

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NE11OE000072-03-03 FAIN# NE11OE000072 Federal Award Date: 05/29/2025

Recipient Information	Federal Award Information	
1. Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]	 11. Award Number 6 NE11OE000072-03-03 12. Unique Federal Award Identification Number (FAIN) NE11OE000072 13. Statutory Authority 317(K)(2) OF PHSA 42USC 247B(K)(2) 	
2. Congressional District of Recipient	14. Federal Award Project Title Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems	
 Payment System Identifier (ID) Employer Identification Number (EIN) Data Universal Numbering System (DUNS) 878092600 Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4 Project Director or Principal Investigator 	 15. Assistance Listing Number 93.967 16. Assistance Listing Program Title CDC's Collaboration with Academia to Strengthen Public Health 17. Award Action Type Change in Key Personnel 18. Is the Award R&D? 	
Nicole Cooper Senior Public Health Program Associate nicole.cooper@health.mo.gov	No Summary Federal Award Financial Informatio 19. Budget Period Start Date 12/01/2024 - End Date 11/30/2025	on
5735266960 8. Authorized Official Mr. Chad R. Ridder Athorizing Official & Director - Division of Administration chad.ridder@health.mo.gov 753-751-6012 Federal Agency Information CDC Office of Financial Resources	 20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount 21. Authorized Carryover 22. Offset 23. Total Amount of Federal Funds Obligated this budget period 24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period 	\$0.00 \$0.00 \$0.00 \$0.00 \$3,704,628.00 \$0.00 \$3,704,628.00
9. Awarding Agency Contact Information Mr. Derick Wheeler , II Grants Management Specialist tie2@cdc.gov 678-475-4972	 26. Period of Performance Start Date 12/01/2022 - End Date 11/30/2027 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance 	\$70,980,264.00
10.Program Official Contact Information Gabrielle N Bires Program Officer ugt2@cdc.gov 404-368-3908	 28. Authorized Treatment of Program Income ADDITIONAL COSTS 29. Grants Management Officer – Signature Mr. Damond Barnes Grants Management Officer 	

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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33. Approved Budget (Excludes Direct Assistance)		
 Financial Assistance from the Federal Awarding Agency Only I. Total project costs including grant funds and all other financial participation 		
 a. Salaries and Wages b. Fringe Benefits c. Total Personnel Costs 	\$0.00 \$0.00 \$0.00	
d. Equipment e. Supplies	\$0.00 \$0.00	
g. Construction h. Other	\$0.00 \$0.00 \$0.00	
j. TOTAL DIRECT COSTS	\$3,704,628.00 \$3,704,628.00 \$0.00	
1. TOTAL APPROVED BUDGET m. Federal Share n. Non-Federal Share	\$3,704,628.00 \$3,704,628.00 \$0.00	
	(Excludes Direct Assistance)1. Financial Assistance from the Federal Awarding Ag11. Total project costs including grant funds and all ofa. Salaries and Wagesb. Fringe Benefitsc. Total Personnel Costsd. Equipmente. Suppliesf. Travelg. Constructionh. Otheri. Contractualj. TOTAL DIRECT COSTSk. INDIRECT COSTSl. TOTAL APPROVED BUDGETm. Federal Share	

ADMINISTRATIVE CODE AMT ACTION FINANCIAL ASSISTANCE APPROPRIATION FY-ACCOUNT NO. OBJECT CLASS ASSISTANCE LISTING DOCUMENT NO. 75-2224-0943 3-9390JXA 23NE11OE000072A2 OF. 410U 93.967 \$0.00 3-9390L1Z 23NE11OE000072A1C6 OE 410U 93.967 \$0.00 75-X-0140 93.967 3-9390EV2 23NE11OE000072A3 OE 410U \$0.00 75-23-0959 4-9390LFF 23NE11OE000072A2 OE 410U 93.967 \$0.00 75-2324-0943 4-9390MV6 23NE11OE000072DMIC6 OE 410U 93.967 \$0.00 75-X-0140 4-9390MFC 23NE11OE000072C5 OE 410U 93.967 \$0.00 75-2124-0943 5-9390MR5 OE 93.967 \$0.00 75-2425-0943 23NE11OE000072A2 410U 75-X-0140 3-9390LM6 23NE11OE000072DMIC6 OE 410U 93.967 \$0.00 3-9390LFD 23NE11OE000072LDXC6 OE 410U 93.967 \$0.00 75-X-0140



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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 NE11OE000072-03-03

1. NE11OE000072--Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve the **Authorizing Official Representative** change to Chad Ridder. This is in response to the request submitted by your organization dated May 21, 2025.

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

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

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE