



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000546-02-12

FAIN# NU50CK000546

Federal Award Date: 09/09/2021

**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**  
Mrs. Cheryl L Kerr  
Public Health Program Supervisor  
cheryl.kerr@health.mo.gov  
5737516476

**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**  
Kim McDowell  
Grant Management Specialist  
qpx9@cdc.gov  
404-498-4105

**10. Program Official Contact Information**  
Ashley Trehame  
Health Scientist  
qmp4@cdc.gov  
404-718-1434

**Federal Award Information**

**11. Award Number**  
6 NU50CK000546-02-12

**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**  
Budget Revision

**18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	08/01/2020	<b>- End Date</b>	07/31/2021
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<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>			\$546,088,647.00
<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>			\$546,088,647.00
<b>26. Project Period Start Date</b>	08/01/2019	<b>- End Date</b>	07/31/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**  
ADDITIONAL COSTS

**29. Grants Management Officer - Signature**  
Ms. Freda Johnson  
Grants Management Officer

**30. Remarks**



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<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          Missouri Department of Health          920 Wildwood Dr          Jefferson City, MO 65109-5796          [NO DATA]</p> <p><b>Congressional District of Recipient</b>          03</p> <p><b>Payment Account Number and Type</b>          [REDACTED]</p> <p><b>Employer Identification Number (EIN) Data</b>          [REDACTED]</p> <p><b>Universal Numbering System (DUNS)</b>          878092600</p> <p><b>Recipient's Unique Entity Identifier</b>          Not Available</p>
<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>

<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	
a. Salaries and Wages	\$13,390,833.00
b. Fringe Benefits	\$8,031,828.00
c. Total Personnel Costs	\$21,422,661.00
d. Equipment	\$10,635,236.00
e. Supplies	\$16,054,847.00
f. Travel	\$293,196.00
g. Construction	\$0.00
h. Other	\$217,922,479.00
i. Contractual	\$275,450,941.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$541,779,360.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$4,309,287.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$546,088,647.00</b>
<b>m. Federal Share</b>	<b>\$546,088,647.00</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	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GF6	19NU50CK000546PHL2C6	CK	41.51	\$0.00	75-X-0140



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**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

6 NU50CK000546-02-12

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1. Revised Terms and Conditions

## **ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget request submitted by your organization dated August 13, 2021. Funds that were deemed to be in scope of the guidance have been distributed as indicated in the approved budget of this Notice of Award.

## **ADDITIONAL ADMINISTRATIVE REQUIREMENTS**

The recipient must respond to the Budget Mark-up comments in accordance with the recommendations provided in GrantSolutions as a Grant Note within 30 days of receipt of the Notice of Award. If the date falls on a weekend or holiday, the submission will be due the following business day.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information on page one of this Notice of Award prior to the due date.

To be considered an official response, recipients must:

1. Use the AMD/PHL/BIDS budget workbook (Excel) provided in Grant Notes at time the revised NOA is issued.
2. Go to the 'CDC Program Notes Report' tab in the budget workbook.
3. For each line item that has been flagged, provide the requested information in the 'Recipient Response' section.
4. Submit the revised AMD/PHL/BIDS budget workbook (Excel) in GrantSolutions via Grant Note.

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.

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**