



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)

1446000987B7

4. Employer Identification Number (EIN)

446000987

5. Data Universal Numbering System (DUNS)

878092600

6. Recipient's Unique Entity Identifier (UEI)

UETLXV8NG8F4

7. Project Director or Principal Investigator

Ms. Laura Kliethermes
laura.kliethermes@health.mo.gov
573-751-5264

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

Bakia Parrish
Grants Management Specialist
tee0@cdc.gov
678-475-4956

10. Program Official Contact Information

Namita Agravat
Program Officer
nfk0@cdc.gov
6784310843

Federal Award Information

11. Award Number

6 NU50CK000546-05-06

12. Unique Federal Award Identification Number (FAIN)

NU50CK000546

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/01/2023	- End Date	07/31/2026
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			\$11,142,748.00
22. Offset			\$502,608.00
23. Total Amount of Federal Funds Obligated this budget period			\$1,338,948.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$1,338,948.00
26. Period of Performance Start Date	08/01/2019	- End Date	07/31/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$670,195,056.80

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Karen Zionl
Grants Management Officer

30. Remarks

This is an internal administrative action to correct impacted document numbers in PMS as a result of the de-obligation of the reopening schools COVID-19 funding.



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Congressional District of Recipient 03
Payment Account Number and Type 1446000987B7
Employer Identification Number (EIN) Data 446000987
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	\$647,299.00
b. Fringe Benefits	\$437,593.00
c. Total Personnel Costs	\$1,084,892.00
d. Equipment	\$0.00
e. Supplies	\$220,641.00
f. Travel	\$26,189.00
g. Construction	\$0.00
h. Other	\$221,892.00
i. Contractual	\$11,234,319.00
j. TOTAL DIRECT COSTS	\$12,787,933.00
k. INDIRECT COSTS	\$196,371.00
l. TOTAL APPROVED BUDGET	\$12,984,304.00
m. Federal Share	\$12,984,304.00
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
0-9390EWQ	19NU50CK000546C3	CK	41.51	93.323		\$0.00	75-2024-0943
1-9390H08	19NU50CK000546AMD2C6	CK	41.51	93.323		\$0.00	75-X-0943
1-9390GKT	19NU50CK000546EDEXC5	CK	41.51	93.323		\$0.00	75-2122-0140
1-9390GF6	19NU50CK000546PHL2C6	CK	41.51	93.323		\$0.00	75-X-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000546-05-06

FAIN# NU50CK000546

Federal Award Date: 11/27/2023

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