Notice of Award

Award# 6 NU58DP006476-05-05

FAIN# NU58DP006476

Federal Award Date: 09/13/2023

Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

920 Wildwood Dr

-DUP7

Jefferson City, MO 65109-5796

[NO DATA]

2. Congressional District of Recipient

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) UFTLXV8NG8F4

7. Project Director or Principal Investigator

Jacqueline Miller

JACQUELINE.MILLER@HEALTH.MO.GOV 5735263838

8. Authorized Official

Mrs. Marcia Mahaney

Director, Division of Admnistration

marcia.mahaney@health.mo.gov

573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Monique Tatum

itn8@cdc.gov

770-488-2617

10.Program Official Contact Information

Ms. Monique Brown

Public Health Advisor

DOH

giu3@cdc.gov

4046390925

Federal Award Information

11. Award Number

6 NU58DP006476-05-05

12. Unique Federal Award Identification Number (FAIN)

NU58DP006476

13. Statutory Authority

301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended

14. Federal Award Project Title

Missouri Oral Health Integration and Improvement Initiative (MOHIII)

15. Assistance Listing Number

03 366

16. Assistance Listing Program Title

State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/01/2022	- End Date	08/31/2024

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

22. Offset \$0.0023. Total Amount of Federal Funds Obligated this budget period \$708,000.00

24. Total Approved Cost Sharing or Matching, where applicable

24. Total Approved Cost Sharing or Matching, where applicable \$0.00
 25. Total Federal and Non-Federal Approved this Budget Period \$708,000.00

26. Period of Perfomance Start Date 09/01/2018 - End Date 08/31/2024

201 1 01104 01 1 01101141100 Start Pate 09/01/2016 Ena Pate 00/31/202

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$2,124,000.00

\$0.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Keisha Thompson Grants Management Officer

30. Remarks

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MISSOURI DEPARTMENT OF HEALTH &

SENIOR SERVICES

920 Wildwood Dr

-DUP7

Jefferson City, MO 65109-5796

[NO DATA]
Congressional District of Recipient

Payment Account Number and Type

Employer Identification Number (EIN) Data

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

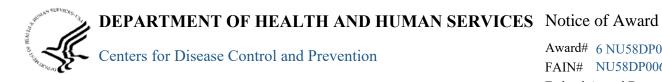
h. Other i. Contractual j. TOTAL DIRECT COSTS k. INDIRECT COSTS	\$279,228.00 \$648,329.00 \$59,671.00
i. Contractual	
	\$279,228.00
h. Other	
	\$18,595.00
g. Construction	\$0.00
f. Travel	\$24,167.00
e. Supplies	\$4,277.00
d. Equipment	\$0.00
c. TotalPersonnelCosts	\$322,062.00
b. Fringe Benefits	\$128,064.00
a. Salaries and Wages	\$193,998.00

m. Federal Share \$708,000.00

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
2-939ZRDG	18NU58DP006476	DP	41.51	93.366	\$0.00	75-22-0948
3-939ZRDG	18NU58DP006476	DP	41.51	93.366	\$0.00	75-23-0948



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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 NU58DP006476-05-05

1. Terms and Conditions

ADDITIONAL TERMS AND OF AWARD

Administrative Correction: The purpose of this amendment Notice of Award (NoA) is to correct the performance period and budget period end date to 8/31/24. This approval is in response to the request submitted by your organization dated **September 5, 2023**.