### Notice of Award

Award# 6 NU58DP007453-01-02

FAIN# NU58DP007453

Federal Award Date: 03/28/2024

### Recipient Information

### 1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

920 Wildwood Dr

-DUP

Jefferson City, MO 65109-5796

[NO DATA]

# 2. Congressional District of Recipient

- 3. Payment System Identifier (ID)
- 4. Employer Identification Number (EIN)
- 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

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

### **Federal Agency Information**

CDC Office of Financial Resources

### 9. Awarding Agency Contact Information

Monique Tatum itn8@cdc.gov 770-488-2617

#### 10,Program Official Contact Information

Mrs. Montez LeGrand-Punter Program Officer uob8@cdc.gov 404-498-2676

### **Federal Award Information**

### 11. Award Number

6 NU58DP007453-01-02

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

NU58DP007453

#### 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

The National Cardiovascular Health Program

### 15. Assistance Listing Number

93 426

### 16. Assistance Listing Program Title

Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke-Financed in part by 2018 Prevention and Public Heal

### 17. Award Action Type

Change PI/PD

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

No

## **Summary Federal Award Financial Information**

19. Budget Period Start Date	06/30/2023	- End Date	06/29/2024

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 \$0.0023. Total Amount of Federal Funds Obligated this budget period \$1,082,121.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$1,082,121.00

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

\$1,082,121.00

### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Mrs. Keisha Thompson Grants Management Officer

### 30. Remarks

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### **Recipient Information**

### **Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &

SENIOR SERVICES

920 Wildwood Dr

-DUP

Jefferson City, MO 65109-5796

Congressional District of Recipient

**Payment Account Number and Type** 

**Employer Identification Number (EIN) Data** 

**Universal Numbering System (DUNS)** 

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	\$266,699.00
b. Fringe Benefits	\$170,394.00
c. TotalPersonnelCosts	\$437,093.00
d. Equipment	\$0.00
e. Supplies	\$2,675.00
f. Travel	\$18,906.00
g. Construction	\$0.00
h. Other	\$17,309.00
i. Contractual	\$515,223.00
j. TOTAL DIRECT COSTS	\$991,206.00
k. INDIRECT COSTS	\$90,915.00
1. TOTAL APPROVED BUDGET	\$1,082,121.00
m. Federal Share	\$1,082,121.00

### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939ZRJF	23NU58DP007453	DP	DP 410Q 93.426 \$0.00		75-23-0948	

n. Non-Federal Share

\$1,082,121.00

\$0.00



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FAIN# NU58DP007453

Federal Award Date: 03/28/2024

### **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 NU58DP007453-01-02

1. Terms and Conditions

# ADDITIONAL TERMS AND CONDITIONS OF AWARD

Change in PI/PD: The purpose of this amendment is to approve the PI/PD Joyce Hoth. This is in response to the request submitted by your organization dated March 25, 2024