

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

### Notice of Award

Award# 6 NUF2CE002490-03-01 FAIN# NUF2CE002490 Federal Award Date: 05/20/2021

8. Authorized Official       20a. Direct Cost Amount         Mrs. Marcia Mahaney       20a. Direct Cost Amount         Director, Division of Administration       20b. Indirect Cost Amount         marcia.mahaney@health.mo.gov       573-751-6014         Federal Agency Information       22. Offset         CDC Office of Financial Resources       23. Total Amount of Federal Funds Obligated this budget period       \$930,2         9. Awarding Agency Contact Information       Ms. Ayanna Williams       \$25. Total Federal and Non-Federal Approved this Budget Period       \$930,2         26. Project Period Start Date       02/01/2019 - End Date       01/31/2024         27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period       Not Available         0. Program Official Contact Information       Authorized Treatment of Program Income       ADDITIONAL COSTS         29. Grants Management Officer       Signature       Mrs. Rhonda Latimer         DVP PPTB       Grants Management Officer       Signature	Recipient Information	Federal Award Information	
Missouri Department of Health         920 Wildwood Dr         Missouri Dept. of Health and Senior Services         Jeffreen City, MO 65109-5796         [NO DATA]         2. Congressional District of Recipient         03         03         Payment System Identifier (ID)         4. Employer Identification Number (EIN)         5. Data Universal Numbering System (DUNS)         7. Project Director or Principal Investigator         Ms. Samb EnhandReid         Moderia Mahaney         Director Division of Adamistration         marcia Mahaney         Director Division of Adamistration         marcia Mahaney         Pederal Agency Information         CDC Office of Financial Resources         9. Awarding Agency Contact Information         Ms. Suma Willians         amgs@gcde.gov         04.1492.5035         10.Program Official Contact Information         Sharing of Matching the Second Start Date 02012019         Project Official Contact Information         Ms. Suppressional District of Program Official Contact Information         Ms. Authorized Official Contact Information         Ms. Authorized Official Contact Information         Ms. Authorized Official Contact Information         Ms. Agena Willians<	1. Recipient Name		
920 Wildwood Dr Missourn Dept. of Health and Senior Services Jeffreen City, NO 65109-5796 (NO DATA)       1: NUE7CE0202990         2: Congressional District of Recipient 03       2: Any Project Title Recipient's finaded under Category" B*/ Statutory Authority: 392(a)(1) of the PHS Act (42 USC § 2 160(1))         3: Payment System Identifier (ID)       1: Assistance Listing Program Title Repe Prevention and Education: Using the best available evidence for Sexual Violence Prevention 03         5: Data Universal Numbering System (DUNS) 878092600       1: Assistance Listing Program Title Interpretation and Control Research and State and Community Based Programs         7: Project Director or Principal Investigator WOMEN'S HEALTH INITIATIVE MANAGER Sami Ethicad Reid WOMEN'S HEALTH INITIATIVE CANAGER Sami Ethicad Reid WOMEN'S HEALTH INITIATIVE CANAGER Sami Ethicad Reliability of the PHS Act (42 USC § 2 1: Authorized Official Mis Authorized Official Mis Authorized Official Mis Authorized Official Mis Authorized Official Mis Authorized Carryover 2: Offset 2: Total Amount of Federal Funds Obligated this budget period Signal Qava 404 498 5095         10. Project Period Start Date Oras Sharing or Matching this Project Period Sharing or Matching this Project Period Not Available         28. Authorized Treatment of Program Income ADDITIONAL COSTS	Missouri Department of Health		
Inferson City, MO 65109-5796 [NO DATA]       Reciptern is funded under Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Inferson City, MO 65109-5796 [NO DATA]       Reciptern is funded under Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Payment System Identifier (ID)       Image: Stanta Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Image: Stanta Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Image: Stanta Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Image: Stanta Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Image: Stanta Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Image: Stanta Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Image: Stanta Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Image: Stanta Category" B* / Stanta Category" B* / Stantony Authority: 392(a)(1) of the PHS Act (42 USC § 2 1(a)(1)         Image: Stanta Category B* / Stanta Category" B* / Stantony Authority: 392(a)(1)         Image: Stanta Category B* / Stanta Category" B* / Stanta Category" B* / Stanta Category" B* / Stanta Category" B* / Stanta Category B* / Stanta Cate	and a second		
