



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

Mrs. Marcia Mahaney
Director, Division of Administration
Grants@health.mo.gov
5737516014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Randall Slaven
Grants Management Specialist
jlf0@cdc.gov
(404) 718-5568

10. Program Official Contact Information

Ms. Paige Welch
Public Health Advisor
HHS
pmc0@cdc.gov
770-488-3715

Federal Award Information

11. Award Number

6 NUE1EH001513-01-01

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

Budget Revision

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			(\$475.00)
20b. Indirect Cost Amount			\$475.00
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

Ms. LaQuanda Lewis
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUE1EH001513-01-01

FAIN# NUE1EH001513

Federal Award Date: 09/30/2024

Recipient Information	
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Senior and Disability Services 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	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390AVT	24NUE1EH001513	EH	410Q	93.070	\$0.00	75-24-0947



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NUE1EH001513-01-01

FAIN# NUE1EH001513

Federal Award Date: 09/30/2024

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 NUE1EH001513-01-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget / Redirection: The purpose of this amended Notice of Award is to approve the **revised budget / redirection request** submitted by your organization dated September 24, 2024. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Contractors/Consultants: The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contractor/Consultants below. This approval is in response to the request submitted by your organization dated September 24, 2024.

Contractor 1: Open Health

Contractor 2: University of Missouri Columbia

Contractor 3: Southeast Missouri State University

Contractor 4: School Districts

Missing Contractual/Consultant Elements – The contract/consultant listed below is **not** approved and the recipient may not begin the agreement until the name of the contractor/consultant is provided via GrantSolutions as a GrantNote.

Contractor 1 – TBD Asthma Improvement Project Southeast

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated May 29, 2024, which calculates indirect costs as follows, a Final rate is approved at a rate of 21.1% of the base, which includes direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2023 to June 30, 2027.

Stewardship: Please be advised that the recipient 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