



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

Notice of Award

Award# 6 NU51CK000324-01-05

FAIN# NU51CK000324

Federal Award Date: 06/11/2025

**Recipient Information**

**1. Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &  
SENIOR SERVICES  
920 Wildwood Dr  
Senior and Disability Services  
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. Misty Dennis  
Ops. Specialist  
misty.dennis@health.mo.gov  
573-751-9751

**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**

Benjamin Weiss  
Grants Management Specialist  
abb3@cdc.gov  
4044983233

**10. Program Official Contact Information**

Josiane Chekam Nwafo  
Program Officer  
qey4@cdc.gov  
No phone provided

**Federal Award Information**

**11. Award Number**

6 NU51CK000324-01-05

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

NU51CK000324

**13. Statutory Authority**

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

**14. Federal Award Project Title**

CK-24-0002 EPIDEMIOLOGY AND LABORATORY CAPACITY FOR PREVENTION AND CONTROL  
OF EMERGING INFECTIOUS DISEASES (ELC)

**15. Assistance Listing Number**

93.323

**16. Assistance Listing Program Title**

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

**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** 08/01/2024 - **End Date** 07/31/2025

**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** \$5,034,563.00

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

**25. Total Federal and Non-Federal Approved this Budget Period** \$5,034,563.00

**26. Period of Performance Start Date** 08/01/2024 - **End Date** 07/31/2029

**27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Period of Performance** \$5,034,563.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Dr. Gwendolyn Demery Moore  
Grants Management Officer

**30. Remarks**



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Jefferson City, MO 65109-5796

[NO DATA]

**Congressional District of Recipient**

03

**Payment Account Number and Type****Employer Identification Number (EIN) Data****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	\$1,038,574.00
b. Fringe Benefits	\$659,185.00
c. Total Personnel Costs	\$1,697,759.00
d. Equipment	\$0.00
e. Supplies	\$316,324.00
f. Travel	\$55,048.00
g. Construction	\$0.00
h. Other	\$2,184,903.00
i. Contractual	\$427,388.00
j. TOTAL DIRECT COSTS	\$4,681,422.00
k. INDIRECT COSTS	\$353,141.00
l. TOTAL APPROVED BUDGET	\$5,034,563.00
m. Federal Share	\$5,034,563.00
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
4-9211175	24NU51CK000324	CK	410Q	93.323	\$0.00	75-24-0949
4-939014P	24NU51CK000324	CK	410Q	93.323	\$0.00	75-24-0949
4-93904SH	24NU51CK000324	CK	410Q	93.323	\$0.00	75-24-0959
4-93905VH	24NU51CK000324	CK	410Q	93.323	\$0.00	75-24-0949
4-93906N9	24NU51CK000324	CK	410Q	93.323	\$0.00	75-24-0949
4-93908MV	24NU51CK000324	CK	410Q	93.323	\$0.00	75-24-0949
4-9390L4J	24NU51CK000324	CK	410Q	93.323	\$0.00	75-X-0949
4-9390MDR	24NU51CK000324	CK	410Q	93.323	\$0.00	75-X-0951
4-9390MF2	24NU51CK000324	CK	410Q	93.323	\$0.00	75-X-0949
4-9390MQG	24NU51CK000324NWSSC4	CK	410Q	93.323	\$0.00	75-X-0140
4-9390MV4	24NU51CK000324JCVDC5	CK	410Q	93.323	\$0.00	75-2124-0943
4-9390NCA	24NU51CK000324H5N1C3	CK	410Q	93.323	\$0.00	75-2024-0140
4-939ZSED	24NU51CK000324	CK	410Q	93.323	\$0.00	75-24-0949
4-939ZVJC	24NU51CK000324	CK	410Q	93.323	\$0.00	75-24-0949
4-9390MMY	24NU51CK000324JCVDC5	CK	410Q	93.323	\$0.00	75-2124-0943
4-9390NGN	24NU51CK000324ETORC3	CK	410Q	93.323	\$0.00	75-2024-0140
4-9390NXU	24NU51CK000324NWSSC5	CK	410Q	93.323	\$0.00	75-2124-0943



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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 NU51CK000324-01-05

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1. 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 30, 2025.