)(1)]

14. Federal Award Project Title

Early Hearing Detection and Intervention Information System (EHDI-IS)

15. Assistance Listing Number

93.314

16. Assistance Listing Program Title

Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program

17. Award Action Type

Change PI/PD

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	07/01/2022	- End Date	06/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$160,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$160,000.00
26. Period of Performance Start Date	07/01/2020	- End Date	06/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$646,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. LaQuanda Lewis
Grants Management Officer

30. Remarks



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

33. Approved Budget (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 b. Fringe Benefits c. Total Personnel Costs d. Equipment e. Supplies f. Travel g. Construction h. Other i. Contractual	\$80,234.00 \$48,789.00 \$129,023.00 \$0.00 \$0.00 \$1,276.00 \$0.00 \$5,187.00 \$0.00
j. TOTAL DIRECT COSTS	\$135,486.00
k. INDIRECT COSTS	\$24,514.00
l. TOTAL APPROVED BUDGET	\$160,000.00
m. Federal Share	\$160,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-939ZRCP	20NU50DD000082	DD	41.51	93.314	\$0.00	75-20-0958
1-939ZRCP	20NU50DD000082	DD	41.51	93.314	\$0.00	75-21-0958
2-939ZRCP	20NU50DD000082	DD	41.51	93.314	\$0.00	75-22-0958



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50DD000082-03-01

FAIN# NU50DD000082

Federal Award Date: 07/24/2023

Direct Assistance

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

AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NU50DD000082-03-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve the Program Director change to Dr Taylor Kinde. This is in response to the request submitted by your organization dated June 21, 2023.

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

The 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.