



**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**

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**

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 NU90TP922156-01-07

**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 PI/PD

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

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	07/01/2021	<b>- End Date</b>	06/30/2025
<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>			\$36,895,449.00
<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>			\$36,895,449.00
<b>26. Period of Performance Start Date</b>	07/01/2021	<b>- End Date</b>	06/30/2025
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$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**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU90TP922156-01-07

FAIN# NU90TP922156

Federal Award Date: 09/06/2024

<b>Recipient Information</b>	
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 WILDWOOD DR Community and Public Health 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 (UEI)</b> UETLXV8NG8F4	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
<b>a. Salaries and Wages</b>	\$389,478.00
<b>b. Fringe Benefits</b>	\$247,708.00
<b>c. Total Personnel Costs</b>	\$637,186.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$5,220.00
<b>f. Travel</b>	\$693,758.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$30,448.00
<b>i. Contractual</b>	\$35,407,769.00
<b>j. TOTAL DIRECT COSTS</b>	\$36,774,381.00
<b>k. INDIRECT COSTS</b>	\$121,068.00
<b>L. TOTAL APPROVED BUDGET</b>	\$36,895,449.00
<b>m. Federal Share</b>	\$36,895,449.00
<b>n. Non-Federal Share</b>	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
I-9390H2A	21NU90TP922156C6	TP	41.51	93.354	\$0.00	75-X-0140



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

Centers for Disease Control and Prevention

Award# 6 NU90TP922156-01-07

FAIN# NU90TP922156

Federal Award Date: 09/06/2024

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</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
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NU90TP922156-01-07

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1. Terms

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Key Personnel:** The purpose of this amendment is to approve the *Principle Investigator/Program Director* change to Tiffany Bayer. This is in response to the request submitted by your organization dated August 7, 2024.

**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