



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
PO BOX 570
MISSOURI DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Jefferson City, MO 65102-0570

2. Congressional District of Recipient
04

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

Joyce Hoth
joyce.hoth@health.mo.gov
314-244-8813

8. Authorized Official

Mrs. Marcia Mahaney
Director, Division of Administration
marcia.mahaney@health.mo.gov
573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Caloria Osborne
GMS
ube7@cdc.gov
404-718-3535

10. Program Official Contact Information

Justin Alexander
Program Officer
nga8@cdc.gov
404-498-0979

Federal Award Information

11. Award Number

6 NU58DP007408-02-01

12. Unique Federal Award Identification Number (FAIN)

NU58DP007408

13. Statutory Authority

Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

14. Federal Award Project Title

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes

15. Assistance Listing Number

93.988

16. Assistance Listing Program Title

Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/30/2024	- End Date	06/29/2025
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$1,499.00
20b. Indirect Cost Amount			(\$1,499.00)
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$1,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$1,000,000.00
26. Period of Performance Start Date	06/30/2023	- End Date	06/29/2028
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$2,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Natasha Jones
Grants Management Officer

30. Remarks



Recipient Information
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES PO BOX 570 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES Jefferson City, MO 65102-0570 Congressional District of Recipient 04 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	\$190,492.00
b. Fringe Benefits	\$124,582.00
c. Total Personnel Costs	\$315,074.00
d. Equipment	\$0.00
e. Supplies	\$1,510.00
f. Travel	\$9,209.00
g. Construction	\$0.00
h. Other	\$50,885.00
i. Contractual	\$556,841.00
j. TOTAL DIRECT COSTS	\$933,519.00
k. INDIRECT COSTS	\$66,481.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939ZQZH	23NU58DP007408	DP	410Q	93.988	\$0.00	75-23-0948
4-931ZZBD	23NU58DP007408	DP	410Q	93.988	\$0.00	75-X-0948



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP007408-02-01

FAIN# NU58DP007408

Federal Award Date: 07/30/2024

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 NU58DP007408-02-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS

Revised Budget: The purpose of this amended Notice of Award is to approve the **Revised Budget request** submitted by your organization dated **July 26, 2024**. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Contractual/Consultant: The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contracts/Consultant below. This approval is in response to the request submitted by your organization dated **July 26, 2024**.

Contractor: Diabetes Training & Technical Assistance Center (DTTAC)

Contractor: University of Missouri Extension

Contractor: St. Louis Area Business Health Coalition (STLBHC)

Contractor: St. Louis Community College

Contractor: State Fair Community College

Contractor: Ozarks Technical Community College

Contractor: Metropolitan Community College of Kansas City

Contractor: Southeast Missouri State University

Contractor: Three Rivers Community College

Contractor: Randolph County Caring Community Partnership in partnership with Christian College of the Bible

Contractor: Oasis

Contractor: Northeast MO Health Council, Carrie Snyder, ADCES Master Trainer

Contractor: Elasticity

Contractor: Missouri Hospital Association (MHA)

Contractor: Missouri Optometric Association

Contractor: Missouri Pharmacy Association (MPA)

Contractor: National Kidney Foundation (NKF)

Contractor: Prana Diabetes, Inc (DBA HabitNu)

Contractor: Mid-America Regional Council (MARC)

Consultant: CGA Consulting - \$27,600

Missing Contractual Elements – The contracts listed below **are** approved. However, the recipient must provide names of TBD contractors via Grant Solutions as a grant note prior to beginning the contracts. This approval is in response to the request submitted by your organization dated **July 26, 2024**.

Contractor: Clinical Partner #1

Contractor: Clinical Partner #2

Contractor: TBD