1(a)(1)         1(a)(1)         1(a)(1)         1(a)(1)         1(a)(1)         11         12         13         14         15         16         17         18         19         19         11         11         12         12         13         14         14         15         15         15         16         15         16         17         18         19         10         11         11         12         13         13         14         15         15         16         17         18         19         10         10         11         12         13         13         14         15         15         16	Missouri Dept. of Health and Senior Services	13. Statutory Authority	
14. Federal Award Project Title         2. Congressional District of Recipient 03         3. Payment System Identifier (ID)         4. Employer Identification Number (EIN)         5. Data Universal Numbering System (DUNS) s78092500         6. Recipient's Unique Entity Identifier         7. Project Director or Principal Investigator Ms. Sama Ethad Reid WOMENS HEALTH INITIATIVE MANAGER Sama Manager Director, Division of Adamistration marcia mahaney@health mo.gov 573-522-2833         8. Authorized Official Mrs. Ayaana Willians omg5@cdc.gov 40.4985 5095       Stat Date 20.102019 - End Date 20.102024 20. Forject Period 20. Not Available	Jefferson City, MO 65109-5796		PHS Act (42 USC § 280b-
2. Congressional District of Recipient 03       Rape Prevention and Education: Using the best available evidence for Secual Violence Prevention 04         3. Payment System Identifier (ID)       I: Assistance Listing Number 93.136         4. Employer Identification Number (EIN)       I: Assistance Listing Program Title 19: 15: Assistance Listing Program Title 19: 16: Assistance Listing Program Title 19: 19: 19: 19: 19: 19: 19: 19: 19: 19:	[NO DATA]		
3. Payment System Identifier (ID)       15. Assistance Listing Number         4. Employer Identification Number (EIN)       5. Data Universal Numbering System (DUNS)         5. Data Universal Numbering System (DUNS)       93.136         16. Assistance Listing Program Title       16. Assistance Listing Program Title         17. Project Director or Principal Investigator       17. Award Action Type         Mos Sarah Ebhad Reid       18. Is the Award R&D?         No       Summary Federal Award Financial Information         19. Budget Period Start Date       0201/2021 - End Date         19. Budget Period Start Date       0201/2021 - End Date         10. Program Official Contact Information       20. Direct Cost Amount         20. Direct Or Financial Resources       2. Total Amount of Federal Funds Obligated this budget period       \$930.2         21. Authorized Carryover       2. Total Amount of Federal Approved this Budget Period       \$930.2         22. Offset       23. Total Amount of Federal Approved this Budget Period       \$930.2         23. Total Approved Cost Sharing or Matching, where applicable       25. Total Federal and Non-Federal Approved this Budget Period       \$930.2         26. Project Period Start Date       0201/2019 - End Date       01/31/2024       2         25. Total Amount of the Federal Award Including Approved Cost Sharing or Matching this Project Period       Not Available			iolence Prevention
4. Employer Identification Number (EIN)       93136         5. Data Universal Numbering System (DUNS)       16. Assistance Listing Program Title         Injury Prevention and Control Research and State and Community Based Programs         7. Project Director or Principal Investigator         Ms. Sarah Ehrhard Reid         WOMEN'S HEALTH INITIATIVE MANAGER         Sarah Ehrhard Reid         Women's definition         gov         573-522-2833         8. Authorized Official         Mrs. Marcia Mahney         Director, Division of Administration         marcia mahaney@bealth.mo.gov         573-731-6014         Federal Agency Information         CDC Office of Financial Resources         9. Awarding Agency Contact Information         Ms. Ayama Williams         omg5@cdc.gov         404.498.5095         10.Program Official Contact Information         Shayla L Wilkinson         Porjeet Officer         Porjeet Officer         Porjeet Officer         Porjeet Officer         Porjeet Officer         Projeet Officer         Projeet Officer         Projeet Officer         Projeet Officer         Projeet Officer         Projeet Officer </td <td></td> <td>15 Assistance Listing Number</td> <td></td>		15 Assistance Listing Number	
16. Assistance Listing Program Title         16. Assistance Listing Program Title         17. Project Director or Principal Investigator         Ms. Samb Ethhard Reid         WOMEN'S HEALTH INITIATIVE MANAGER         Samb Ethhard Reid@bealth.mo.gov         573-522-2833         8. Authorized Official         Mrs. Marcia Mahaney         Director, Division of Administration         marcia mahaney@bealth.mo.gov         573-571-6014         Federal Agency Information         CDC Office of Financial Resources         9. Awarding Agency Contact Information         Ms. Ayama Williams         oang/@cdc.gov         404.498.5095         10.Program Official Contact Information         Shayla L Wilkinson         Project Officer         Dyreptra	4 Employer Identification Number (EIN)		
