



Recipient Information

1. Recipient Name

Missouri Department of Health
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

7. Project Director or Principal Investigator

Mr. Eric Hueste
Eric.Hueste@health.mo.gov
573-751-6087

8. Authorized Official

Ms. 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. Shirley K Byrd
Grants Management Officer
skbyrd@cdc.gov
(770) 488-2591

10. Program Official Contact Information

Noelle Anderson
xwq3@cdc.gov
404.772.4630

Federal Award Information

11. Award Number

6 NU90TP922111-01-05

12. Unique Federal Award Identification Number (FAIN)

NU90TP922111

13. Statutory Authority

301A, 317K OF PHSA, 24 USC SEC 241 & 247

14. Federal Award Project Title

Missouri Public Health Crisis Response

15. Assistance Listing Number

93.354

16. Assistance Listing Program Title

Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	03/16/2020	- End Date	03/15/2021
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			\$13,749,947.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$13,749,947.00
26. Project Period Start Date	03/16/2020	- End Date	03/15/2021
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period			\$13,749,947.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Tiffany Mannings
Grants Management Officer
yuo7@cdc.gov
770.488.2515

30. Remarks



Award# 6 NU90TP922111-01-05
FAIN# NU90TP922111
Federal Award Date: 10/15/2020

Recipient Information
Recipient Name Missouri Department of Health 920 WILDWOOD DR 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 Not Available
31. Assistance Type Cooperative Agreement
32. Type of Award Demonstration

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	\$23,841.00
b. Fringe Benefits	\$12,874.00
c. Total Personnel Costs	\$36,715.00
d. Equipment	\$853,387.00
e. Supplies	\$932,956.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$2,737,236.00
i. Contractual	\$9,182,273.00
j. TOTAL DIRECT COSTS	\$13,742,567.00
k. INDIRECT COSTS	\$7,380.00
l. TOTAL APPROVED BUDGET	\$13,749,947.00
m. Federal Share	\$13,749,947.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390EPX	20NU90TP922111CV	TP	41 51	\$0 00	75-2022-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU90TP922111-01-05

FAIN# NU90TP922111

Federal Award Date: 10/15/2020

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



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Federal Award Date: 10/15/2020

35. Terms And Conditions

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
03/16/2020	03/15/2021	Annual	06/13/2021

AWARD CONDITIONS

- 1. Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget request submitted by your organization dated September 11, 2020. Funds have been distributed as indicated in the approved budget of this Notice of Award.

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.