



**Recipient Information**

**1. Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &  
SENIOR SERVICES  
920 Wildwood Dr  
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**

Ms. Sarah Ehrhard Reid  
WOMEN'S HEALTH INITIATIVE MANAGER  
Sarah.EhrhardReid@health.mo.gov  
573-522-2833

**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**

Ms. Robyn Bryant  
Grants Management Specialist  
ppa4@cdc.gov  
404-488-2698

**10. Program Official Contact Information**

Katrina Tripp Dinkins  
Program Officer  
uas8@cdc.gov  
4049562782

**Federal Award Information**

**11. Award Number**

6 NUF2CE002569-01-02

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

NUF2CE002569

**13. Statutory Authority**

Recipient is funded under Category " A"/ Statutory Authority: 393A(a) of the PHS Act (42 USC § 280b-1b(a))

**14. Federal Award Project Title**

Rape Prevention and Education

**15. Assistance Listing Number**

93.136

**16. Assistance Listing Program Title**

Injury Prevention and Control Research and State and Community Based Programs

**17. Award Action Type**

Budget Revision

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

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/01/2024	- End Date	01/31/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$475.00
20b. Indirect Cost Amount			(\$475.00)
<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>			\$773,517.00
<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>			\$773,517.00
<b>26. Period of Performance Start Date</b>	02/01/2024	- End Date	01/31/2029
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$773,517.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mr. Arthur Lusby  
Grants Management Officer, Team Lead

**30. Remarks**



Recipient Information
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr 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

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	\$74,907.00
b. Fringe Benefits	\$48,989.00
c. Total Personnel Costs	\$123,896.00
d. Equipment	\$0.00
e. Supplies	\$668.00
f. Travel	\$8,005.00
g. Construction	\$0.00
h. Other	\$5,684.00
i. Contractual	\$628,457.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$766,710.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$6,807.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$773,517.00</b>
<b>m. Federal Share</b>	<b>\$773,517.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-939ZSFL	24NUF2CE002569	CE	410Q	93.136	\$0.00	75-24-0952



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

Centers for Disease Control and Prevention

Award# 6 NUF2CE002569-01-02

FAIN# NUF2CE002569

Federal Award Date: 11/22/2024

**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 NUF2CE002569-01-02

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1. Terms and Conditions

## **ADDITIONAL TERMS AND CONDITIONS**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget** request submitted by your organization dated October 23, 2024. has been reviewed and found to be acceptable as submitted; therefore, the final revised budget is incorporated into the Notice of Award by reference.

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

All the 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 INCLUDE AWARD NUMBER ON ALL CORRESPONDENCE**