878092600       17. Award Action Type PD/PI Key Personnel         6. Recipient's Unique Entity Identifier       17. Award Action Type PD/PI Key Personnel         7. Project Director or Principal Investigator Ms. Sanh Ehrhard Reid WOMEN'S HEALTH INITIATIVE MANAGER Sanh EhrhardReid@health.mo.gov 573-522-2833       18. Is the Award R&D? No         8. Authorized Official Mrs. Marcia Mahaney Director, Division of Administration marcia mahaney@health.mo.gov 573-51-6014       19. Budget Period Start Date 0201/2021 - End Date       01/31/2022         20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount 20b. Indirect Cost Amount 21. Authorized Carryover 22. Offset       23. Total Amount of Federal Funds Obligated this budget period 23. Total Amount of Federal Approved this Budget Period 25. Total Federal and Non-Federal Approved this Budget Period 201/2019 - End Date 201/2019 - End Date 201/2019 - End Date 21. Authorized Carryover 25. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period Not Available         10.Program Official Contact Information Shayla L Wilkinson Project Officer DVP PPTB       28. Authorized Treatment of Program Income ADDITIONAL COSTS	4. Employer identification Number (EIN)		
6. Recipient's Unique Entity Identifier       17. Award Action Type         7. Project Director or Principal Investigator       18. Is the Award R&D?         Ms. Samh EhrhardReid@health mo.gov       573-522-2833         8. Authorized Official       19. Budget Period Start Date       0201/2021         Ms. Marcia Mahaney       Director, Division of Administration       20. Direct Cost Amount         Director, Division of Administration       20. Direct Cost Amount       20. Direct Cost Amount         21. Authorized Official Resources       20. Total Amount of Federal Funds Obligated by this Action         22. Office of Financial Resources       23. Total Amount of Federal Funds Obligated this budget period       \$930,2         9. Awarding Agency Unformation       Start Date       0201/2019       - End Date       0/31/2024         23. Total Amount of Federal Funds Obligated this budget period       \$930,2         9. Awarding Agency Information       Start Date       0201/2019       - End Date       0/31/2024         25. Total Amount of Federal Approved this Budget Period       \$930,2         26. Project Period Start Date       0201/2019       - End Date       0/31/2024         27. Total Amount of the Federal Award including Approved this Budget Period       \$930,2         26. Project Period Start Date       0201/2019       - End Date       0/31/2024 <t< td=""><td>[4] A MARTIN MARTIN AND AN ANALY MARTIN AND AN AN ANALY AND ANALY AN</td><td>Injury Prevention and Control Research and State and Community Based Progr</td><td>ams</td></t<>	[4] A MARTIN MARTIN AND AN ANALY MARTIN AND AN AN ANALY AND ANALY AN	Injury Prevention and Control Research and State and Community Based Progr	ams
7. Project Director or Principal Investigator       18. Is the Award R&D?         Ms. Sarah Ehrhard Reid       No         WOMEN'S HEALTH INITIATIVE MANAGER       Summary Federal Award Financial Information         Sarah EhrhardReid@health.mo.gov       573-522-2833         8. Authorized Official       Official         Mrs. Marcia Mahaney       Director, Division of Admistration         marcia.mahaey@health.mo.gov       573-751-6014         Federal Agency Information       22. Offset         CDC Office of Financial Resources       23. Total Amount of Federal Funds Obligated this budget period       \$930,2         9. Awarding Agency Contact Information       Stayla L Wilkinson       \$900,2         Ms. Ayanan Williams       Omg5@dcd.gov       404.498.5095       \$021/2019 - End Date 01/31/2024         10.Program Official Contact Information       Shayla L Wilkinson       Not Available         Shayla L Wilkinson       Project Officer       DUTTIONAL COSTS         29. Grants Management Officer - Signature       Mrs. Rhonda Latimer         DYP PPTB       Grants Management Officer       Signature			
Ms. Sarah Ehrhard Reid WOMEN'S HEALTH INITIATIVE MANAGER Sarah EhrhardReid@health mo.gov 573-522-2833       Summary Federal Award Financial Information         8. Authorized Official Mrs. Marcia Mahaney Director, Division of Administration marcia mahaney@health.mo.gov 573-515-6014       9. Budget Period Start Date 02/01/2021 - End Date 01/31/2022         20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount 20b. Indirect Cost Amount 21. Authorized Carryover       22. Offset         23. Total Amount of Federal Funds Obligated this budget period Space       \$930,2         9. Awarding Agency Information Ms. Ayanna Williams omg5@cdc.gov 404.498 5095       Summary Federal Award including Approved Cost Sharing or Matching this Project Period       \$930,2         10. Program Official Contact Information Shayla L Wilkinson Project Officer DVP PTB       Suthorized Treatment of Program Income ADDITIONAL COSTS       Not Available	7 Project Director or Principal Investigator		
WOMEN'S HEALTH INITIATIVE MANAGER         Sarah EhrhardReid@health.mo.gov         573-522-2833         8. Authorized Official         Mrs. Marcia Mahaney         Director, Division of Adamistration         marcia mahaney@health.mo.gov         CDC Office of Financial Resources         9. Awarding Agency Information         Ms. Ayanna Williams         omg5@cdc.gov         404.4985.095         IO.Program Official Contact Information         Shayla L Wilkinson         Project Officer         Divigit L Wilkinson         Project Officer         DVP PPTB		No	
