



**Recipient Information**

**1. Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &  
SENIOR SERVICES  
PO BOX 570  
MISSOURI DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Jefferson City, MO 65102-0570

**2. Congressional District of Recipient**  
04

**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. Amy Hampton  
amy.hampton@health.mo.gov  
573-522-2871

**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. Caloria Osborne  
GMS  
ube7@cdc.gov  
404-718-3535

**10. Program Official Contact Information**

Justin Alexander  
Program Officer  
nga8@cdc.gov  
404-498-0979

**Federal Award Information**

**11. Award Number**

6 NU58DP007408-01-01

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

NU58DP007408

**13. Statutory Authority**

Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

**14. Federal Award Project Title**

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes

**15. Assistance Listing Number**

93.988

**16. Assistance Listing Program Title**

Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems

**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>   | 06/30/2023 | <b>- End Date</b> | 06/29/2024     |
| <b>20. Total Amount of Federal Funds Obligated by this Action</b>   |            |                   | \$0.00         |
| 20a. Direct Cost Amount   |            |                   | (\$7,670.00)   |
| 20b. Indirect Cost Amount   |            |                   | \$7,670.00     |
| <b>21. Authorized Carryover</b>   |            |                   | \$0.00         |
| <b>22. Offset</b>   |            |                   | \$0.00         |
| <b>23. Total Amount of Federal Funds Obligated this budget period</b>   |            |                   | \$1,000,000.00 |
| <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>  |            |                   | \$1,000,000.00 |
| <b>26. Period of Performance Start Date</b>   | 06/30/2023 | <b>- End Date</b> | 06/29/2028     |
| <b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b> |            |                   | \$1,000,000.00 |

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Natasha Jones  
Grants Management Officer

**30. Remarks**



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| <b>Recipient Information</b>  |
| <b>Recipient Name</b><br>MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES<br>PO BOX 570<br>MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES<br>Jefferson City, MO 65102-0570<br><b>Congressional District of Recipient</b><br>04<br><b>Payment Account Number and Type</b><br>1446000987B7<br><b>Employer Identification Number (EIN) Data</b><br>446000987<br><b>Universal Numbering System (DUNS)</b><br>878092600<br><b>Recipient's Unique Entity Identifier (UEI)</b><br>UETLXV8NG8F4 |
| <b>31. Assistance Type</b><br>Cooperative Agreement<br><b>32. Type of Award</b><br>Other  |

|  |                |
|--|----------------|
| <b>33. Approved Budget</b><br>(Excludes Direct Assistance)   |                |
| I. Financial Assistance from the Federal Awarding Agency Only<br>II. Total project costs including grant funds and all other financial participation |                |
| <b>a. Salaries and Wages</b>   | \$210,957.00   |
| <b>b. Fringe Benefits</b>  | \$134,780.00   |
| <b>c. Total Personnel Costs</b>  | \$345,737.00   |
| <b>d. Equipment</b>  | \$0.00         |
| <b>e. Supplies</b>   | \$1,610.00     |
| <b>f. Travel</b>   | \$7,579.00     |
| <b>g. Construction</b>   | \$0.00         |
| <b>h. Other</b>  | \$14,651.00    |
| <b>i. Contractual</b>  | \$558,510.00   |
| <b>j. TOTAL DIRECT COSTS</b>   | \$928,087.00   |
| <b>k. INDIRECT COSTS</b>   | \$71,913.00    |
| <b>l. TOTAL APPROVED BUDGET</b>  | \$1,000,000.00 |
| <b>m. Federal Share</b>  | \$1,000,000.00 |
| <b>n. Non-Federal Share</b>  | \$0.00         |

| <b>34. Accounting Classification Codes</b> |                |                     |              |          |                                 |               |
|--|----------------|---------------------|--------------|----------|---------------------------------|---------------|
| FY-ACCOUNT NO.                             | DOCUMENT NO.   | ADMINISTRATIVE CODE | OBJECT CLASS | CFDA NO. | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
| 3-939ZQZH                                  | 23NU58DP007408 | DP                  | 410Q         | 93.988   | \$0.00                          | 75-23-0948    |



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

Centers for Disease Control and Prevention

Award# 6 NU58DP007408-01-01

FAIN# NU58DP007408

Federal Award Date: 09/25/2023

**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 NU58DP007408-01-01

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1. Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **Revised Budget request** submitted by your organization dated **July 28, 2023**. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Contractual:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contracts below. This approval is in response to the request submitted by your organization dated **July 28, 2023**.

Contractor # 1 – Diabetes Training & Technical Assistance Center (DTTAC)

Contractor #2 – Regional Arthritis Centers (RACs)

Contractor #3 – St. Louis Area Business Health Coalition (STLBHC)

Contractor #5 – University of Missouri

Contractor #6 – Ascend Project Management, LLC

Contractor #8 – Elasticity

Contractor #9 – Health Quality Innovators (HQI)

Contractor #10 – Missouri Hospital Association (MHA)

Contractor #11 – Missouri Optometric Association

Contractor #12 – Missouri Pharmacy Association (MPA)

Contractor #13 – National Kidney Foundation (NKF)

Contractor #14 – Prana Diabetes, Inc (DBA HabitNu)

Contractor #15 – Washington County Ambulance District