



**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**  
Mr. Dustin Hampton  
Dustin.Hampton@health.mo.gov  
573-751-6431

**8. Authorized Official**

Ms. Marcia A Mahaney  
Director  
Marcia.Mahaney@health.mo.gov  
573-751-6014

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Rhonda Burton  
Grants Management Specialist  
bgr2@cdc.gov  
770-488-1381

**10. Program Official Contact Information**

Ms. Cassandra Davis  
vts4@cdc.gov  
404.498.3099

**Federal Award Information**

**11. Award Number**

6 NH25PS005142-05-04

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

NH25PS005142

**13. Statutory Authority**

This Program is authorized under section 318 of the Public Health Service Act (42 U.S.C. Section 247c, as amended)

**14. Federal Award Project Title**

Strengthening STD Prevention and Control for Health Departments (STD PCHD)

**15. Assistance Listing Number**

93.977

**16. Assistance Listing Program Title**

Preventive Health Services\_Sexually Transmitted Diseases Control Grants

**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>	01/01/2023	<b>- End Date</b>	12/31/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00		
20a. Direct Cost Amount	\$4,629.00		
20b. Indirect Cost Amount	(\$4,629.00)		
<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>	\$4,934,094.00		
<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>	\$4,934,094.00		
<b>26. Period of Performance Start Date</b>	01/01/2019	<b>- End Date</b>	12/31/2023
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$18,089,835.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mr. Arthur Lusby  
Grants Management Officer, Team Lead

**30. Remarks**

Revised Budget -Approved



<b>Recipient Information</b>
<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> 1446000987B7
<b>Employer Identification Number (EIN) Data</b> 446000987
<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

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation	
<b>a. Salaries and Wages</b>	\$592,520.00
<b>b. Fringe Benefits</b>	\$404,395.00
<b>c. Total Personnel Costs</b>	\$996,915.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$154,113.00
<b>f. Travel</b>	\$125,436.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$404,506.00
<b>i. Contractual</b>	\$3,060,646.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$4,741,616.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$192,478.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$4,934,094.00</b>
<b>m. Federal Share</b>	<b>\$4,934,094.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
9-939ZRJQ	19NH25PS005142	PS	41.51	93.977	\$0.00	75-19-0950
9-939ZRPZ	19NH25PS005142	PS	41.51	93.977	\$0.00	75-19-0950
0-9210840	19NH25PS005142	PS	41.51	93.977	\$0.00	75-20-0950
0-939ZRPZ	19NH25PS005142	PS	41.51	93.977	\$0.00	75-20-0950
1-9210840	19NH25PS005142	PS	41.51	93.977	\$0.00	75-21-0950
1-939ZRPZ	19NH25PS005142	PS	41.51	93.977	\$0.00	75-21-0950
1-9390H67	19NH25PS005142C6	PS	41.51	93.977	\$0.00	75-X-0140
2-9210840	19NH25PS005142	PS	41.51	93.977	\$0.00	75-22-0950
2-939ZRPZ	19NH25PS005142	PS	41.51	93.977	\$0.00	75-22-0950
2-9390H6F	19NH25PS005142C6	PS	41.51	93.977	\$0.00	75-X-0140
3-9210840	19NH25PS005142	PS	41.51	93.977	\$0.00	75-23-0950
3-9390H6F	19NH25PS005142C6	PS	41.51	93.977	\$0.00	75-X-0140
3-939ZRPZ	19NH25PS005142	PS	41.51	93.977	\$0.00	75-23-0950



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

Centers for Disease Control and Prevention

Award# 6 NH25PS005142-05-04

FAIN# NH25PS005142

Federal Award Date: 05/22/2023

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</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
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NH25PS005142-05-04

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1. Terms and Conditions

**Notice of Funding Opportunity (NOFO): PS19-1901**  
**Award Number: NH25PS005142**

**ADDITIONAL AWARD INFORMATION**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget and DIS Workforce supplement budget** submitted by your organization dated **April 28, 2023**. Funds have been distributed as indicated in the approved budget of this Notice of Award.

	<u>Core Budget</u>	<u>DIS Workforce Budget</u>
Salaries	\$357,696	\$234,824
Fringe	\$244,128	\$160,267
Supplies	\$ 63,698	\$ 90,415
Travel	\$ 49,924	\$ 75,512
Other	\$ 376,709	\$ 27,797
Contractual	\$ 499,548	\$2,561,098
Indirect	\$120,967	\$ 71, 511

**Total Approved Core Budget \$1,712,670    Total Approved DIS Budget \$3,221,424**

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

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.

**GMS Contact:**

Rhonda Burton, Grants Management Specialist  
Centers for Disease Control  
Infectious Diseases Services Branch  
Telephone: (770) 488-1381  
Email: [RBurton@cdc.gov](mailto:RBurton@cdc.gov)

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**