Sarah EhrhardReid@health.mo.gov         \$73-522-2833         8. Authorized Official         Mrs. Marcia Mahaney         Director, Division of Administration         marcia.mahaney@health.mo.gov         \$73-571-6014         Federal Agency Information         CDC Office of Financial Resources         9. Awarding Agency Contact Information         Ms. Ayanna Williams         omg5@cdc.gov         404.498.5095         CD.Program Official Contact Information         Shayla L Wilkinson         Project Officer         DVP PPTB		Summary Federal Award Financial Inform	nation
573-522-2833         8. Authorized Official         Mrs. Marcia Mahaney         Director, Division of Administration         marcia mahaney@health.mo.gov         573-51-6014         Federal Agency Information         CDC Office of Financial Resources         9. Awarding Agency Contact Information         Ms. Ayana Williams         omg5@cdc.gov         404.498 5095         10.Program Official Contact Information         Shayla L Wilkinson         Project Officer         DYP PPTB		Summary reactar revar a rimanetar morth	interon
8. Authorized Official       20. Total Amount of Federal Funds Obligated by this Action         Mrs. Marcia Mahaney       20a. Direct Cost Amount         Director, Division of Administration       20b. Indirect Cost Amount         marcia mahaney@health mo.gov       21. Authorized Carryover         573-751-6014       22. Offset         Federal Agency Information       23. Total Amount of Federal Funds Obligated this budget period       \$930,2         CDC Office of Financial Resources       24. Total Approved Cost Sharing or Matching, where applicable       25. Total Federal and Non-Federal Approved this Budget Period       \$930,2         9. Awarding Agency Contact Information       Ms. Ayanna Williams       02/01/2019 - End Date 01/31/2024       \$930,2         26. Project Period Start Date       02/01/2019 - End Date 01/31/2024       \$930,2         27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period       Not Available         8. Authorized Treatment of Program Income ADDITIONAL COSTS       29. Grants Management Officer - Signature       Mrs. Rhonda Latimer Grants Management Officer		<b>19. Budget Period Start Date</b> 02/01/2021 - End Date 01/31/2022	
Mrs. Marcia Mahaney       20a. Direct Cost Amount         Director, Division of Admnistration       20b. Indirect Cost Amount         marcia.mahaney@health.mo.gov       573-751-6014         Federal Agency Information       20. Offset         CDC Office of Financial Resources       23. Total Amount of Federal Funds Obligated this budget period       \$930,2         9. Awarding Agency Contact Information       Ms. Ayanna Williams       \$26. Project Period Start Date       \$27. Total Amount of the Federal Award including Approved this Budget Period       \$930,2         26. Project Period Start Date       \$27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period       Not Available         8. Authorized Treatment of Program Income       ADDITIONAL COSTS       29. Grants Management Officer - Signature         Mrs. Rhonda Latimer       Mrs. Rhonda Latimer       Grants Management Officer       Signature		20. Total Amount of Federal Funds Obligated by this Action	\$0.00
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         Ms. Ayanna Williams         omg5@cdc.gov         404.498.5095         10.Program Official Contact Information         Shayla L Wilkinson         Project Officer         DVP PPTB		20a. Direct Cost Amount	\$0.00
marcia mahaney@health.mo.gov       21. Authorized Carryover         573-751-6014       22. Offset         Federal Agency Information       23. Total Amount of Federal Funds Obligated this budget period       \$930,2         24. Total Approved Cost Sharing or Matching, where applicable       25. Total Approved Cost Sharing or Matching, where applicable         9. Awarding Agency Contact Information       Ms. Ayanna Williams       00/01/2019 - End Date 01/31/2024         9. Awarding Agency Contact Information       Ms. Ayanna Williams       00/01/2019 - End Date 01/31/2024         9. Awarding Agency Contact Information       Ms. Ayanna Williams       0/01/2019 - End Date 01/31/2024         9. Awarding Agency Contact Information       Shayla L Wilkinson       Not Available         10.Program Official Contact Information       Shayla L Wilkinson       Not Available         9. Grants Management Officer       Mrs. Rhonda Latimer       Signature         DVP PPTB       Grants Management Officer       Signature	2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -	20b. Indirect Cost Amount	\$0.00
573-751-6014       22. Offset         Federal Agency Information       23. Total Amount of Federal Funds Obligated this budget period       \$930,2         9. Awarding Agency Contact Information       Ms. Ayanna Williams       \$950,2         omg5@cdc.gov       404.498.5095       404.498.5095       \$950,2         10.Program Official Contact Information       Shayla L Wilkinson       Project Officer       Not Available         Project Officer       DVP PPTB       29. Grants Management Officer       Signature		21. Authorized Carryover	\$0.00
