



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU17CE010161-03-02

FAIN# NU17CE010161

Federal Award Date: 06/09/2025

Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 Wildwood Dr
Health and Senior Services, Missouri Department of
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

Ms. Venkata Garikapaty
Principal Investigator - Missouri Representative
Venkata.Garikapaty@health.mo.gov
573-526-0452

8. Authorized Official

Mr. Chad R. Ridder
Authorizing Official Representative - Director,
Division of Administration
chad.ridder@health.mo.gov
753-751-6012

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Karen Law
Grants Management Specialist
uep2@cdc.gov
404-498-1360

10. Program Official Contact Information

Lori-Ann Walker
NCIPC/DVP/SB/Violence Surveillance Coordination
Team
xkb2@cdc.gov
404.639.8893

Federal Award Information

11. Award Number

6 NU17CE010161-03-02

12. Unique Federal Award Identification Number (FAIN)

NU17CE010161

13. Statutory Authority

Section 392(a)(1) of the Public Health Service Act, as amended [42 USC 280b-0(a)(1)]

14. Federal Award Project Title

Missouri Collecting Violent Death Information Using National Violent Death Reporting Systems (NVDRS)

15. Assistance Listing Number

93.136

16. Assistance Listing Program Title

Injury Prevention and Control Research and State and Community Based Programs

17. Award Action Type

Change in Key Personnel

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2024 - **End Date** 08/31/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$369,064.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$369,064.00

26. Period of Performance Start Date 09/01/2022 - **End Date** 08/31/2027

**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$1,107,192.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Colbert
Grants Management Officer

30. Remarks

Change in AOR to Chad R. Ridder - Approved



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU17CE010161-03-02

FAIN# NU17CE010161

Federal Award Date: 06/09/2025

Recipient Information

Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES

920 Wildwood Dr

Health and Senior Services, Missouri Department of
Jefferson City, MO 65109-5796

[NO DATA]

Congressional District of Recipient

03

Payment Account Number and Type

[REDACTED]

Employer Identification Number (EIN) Data

[REDACTED]

Universal Numbering System (DUNS)

878092600

Recipient's Unique Entity Identifier (UEI)

UETLXV8NG8F4

31. Assistance Type

Cooperative Agreement

32. Type of Award

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	\$106,934.00
b. Fringe Benefits	\$68,320.00
c. Total Personnel Costs	\$175,254.00
d. Equipment	\$0.00
e. Supplies	\$935.00
f. Travel	\$3,668.00
g. Construction	\$0.00
h. Other	\$10,473.00
i. Contractual	\$142,281.00
j. TOTAL DIRECT COSTS	\$332,611.00
k. INDIRECT COSTS	\$36,453.00
l. TOTAL APPROVED BUDGET	\$369,064.00
m. Federal Share	\$369,064.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939ZSPT	22NU17CE010161	CE	41.51	93.136	\$0.00	75-23-0952
4-939ZSPT	22NU17CE010161	CE	41.51	93.136	\$0.00	75-24-0952



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU17CE010161-03-02

FAIN# NU17CE010161

Federal Award Date: 06/09/2025

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 NU17CE010161-03-02

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS

PURPOSE: The purpose of this revised Notice of Award is to approve **Chad Ridder** as the Authorized Representative replacing **Amy Blakenship** as requested by your organization in the letter dated May 9, 2025.

All the 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 be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, reasonable, and allocable.

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE