



**Recipient Information**

**1. Recipient Name**

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
920 Wildwood Dr  
Missouri Department of Health  
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**

Dr. Taylor Kinde  
Taylor.Kinde@health.mo.gov  
573-751-6266

**8. Authorized Official**

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

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Kimberly Lewis  
Grants Management Specialist  
srq2@cdc.gov  
6784754748

**10. Program Official Contact Information**

Stephanie Henry  
Public Health Analyst  
shenry@cdc.gov  
404-498-3809

**Federal Award Information**

**11. Award Number**

6 NU50DD000082-04-01

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

NU50DD000082

**13. Statutory Authority**

Sec 399M(b)(1) PHSA [42U.S.C. 280g-1(b)(1)]

**14. Federal Award Project Title**

Early Hearing Detection and Intervention Information System (EHDI-IS)

**15. Assistance Listing Number**

93.314

**16. Assistance Listing Program Title**

Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program

**17. Award Action Type**

Supplement

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

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	07/01/2023	<b>- End Date</b>	06/30/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$169,000.00		
20a. Direct Cost Amount	\$141,089.00		
20b. Indirect Cost Amount	\$27,911.00		
<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>	\$166,000.00		
<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>	\$335,000.00		
<b>26. Period of Performance Start Date</b>	07/01/2020	<b>- End Date</b>	06/30/2025
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$815,000.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer – Signature**

Merlin Williams

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50DD000082-04-01

FAIN# NU50DD000082

Federal Award Date: 05/20/2024

<b>Recipient Information</b>	
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Missouri Department of Health 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> Cooperative Agreement	
<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>	\$165,862.00
<b>b. Fringe Benefits</b>	\$100,347.00
<b>c. Total Personnel Costs</b>	\$266,209.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$159.00
<b>f. Travel</b>	\$2,636.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$10,624.00
<b>i. Contractual</b>	\$0.00
<b>j. TOTAL DIRECT COSTS</b>	\$279,628.00
<b>k. INDIRECT COSTS</b>	\$55,372.00
<b>L TOTAL APPROVED BUDGET</b>	\$335,000.00
<b>m. Federal Share</b>	\$335,000.00
<b>n. Non-Federal Share</b>	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-939ZRCP	20NU50DD000082	DD	41.51	93.314	\$0.00	75-20-0958
1-939ZRCP	20NU50DD000082	DD	41.51	93.314	\$0.00	75-21-0958
2-939ZRCP	20NU50DD000082	DD	41.51	93.314	\$0.00	75-22-0958
3-939ZRCP	20NU50DD000082	DD	41.51	93.314	\$0.00	75-23-0958
4-939ZRCP	20NU50DD000082	DD	41.51	93.314	\$169,000.00	75-24-0958



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

Centers for Disease Control and Prevention

Award# 6 NU50DD000082-04-01

FAIN# NU50DD000082

Federal Award Date: 05/20/2024

**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 NU50DD000082-04-01

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1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Supplemental Funding:** The purpose of this amended Notice of Award (NoA) is to award supplement funding in the amount of \$ 169,000. These funds have been distributed as indicated in the approved budget of this NoA, as well as in the chart below:

<b>BUDGET</b>			
<b>Category</b>	<b>Previous Budget</b>	<b>Supplemental Funding</b>	<b>Total</b>
Salary & Wages	\$80,895	\$84,967	<b>\$165,862</b>
Fringe	\$51,128	\$49,219	<b>\$100,347</b>
Consultants	\$0	\$0	<b>\$0</b>
Equipment	\$0	\$0	<b>\$0</b>
Supplies	\$0	\$0	<b>\$0</b>
Travel	\$1,318	\$1318	<b>\$2,636</b>
Other	\$5,198	\$5,426	<b>\$10,624</b>
Contractual	\$0	\$0	<b>\$0</b>
Total Direct Costs	\$138,539	\$141,089	<b>\$279,628</b>
Indirect costs	\$27,461	\$27,911	<b>\$55,372</b>
<b>Total Approved Costs</b>	<b>\$166,000</b>	<b>\$169,000</b>	<b>\$335,000</b>

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. This award contains funding from multiple components. The grant document numbers identified beginning at the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

<b>Component:</b> Core
<b>Document Number:</b> 20NU50DD000082

**Stewardship:** 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 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.

**\*GMO and Programmatic contacts are listed on Page 1 of this notice of award.**