Federal Agency Information CDC Office of Financial Resources       23. Total Amount of Federal Funds Obligated this budget period       \$930,2         9. Awarding Agency Contact Information Ms. Ayanna Williams omg5@cdc.gov 404.498.5095       26. Project Period Start Date       02/01/2019       - End Date       01/31/2024         10.Program Official Contact Information Shayla L Wilkinson Project Officer DVP PPTB       28. Authorized Treatment of Program Income ADDITIONAL COSTS       29. Grants Management Officer       Signature Mrs. Rhonda Latimer Grants Management Officer		Description Antipological International Control Con	\$0.00
Federal Agency Information       24. Total Approved Cost Sharing or Matching, where applicable         25. Total Federal and Non-Federal Approved this Budget Period       \$930,2         9. Awarding Agency Contact Information       Ms. Ayanna Williams         0mg5@cdc.gov       26. Project Period Start Date       02/01/2019       - End Date       01/31/2024         27. Total Amount of the Federal Award including Approved       Cost Sharing or Matching this Project Period       Not Available         10.Program Official Contact Information       Shayla L Wilkinson       29. Grants Management Officer - Signature       Mrs. Rhonda Latimer         DVP PPTB       Grants Management Officer       Mrs. Rhonda Latimer       Starts Management Officer	575-751-0014		
CDC Office of Financial Resources       24. Total Approved Cost Sharing or Matching, where applicable         9. Awarding Agency Contact Information       Somg5@cdc.gov         Ms. Ayanna Williams       02/01/2019 - End Date 01/31/2024         0mg5@cdc.gov       27. Total Amount of the Federal Award including Approved         404.498.5095       Not Available         28. Authorized Treatment of Program Income       ADDITIONAL COSTS         29. Grants Management Officer       Mrs. Rhonda Latimer         DVP PPTB       Grants Management Officer	Federal Agency Information		\$930,289.00
9. Awarding Agency Contact Information         Ms. Ayanna Williams         omg5@cdc.gov         404.498.5095         404.498.5095         IO.Program Official Contact Information         Shayla L Wilkinson         Project Officer         DVP PPTB         DVP PPTB         Contact Information         Add Age and the treatment of Program Income         ADDITIONAL COSTS         29. Grants Management Officer - Signature         Mrs. Rhonda Latimer         Grants Management Officer		24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
Ms. Ayanna Williams       26. Project Period Start Date       02/01/2019       - End Date       01/31/2024         omg5@cdc.gov       404.498.5095       27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period       Not Available         IO.Program Official Contact Information       Shayla L Wilkinson       28. Authorized Treatment of Program Income ADDITIONAL COSTS         Shayla L Wilkinson       29. Grants Management Officer – Signature Grants Management Officer       Mrs. Rhonda Latimer Grants Management Officer		25. Total Federal and Non-Federal Approved this Budget Period	\$930,289.00
omg5@cdc.gov       27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period       Not Available         10.Program Official Contact Information       28. Authorized Treatment of Program Income ADDITIONAL COSTS       28. Authorized Treatment of Program Income         Shayla L Wilkinson       ADDITIONAL COSTS       29. Grants Management Officer - Signature         DVP PPTB       Mrs. Rhonda Latimer Grants Management Officer		26. Project Period Start Date 02/01/2019 - End Date 01/31/2024	
404.498.5095       Cost Sharing or Matching this Project Period       Not Available         10.Program Official Contact Information       28. Authorized Treatment of Program Income         Shayla L Wilkinson       ADDITIONAL COSTS         Project Officer       9. Grants Management Officer – Signature         DVP PPTB       Grants Management Officer		27 Total Amount of the Federal Award including Approved	
10.Program Official Contact Information     28. Authorized Treatment of Program Income       Shayla L Wilkinson     ADDITIONAL COSTS       Project Officer     Mrs. Rhonda Latimer       DVP PPTB     Grants Management Officer	Contraction and the contraction		Not Available
IO.Program Official Contact Information     ADDITIONAL COSTS       Shayla L Wilkinson     29. Grants Management Officer – Signature       Project Officer     Mrs. Rhonda Latimer       DVP PPTB     Grants Management Officer	404.498.2092		Not Available
Shayla L Wilkinson     29. Grants Management Officer – Signature       Project Officer     Mrs. Rhonda Latimer       DVP PPTB     Grants Management Officer		28. Authorized Treatment of Program Income	
Project Officer     Mrs. Rhonda Latimer       DVP PPTB     Grants Management Officer		ADDITIONAL COSTS	
DVP PPTB Grants Management Officer		29. Grants Management Officer – Signature	
Grants Management Officer	A STATISTICAL PROPERTY AND A STATISTICAL PROPERTY.	Mrs. Rhonda Latimer	
	Normal NEW Street and Constants	Grants Management Officer	
IHB9@cdc.gov 77-488-1638			

