



**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**

Mr. Steve Cramer  
Section Administrator  
steve.cramer@health.mo.gov  
573-522-2806

**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**

Mrs. Keisha Thompson  
GMS  
dwt6@cdc.gov  
770-488-2681

**10. Program Official Contact Information**

Ms. Hope Ivory  
Public Health Advisor  
npm2@cdc.gov  
404-498-1993

**Federal Award Information**

**11. Award Number**

6 NU58DP006452-03-01

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

NU58DP006452

**13. Statutory Authority**

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

**14. Federal Award Project Title**

State Public Health Approaches to Addressing Arthritis

**15. Assistance Listing Number**

93.945

**16. Assistance Listing Program Title**

Assistance Programs for Chronic Disease Prevention and Control

**17. Award Action Type**

Summary Statement/Technical Review Response to Weaknesses

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

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	07/01/2020	- End Date	06/30/2021
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<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>			\$305,345.00
<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>			\$305,345.00
<b>26. Project Period Start Date</b>	07/01/2018	- End Date	06/30/2023
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			\$900,195.00

**28. Authorized Treatment of Program Income**

OTHER (See REMARKS)

**29. Grants Management Officer - Signature**

Ms. Pamela Render  
Grants Management Officer  
plr3@cdc.gov  
770-488-2712

**30. Remarks**



Award# 6 NU58DP006452-03-01

FAIN# NU58DP006452

Federal Award Date: 10/19/2020

Recipient Information
<b>Recipient Name</b> Missouri Department of Health 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</b> Not Available
<b>31. Assistance Type</b> Cooperative Agreement
<b>32. Type of Award</b> 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	\$8,324.00
b. Fringe Benefits	\$4,994.00
c. Total Personnel Costs	\$13,318.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$334.00
i. Contractual	\$288,843.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$302,495.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$2,850.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$305,345.00</b>
<b>m. Federal Share</b>	<b>\$305,345.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-939ZREX	18NU58DP006452	DP	41 51	\$0 00	75-20-0948



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

Centers for Disease Control and Prevention

Award# 6 NU58DP006452-03-01

FAIN# NU58DP006452

Federal Award Date: 10/19/2020

**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 NU58DP006452-03-01

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1. Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Technical Review:** The purpose of this amended Notice of Award is to approve the response to the Technical Review submitted by your organization dated August 28, 2020.

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

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 REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

Administrative Contacts:

**Grants Management Officer, Pamela Render**  
Centers for Disease Control  
Office of Grants Services  
2960 Brandywine Road  
Atlanta, Georgia 30341  
Telephone: 770-488-2712  
Email: [PRender@cdc.gov](mailto:PRender@cdc.gov)

**Grants Management Specialist: Keisha Thompson**  
Center for Disease Control and Prevention  
CDC / ATSDR  
2960 Brandywine Road MS.E-01  
Atlanta, GA 30341  
**Phone:** 770-488-2681  
Email: [dwt6@cdc.gov](mailto:dwt6@cdc.gov)