



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

Mr. Jeff Wenzel
Bureau Chief
jeff.wenzel@health.mo.gov
573-526-4911

8. Authorized Official

Mrs. Marcia Mahaney
Director, Division of Administration
Grants@health.mo.gov
5737516014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Lakita Reid
wtl9@cdc.gov
770-488-2742

10. Program Official Contact Information

Ms. Audra E Henry
atel@cdc.gov
770.488.3758

Federal Award Information

11. Award Number

6 NU61TS000340-01-01

12. Unique Federal Award Identification Number (FAIN)

NU61TS000340

13. Statutory Authority

CERCLA SEC 104(I)(1)(E)(15)SARA42USC9604

14. Federal Award Project Title

ATSDR Partnership to Promote Localized Efforts to Reduce Environmental Exposure (APPLETREE)
Program

15. Assistance Listing Number

93.240

16. Assistance Listing Program Title

State Capacity Building

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	04/01/2023	- End Date	03/31/2024
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			(\$23,150.00)
20b. Indirect Cost Amount			\$23,150.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$584,355.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$584,355.00
26. Period of Performance Start Date	04/01/2023	- End Date	03/31/2028
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$584,355.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer
Grants Management Officer

30. Remarks



Recipient Information
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr 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	\$257,487.00
b. Fringe Benefits	\$175,735.00
c. Total Personnel Costs	\$433,222.00
d. Equipment	\$0.00
e. Supplies	\$1,553.00
f. Travel	\$13,116.00
g. Construction	\$0.00
h. Other	\$58,051.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$505,942.00
k. INDIRECT COSTS	\$78,413.00
l. TOTAL APPROVED BUDGET	\$584,355.00
m. Federal Share	\$584,355.00
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
3-939ZUPZ	23NU61TS000340	TS	410Q	93.240	\$0.00	75-23-0944



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU61TS000340-01-01

FAIN# NU61TS000340

Federal Award Date: 06/28/2023

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 NU61TS000340-01-01

1. Terms and Conditions

Funding Opportunity Announcement (FOA) Number: **TS-23-0001**
Award Number: **NU61TS000340-01**
Recipient: **Missouri Department of Health and Senior Services**

Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

The purpose of this amendment to the Notice of Award is as follows:

Revised Budget: The purpose of this amended Notice of Award is to approve the **revised budget request** submitted by your organization dated June 13, 2023. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Note: Recipient Must Provide Name of Vacant Personnel via GrantSolutions Grant Notes.

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

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

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

GMS Contact:

Lakita Reid, Grants Management Specialist
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention
Email: wtl9@cdc.gov
Telephone: (770) 488-2742