



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

Notice of Award

Award# 6 NUE1EH001513-01-02

FAIN# NUE1EH001513

Federal Award Date: 03/25/2025

Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 Wildwood Dr
Senior and Disability Services
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
Peggy Gaddy
Peggy.Gaddy@health.mo.gov
573-522-2876

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

Ms. LaQuanda Lewis
Grants Management Officer
hrf6@cdc.gov
770-488-2969

10. Program Official Contact Information

Carine Mapango
Program Officer
bhj9@cdc.gov
770-488-7649

Federal Award Information

11. Award Number

6 NUE1EH001513-01-02

12. Unique Federal Award Identification Number (FAIN)

NUE1EH001513

13. Statutory Authority

Section 317(k)(3) of the Public Health Service Act, [42 U.S.C. 247b (k)(3)]

14. Federal Award Project Title

A Comprehensive Public Health Approach to Asthma Control Through Evidence-Based Interventions

15. Assistance Listing Number

93.070

16. Assistance Listing Program Title

Environmental Public Health and Emergency 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 09/01/2024 - **End Date** 08/31/2025

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 \$567,229.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$567,229.00

26. Period of Performance Start Date 09/01/2024 - **End Date** 08/31/2028

**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$567,229.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Merlin Williams
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

[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	\$85,985.00
b. Fringe Benefits	\$56,234.00
c. Total Personnel Costs	\$142,219.00
d. Equipment	\$0.00
e. Supplies	\$152.00
f. Travel	\$1,595.00
g. Construction	\$0.00
h. Other	\$4,655.00
i. Contractual	\$388,600.00
j. TOTAL DIRECT COSTS	\$537,221.00
k. INDIRECT COSTS	\$30,008.00
l. TOTAL APPROVED BUDGET	\$567,229.00
m. Federal Share	\$567,229.00
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
4-9390AVT	24NUE1EH001513	EH	410Q	93.070	\$0.00	75-24-0947



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Federal Award Date: 03/25/2025

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 NUE1EH001513-01-02

1. Revised Terms and Conditions

Key Personnel: The purpose of this amendment is to approve the Authorizing Official Representative, change to Amy Blankenship. This is in response to the request submitted by your organization dated March 7, 2025.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

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 THE NOFO AND AWARD NUMBER ON ALL CORRESPONDENCE