



Recipient Information

1. Recipient Name

Missouri Department of Health
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

7. Project Director or Principal Investigator

Ms. Lynelle Paro
Lynelle.Paro@health.mo.gov
573-526-7967

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

Ms. Kathy Raible-GMS
kcr8@cdc.gov
770-488-2045

10. Program Official Contact Information

Ms. Hanan Awwad
Program Officer
Immunization Services Division (ISD)
wgn5@cdc.gov
404.718.4623

Federal Award Information

11. Award Number

6 NH23IP922606-02-10

12. Unique Federal Award Identification Number (FAIN)

NH23IP922606

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number

93.268

16. Assistance Listing Program Title

Immunization Cooperative Agreements

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	07/01/2020	- End Date	06/30/2021
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			(\$482,468.00)
20b. Indirect Cost Amount			\$482,468.00
21. Authorized Carryover			\$307,400.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$126,635,623.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$126,635,623.00
26. Project Period Start Date	07/01/2019	- End Date	06/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period			Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer – Signature

Brownie Anderson-Rana
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922606-02-10

FAIN# NH23IP922606

Federal Award Date: 08/18/2021

<p>Recipient Information</p> <p>Recipient Name Missouri Department of Health 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]</p> <p>Congressional District of Recipient 03</p> <p>Payment Account Number and Type [REDACTED]</p> <p>Employer Identification Number (EIN) Data [REDACTED]</p> <p>Universal Numbering System (DUNS) 878092600</p> <p>Recipient's Unique Entity Identifier Not Available</p>
<p>31. Assistance Type Cooperative Agreement</p> <p>32. Type of Award Demonstration</p>

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	\$3,557,324.00
b. Fringe Benefits	\$2,162,754.00
c. Total Personnel Costs	\$5,720,078.00
d. Equipment	\$0.00
e. Supplies	\$2,601,183.00
f. Travel	\$469,431.00
g. Construction	\$0.00
h. Other	\$1,833,194.00
i. Contractual	\$115,138,804.00
j. TOTAL DIRECT COSTS	\$125,762,690.00
k. INDIRECT COSTS	\$1,180,333.00
l. TOTAL APPROVED BUDGET	\$126,943,023.00
m. Federal Share	\$126,943,023.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GUU	20NH23IP922606UDSPC5	IP	41.51	\$0.00	75-2124-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922606-02-10

FAIN# NH23IP922606

Federal Award Date: 08/18/2021

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 NH23IP922606-02-10

1. Revised Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

REVISED BUDGET/REDIRECTION: The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated June 25, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Please be advised that the recipient 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