



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 Wildwood Dr
-DUP7
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

Jacqueline Miller
JACQUELINE.MILLER@HEALTH.MO.GOV
5735263838

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

Monique Tatum
itn8@cdc.gov
770-488-2617

10. Program Official Contact Information

Ms. Monique Brown
Public Health Advisor
DOH
giu3@cdc.gov
4046390925

Federal Award Information

11. Award Number

6 NU58DP006476-05-05

12. Unique Federal Award Identification Number (FAIN)

NU58DP006476

13. Statutory Authority

301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

14. Federal Award Project Title

Missouri Oral Health Integration and Improvement Initiative (MOHIII)

15. Assistance Listing Number

93.366

16. Assistance Listing Program Title

State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/01/2022	- End Date	08/31/2024
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			\$708,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$708,000.00
26. Period of Performance Start Date	09/01/2018	- End Date	08/31/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$2,124,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Keisha Thompson
Grants Management Officer

30. Remarks



Recipient Information
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr -DUP7 Jefferson City, MO 65109-5796 [NO DATA] 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	\$193,998.00
b. Fringe Benefits	\$128,064.00
c. Total Personnel Costs	\$322,062.00
d. Equipment	\$0.00
e. Supplies	\$4,277.00
f. Travel	\$24,167.00
g. Construction	\$0.00
h. Other	\$18,595.00
i. Contractual	\$279,228.00
j. TOTAL DIRECT COSTS	\$648,329.00
k. INDIRECT COSTS	\$59,671.00
l. TOTAL APPROVED BUDGET	\$708,000.00
m. Federal Share	\$708,000.00
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
2-939ZRDG	18NU58DP006476	DP	41.51	93.366	\$0.00	75-22-0948
3-939ZRDG	18NU58DP006476	DP	41.51	93.366	\$0.00	75-23-0948



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP006476-05-05

FAIN# NU58DP006476

Federal Award Date: 09/13/2023

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

AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NU58DP006476-05-05

1. Terms and Conditions

ADDITIONAL TERMS AND OF AWARD

Administrative Correction: The purpose of this amendment Notice of Award (NoA) is to correct the performance period and budget period end date to 8/31/24. This approval is in response to the request submitted by your organization dated **September 5, 2023**.