



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 Wildwood Dr
-DUP
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

KELLY PALERMO
KELLY.PALERMO@HEALTH.MO.GOV
5735222871

8. Authorized Official

Gina Henley
Senior Accountant
gina.henley@health.mo.gov
573-751-6487

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Barbara Strother
Grant Management Specialist
kty4@cdc.gov
404-498-1275

10. Program Official Contact Information

Mr. William Tanner
Public Health Analyst
cwx1@cdc.gov
770-488-1786

Federal Award Information

11. Award Number

6 NU58DP007668-01-04

12. Unique Federal Award Identification Number (FAIN)

NU58DP007668

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

MISSOURI WISEWOMAN PROGRAM

15. Assistance Listing Number

93.436

16. Assistance Listing Program Title

WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION
(WISEWOMAN)

17. Award Action Type

Notification of a Contractor or Consultant

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/30/2023	- End Date	09/29/2024
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			\$925,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$342,986.40
25. Total Federal and Non-Federal Approved this Budget Period			\$1,267,986.40
26. Period of Performance Start Date	09/30/2023	- End Date	09/29/2028
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$1,267,986.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Natasha Jones
Grants Management Officer

30. Remarks



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Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr -DUP 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	\$252,183.00
b. Fringe Benefits	\$152,472.00
c. Total Personnel Costs	\$404,655.00
d. Equipment	\$0.00
e. Supplies	\$2,880.00
f. Travel	\$4,656.00
g. Construction	\$0.00
h. Other	\$115,825.00
i. Contractual	\$396,984.00
j. TOTAL DIRECT COSTS	\$925,000.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$925,000.00
m. Federal Share	\$925,000.00
n. Non-Federal Share	\$342,986.40

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939ZRBH	23NU58DP007668	DP	410Q	93.436	\$0.00	75-23-0948



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP007668-01-04

FAIN# NU58DP007668

Federal Award Date: 03/06/2024

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 NU58DP007668-01-04

1. ADDITIONAL TERMS AND CONDITIONS

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Contract: 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 January 12, 2024.

Contractor 1 - SHOW ME HEALTHY WOMEN PROVIDERS

Contractor 2 - Curators of University of Missouri

Contractor 3 - HabitNu

Contractor 4 - Polk County Health Department