



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

Notice of Award

Award# 6 NU90TP922156-01-08

FAIN# NU90TP922156

Federal Award Date: 03/31/2025

Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 WILDWOOD DR
Community and Public Health
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
Mrs. Tiffany Bayer
tiffany.bayer@health.mo.gov
573-751-9751

8. Authorized Official

Ms. Amy Blankenship
Interim Director, Division of Administration
amy.blankenship@health.mo.gov
753-526-9722

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Damond Barnes
Grants Management Officer
xhp5@cdc.gov
770-488-2611

10. Program Official Contact Information

Tawana Williams
Program Officer
lhx8@cdc.gov
404-907-8295

Federal Award Information

11. Award Number

6 NU90TP922156-01-08

12. Unique Federal Award Identification Number (FAIN)

NU90TP922156

13. Statutory Authority

311(c)(1) of the Public Health Service Act (42 USC § 243(c)(1))

14. Federal Award Project Title

Cooperative Agreement for Emergency Response: Public Health Crisis Response - 2018

15. Assistance Listing Number

93.354

16. Assistance Listing Program Title

Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response

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 07/01/2021 - **End Date** 06/30/2025

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 \$36,895,449.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$36,895,449.00

26. Period of Performance Start Date 07/01/2021 - **End Date** 06/30/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$36,895,449.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, 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	\$389,478.00
b. Fringe Benefits	\$247,708.00
c. Total Personnel Costs	\$637,186.00
d. Equipment	\$0.00
e. Supplies	\$5,220.00
f. Travel	\$693,758.00
g. Construction	\$0.00
h. Other	\$30,448.00
i. Contractual	\$35,407,769.00
j. TOTAL DIRECT COSTS	\$36,774,381.00
k. INDIRECT COSTS	\$121,068.00
l. TOTAL APPROVED BUDGET	\$36,895,449.00
m. Federal Share	\$36,895,449.00
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
1-9390H2A	21NU90TP922156C6	TP	41.51	93.354	\$0.00	75-X-0140



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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 NU90TP922156-01-08

1. Terms

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve the ***Authorizing Official Representative*** to Amy Blankenship. This is in response to the request submitted by your organization dated February 3, 2025.

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

All costs must be applied consistently for all work of the organization under similar circumstances, and in line with the goals and objectives outlined in and approved budget and work plans.

All 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 YOUR AWARD NUMBER ON ALL CORRESPONDENCE