



**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)**

[REDACTED]

**4. Employer Identification Number (EIN)**

[REDACTED]

**5. Data Universal Numbering System (DUNS)**

878092600

**6. Recipient's Unique Entity Identifier (UEI)**

UETLXV8NG8F4

**7. Project Director or Principal Investigator**

Nicole Cooper  
Senior Public Health Program Associate  
nicole.cooper@health.mo.gov  
5735266960

**8. Authorized Official**

Mrs. Marcia Mahaney  
Director, Division of Administration  
marcia.mahaney@health.mo.gov  
573-751-6014

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Damond Barnes  
Grants Management Officer  
xhp5@cdc.gov  
770-488-2611

**10. Program Official Contact Information**

Gabrielle N Bires  
Program Officer  
ugt2@cdc.gov  
404-368-3908

**Federal Award Information**

**11. Award Number**

6 NE11OE000072-02-06

**12. Unique Federal Award Identification Number (FAIN)**

NE11OE000072

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

**15. Assistance Listing Number**

93.967

**16. Assistance Listing Program Title**

CDC's Collaboration with Academia to Strengthen Public Health

**17. Award Action Type**

Budget Revision

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

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	12/01/2023	<b>- End Date</b>	11/30/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			(\$12,752.00)
20b. Indirect Cost Amount			\$12,752.00
<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>			\$5,076,166.00
<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>			\$5,076,166.00
<b>26. Period of Performance Start Date</b>	12/01/2022	<b>- End Date</b>	11/30/2027
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$64,003,020.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Erica Stewart  
Team Lead, Grants Management Officer

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NE11OE000072-02-06

FAIN# NE11OE000072

Federal Award Date: 04/29/2024

<b>Recipient Information</b>	
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]	
<b>Congressional District of Recipient</b> 03	
<b>Payment Account Number and Type</b> [REDACTED]	
<b>Employer Identification Number (EIN) Data</b> [REDACTED]	
<b>Universal Numbering System (DUNS)</b> 878092600	
<b>Recipient's Unique Entity Identifier (UEI)</b> UETLXV8NG8F4	
<b>31. Assistance Type</b> Project Grant	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
<b>a. Salaries and Wages</b>	\$149,211.00
<b>b. Fringe Benefits</b>	\$61,444.00
<b>c. Total Personnel Costs</b>	\$210,655.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$0.00
<b>f. Travel</b>	\$9,474.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$29,051.00
<b>i. Contractual</b>	\$4,783,169.00
<b>j. TOTAL DIRECT COSTS</b>	\$5,032,349.00
<b>k. INDIRECT COSTS</b>	\$43,817.00
<b>L TOTAL APPROVED BUDGET</b>	\$5,076,166.00
<b>m. Federal Share</b>	\$5,076,166.00
<b>n. Non-Federal Share</b>	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000072A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390L1Z	23NE11OE000072A1C6	OE	410U	93.967	\$0.00	75-X-0140
3-9390EV2	23NE11OE000072A3	OE	410U	93.967	\$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



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

Centers for Disease Control and Prevention

Award# 6 NE11OE000072-02-06

FAIN# NE11OE000072

Federal Award Date: 04/29/2024

**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 NE11OE000072-02-06

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1. Terms

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Update to General Terms and Conditions for your award:** The purpose of this amended Notice of Award is to inform the recipient that the General Terms and Conditions for non-research grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated February 15, 2024 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Budget Information Requirement:** By May 23, 2024 the recipient must submit a revised budget with a narrative justification as a grant note. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

- **Personnel**- There are vacant positions that need to be filled. Please provide the names of all the vacant positions.
- **Other**-All costs associated with “other” need to be itemized.
- **Travel**- Please provide the dates and locations of travel and name the travel participants. In addition, the travel calculations based on the numbers provided by the recipient comes to \$7,368 but there is only \$6,104 for the travel cost category. Please correct calculations and redirect funds as necessary
- **Indirect costs**- The indirect cost calculation was incorrect. The base is comprised of Direct salaries, wages and fringe.  $\$120,515 \text{ (base)} \times 18.10 \text{ (rate)} = \$2,181,322$ . the indirect amount of \$25,068 listed in the submitted budget is incorrect. Please correct this amount with a grant note and redirect funds as necessary.
- **Contractual**- Please provide the names of all TBD contractors.

**Missing Contractual Elements –** The contracts listed below are not approved and the recipient may not begin the contract Until the period of performance and an itemized budget with justification are provided via Grant Solutions as a Notification of contractor amendment and GMO approval is provided via Notice of Award.

**Contractor 1-** University of Missouri (3 contracts total)

**Contractor 2-** TBD

**Budget by Component/Strategy Funding:** Recipients must ensure to track and report project funding and activities by strategy. Costs cannot be redirected between components/strategies without prior CDC approval.

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

All costs must be applied consistently for all work of the organization under similar circumstances, and in line with the goals and objectives outlined in and approved budget and work plans.

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