



Recipient Information
<p>1. Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 [NO DATA]</p> <p>2. Congressional District of Recipient 03</p> <p>3. Payment System Identifier (ID) 1446000987B7</p> <p>4. Employer Identification Number (EIN) 446000987</p> <p>5. Data Universal Numbering System (DUNS) 878092600</p> <p>6. Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4</p> <p>7. Project Director or Principal Investigator Ms. Nicole Sinderman nicole.sinderman@health.mo.gov 5735225029</p> <p>8. Authorized Official Mrs. Marcia Mahaney Director, Division of Administration marcia.mahaney@health.mo.gov 573-751-6014</p>
<p>Federal Agency Information CDC Office of Financial Resources</p> <p>9. Awarding Agency Contact Information Mrs. Nadirah Watson Grants Management Specialist nwatson@cdc.gov 404-498-3029</p> <p>10. Program Official Contact Information Ms. Susan McCarthy Public Health Advisor zcu0@cdc.gov 404-498-0518</p>

Federal Award Information
<p>11. Award Number 6 NU58DP006820-04-01</p> <p>12. Unique Federal Award Identification Number (FAIN) NU58DP006820</p> <p>13. Statutory Authority 301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.</p> <p>14. Federal Award Project Title National and State Tobacco Control Program</p> <p>15. Assistance Listing Number 93.387</p> <p>16. Assistance Listing Program Title National and State Tobacco Control Program</p> <p>17. Award Action Type Change PI/PD</p> <p>18. Is the Award R&D? No</p>

Summary Federal Award Financial Information	
19. Budget Period Start Date	04/29/2023 - End Date 04/28/2024
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	\$599,399.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,349,783.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,349,783.00
26. Period of Performance Start Date	06/29/2020 - End Date 04/28/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$6,872,465.00

<p>28. Authorized Treatment of Program Income ADDITIONAL COSTS</p> <p>29. Grants Management Officer - Signature Darryl Mitchell</p>

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006820-04-01

FAIN# NU58DP006820

Federal Award Date: 01/31/2024

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<p>31. Assistance Type Cooperative Agreement</p> <p>32. Type of Award Other</p>

<p>33. Approved Budget (Excludes Direct Assistance)</p> <p>I. Financial Assistance from the Federal Awarding Agency Only</p> <p>II. Total project costs including grant funds and all other financial participation</p>	
<p>a. Salaries and Wages</p> <p>b. Fringe Benefits</p> <p>c. Total Personnel Costs</p> <p>d. Equipment</p> <p>e. Supplies</p> <p>f. Travel</p> <p>g. Construction</p> <p>h. Other</p> <p>i. Contractual</p>	<p>\$364,623.00</p> <p>\$248,855.00</p> <p>\$613,478.00</p> <p>\$0.00</p> <p>\$1,500.00</p> <p>\$15,018.00</p> <p>\$0.00</p> <p>\$41,034.00</p> <p>\$1,167,112.00</p>
<p>j. TOTAL DIRECT COSTS</p>	<p>\$1,838,142.00</p>
<p>k. INDIRECT COSTS</p>	<p>\$111,040.00</p>
<p>l. TOTAL APPROVED BUDGET</p>	<p>\$1,949,182.00</p>
<p>m. Federal Share</p>	<p>\$1,949,182.00</p>
<p>n. Non-Federal Share</p>	<p>\$0.00</p>

<p>34. Accounting Classification Codes</p>							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
3-9390L46	20NU58DP006820	DP	41.51	93.387	\$0.00	75-X-0948	



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Centers for Disease Control and Prevention

Award# 6 NU58DP006820-04-01

FAIN# NU58DP006820

Federal Award Date: 01/31/2024

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 NU58DP006820-04-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve the *Principal Investigator* change to Nicole Sinderman. This is in response to the request submitted by your organization dated January 22, 2024.