



**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)**  
1446000987D4

**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**

Ms. Marcia Mahaney  
Grants@health.mo.gov  
573-751-6014

**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 NU58DP007668-01-01

**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**

Deob/Reob

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2023	<b>- End Date</b>	09/29/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			(\$925,000.00)
20a. Direct Cost Amount			(\$925,000.00)
20b. Indirect Cost Amount			\$0.00
<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>			\$925,000.00
<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>			\$0.00
<b>26. Period of Performance Start Date</b>	09/30/2023	<b>- End Date</b>	09/29/2028
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$0.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Natasha Jones  
Grants Management Officer

**30. Remarks**



Recipient Information
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr -DUP Jefferson City, MO 65109-5796 [NO DATA]
<b>Congressional District of Recipient</b> 03
<b>Payment Account Number and Type</b> 1446000987D4
<b>Employer Identification Number (EIN) Data</b> 446000987
<b>Universal Numbering System (DUNS)</b> 878092600
<b>Recipient's Unique Entity Identifier (UEI)</b> UETLXV8NG8F4
<b>31. Assistance Type</b> Cooperative Agreement
<b>32. Type of Award</b> 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	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$0.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$0.00
m. Federal Share	\$0.00
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
3-939ZRBH	23NU58DP007668	DP	410Q	93.436	(\$925,000.00)	75-23-0948



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

Centers for Disease Control and Prevention

Award# 6 NU58DP007668-01-01

FAIN# NU58DP007668

Federal Award Date: 10/17/2023

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</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
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NU58DP007668-01-01

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1. ADDITIONAL TERMS AND CONDITIONS

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**De-obligation of Funds:** The purpose of this amended Notice of Award is to de-obligate funds in the amount of \$925,000 from EIN 1446000987D4 . Funds will be re-obligated to EIN 1446000987B7 on a subsequent award action. This is in response to the request submitted by your organization dated October 11, 2023