30. Remarks

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002490-03-01 FAIN# NUF2CE002490 Federal Award Date: 05/20/2021

Recipient Information		roved Budget s Direct Assistance	)			
Recipient Name		I. Financial Assistance from the Federal Awarding Agency Only				
Missouri Department of Health	II. Total	II. Total project costs including grant funds and all other financial participation				
920 Wildwood Dr	a. Salar	ries and Wages		\$71,332.00		
Missouri Dept. of Health and Senior Services	b. Fringe Benefits c. TotalPersonnelCosts			\$44,543.00		
Jefferson City, MO 65109-5796				\$115,875.00		
[NO DATA]	d. Equi	ipment		\$0.00		
Congressional District of Recipient	100 M					
03 Payment Account Number and Type	e. Supj			\$1,809.00		
ayment Account Number and Type	f. Trav	vel		\$3,215.00		
Employer Identification Number (EIN) Data	g. Cons	struction		\$0.00		
	h. Oth	er		\$4,328.00		
Universal Numbering System (DUNS) 878092600 Recipient's Unique Entity Identifier	i. Contractual			\$797,615.00		
	j. TOTAL DIRECT COSTS			\$922,842.00		
Not Available	k. INDI	RECT COSTS		\$7,447.00		
31. Assistance Type	l. TOT.	1. TOTAL APPROVED BUDGET		\$930,289.00		
Cooperative Agreement 32. Type of Award	m. Federal Share \$930,289.00					
Other	n. Non-	Federal Share		\$0.00		
34. Accounting Classification Codes						
	ATIVE CODE					
1-939ZSFL 19NUF2CE002490 (	CE	41 51		\$0 00 75-21-0952		



Award# 6 NUF2CE002490-03-01 FAIN# NUF2CE002490 Federal Award Date: 05/20/2021

#### **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

6 NUF2CE002490-03-01

1. Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Key Personnel:** The purpose of this amendment is to approve the **Principal Investigator** change to Sarah Ehrhard Reid. This is in response to the request submitted by your organization dated April 23, 2021.