



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 Wildwood Dr
Missouri Dept. of Health and Senior Services
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. 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

Ulicia Bolton
Grants Management Specialist
uaj0@cdc.gov
678-475-4805

10. Program Official Contact Information

Ms. Shayla L Wilkinson
Project Officer
DVP PPTB
IHB9@cdc.gov
17704881638

Federal Award Information

11. Award Number

6 NUF2CE002490-05-01

12. Unique Federal Award Identification Number (FAIN)

NUF2CE002490

13. Statutory Authority

Recipient is funded under Category " B" / Statutory Authority: 392(a)(1) of the PHS Act (42 USC § 280b-1(a)(1))

14. Federal Award Project Title

Rape Prevention and Education: Using the best available evidence for Sexual Violence Prevention

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

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	02/01/2023	- End Date	01/31/2024
20. Total Amount of Federal Funds Obligated by this Action			\$64,384.00
20a. Direct Cost Amount			\$64,384.00
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			\$885,493.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$949,877.00
26. Period of Performance Start Date	02/01/2019	- End Date	01/31/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$4,854,690.07

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



Recipient Information
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Missouri Dept. of Health and Senior Services 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	\$72,223.00
b. Fringe Benefits	\$49,292.00
c. Total Personnel Costs	\$121,515.00
d. Equipment	\$0.00
e. Supplies	\$577.00
f. Travel	\$5,636.00
g. Construction	\$0.00
h. Other	\$5,355.00
i. Contractual	\$810,140.00
j. TOTAL DIRECT COSTS	\$943,223.00
k. INDIRECT COSTS	\$6,654.00
l. TOTAL APPROVED BUDGET	\$949,877.00
m. Federal Share	\$949,877.00
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
3-939ZSFL	19NUF2CE002490	CE	41.51	93.136	\$64,384.00	75-23-0952



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NUF2CE002490-05-01

FAIN# NUF2CE002490

Federal Award Date: 06/30/2023

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 NUF2CE002490-05-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Supplement: The purpose of this amendment is to approve supplemental funds for budget period **July 1, 2023** to **January 31, 2024**, per the request submitted by your organization dated May 18, 2023. Additional funds in the amount of \$64,384 are authorized and have been distributed as indicated in the approved budget of this Notice of Award.