



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 WILDWOOD DR
Community and Public Health
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

Ms. Valerie McCloud
Grants Management Specialist
fyq4@cdc.gov
770.488.4790

10. Program Official Contact Information

Amanda Terminello
Program Officer
yoz5@cdc.gov
1111111111

Federal Award Information

11. Award Number

6 NU51PS005156-03-01

12. Unique Federal Award Identification Number (FAIN)

NU51PS005156

13. Statutory Authority

301(a) of the Public Health Service Act (42 U.S.C. 241(a)) and 318(b)(3) of the Public Health Service Act (42 U.S.C. 247(c)(b)(3), as amended).

14. Federal Award Project Title

Missouri Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

15. Assistance Listing Number

93.270

16. Assistance Listing Program Title

Adult Viral Hepatitis Prevention and Control

17. Award Action Type

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	05/01/2023	- End Date	04/30/2024
20. Total Amount of Federal Funds Obligated by this Action	\$250,000.00		
20a. Direct Cost Amount	\$244,560.00		
20b. Indirect Cost Amount	\$5,440.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$257,824.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$507,824.00		
26. Period of Performance Start Date	05/01/2021	- End Date	04/30/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$1,023,472.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Arthur Lusby
Grants Management Officer, Team Lead

30. Remarks

Supplemental Funding in the amount of \$250,000 approved.



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Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 WILDWOOD DR Community and Public Health 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	\$138,417.00
b. Fringe Benefits	\$94,458.00
c. Total Personnel Costs	\$232,875.00
d. Equipment	\$0.00
e. Supplies	\$216,539.00
f. Travel	\$6,688.00
g. Construction	\$0.00
h. Other	\$9,571.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$465,673.00
k. INDIRECT COSTS	\$42,151.00
l. TOTAL APPROVED BUDGET	\$507,824.00
m. Federal Share	\$507,824.00
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
1-9390C2C	21NU51PS005156	PS	41.51	93.270	\$0.00	75-21-0950
1-9390E3N	21NU51PS005156	PS	41.51	93.270	\$0.00	75-75-X-0512-009
1-9390EVQ	21NU51PS005156	PS	41.51	93.270	\$0.00	75-21-0950
1-9390GDH	21NU51PS005156	PS	41.51	93.270	\$0.00	75-21-0950
1-939ZRPQ	21NU51PS005156	PS	41.51	93.270	\$0.00	75-21-0950
1-939ZSEH	21NU51PS005156	PS	41.51	93.270	\$0.00	75-21-0949
2-9390EVQ	21NU51PS005156	PS	41.51	93.270	\$0.00	75-22-0950
2-9390G5D	21NU51PS005156	PS	41.51	93.270	\$0.00	75-22-0950
2-9390GDH	21NU51PS005156	PS	41.51	93.270	\$0.00	75-22-0950
2-9390JTR	21NU51PS005156	PS	41.51	93.270	\$0.00	75-75-X-0512-009
2-939ZRPQ	21NU51PS005156	PS	41.51	93.270	\$0.00	75-22-0950
3-9390EVQ	21NU51PS005156	PS	41.51	93.270	\$0.00	75-23-0950
3-9390G5D	21NU51PS005156	PS	41.51	93.270	\$0.00	75-23-0950
3-9390GDH	21NU51PS005156	PS	41.51	93.270	\$0.00	75-23-0950
3-9390JTR	21NU51PS005156	PS	41.51	93.270	\$0.00	75-75-X-0512-009
3-9390K37	21NU51PS005156	PS	41.51	93.270	\$0.00	75-23-0949
3-939ZRPQ	21NU51PS005156	PS	41.51	93.270	\$0.00	75-23-0950
3-9390LGL	21NU51PS005156	PS	41.51	93.270	\$250,000.00	75-23-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU51PS005156-03-01

FAIN# NU51PS005156

Federal Award Date: 05/25/2023

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 NU51PS005156-03-01

1. Terms and Conditions for this award

ADDITIONAL TERMS AND CONDITIONS

PURPOSE: Supplemental funding is being awarded for *CDC-RFA-PS21-21030301SUPP23*, “Integrated Viral Hepatitis Surveillance and Prevention Program”. Funding for Health Departments Supplement”. Funding in the amount of **\$ 250,000** is approved for the following period **06/01/2023** – **04/30/2024**.

Funding Category and Amount:

Component 1	\$ 0
Component 2	\$ 250,000
Total Funding	\$ 250,000

REVISED BUDGET REQUIREMENT: By **July 01, 2023**, the recipient must submit a revised budget with a narrative justification to match revised approved funding. 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 CDC Staff Contacts section of this notice before the due date.

PROGRAMMATIC REQUIREMENT: Ensure that appropriate organization representatives attend required CDC- sponsored meetings and conferences. Participation in CDC-sponsored recipient meetings, conferences, and workshops is mandatory. Failure to attend the mandated meetings, conferences, and workshops (regardless of state financial or administrative crisis) shall be cause for a determination of reduction in travel funding.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

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:

Valerie McCloud, Grants Management Specialist
Centers for Disease Control and Prevention (CDC)
Office of Grants Services (OGS) Branch 1
District Chamblee, Bldg. 2900 Mail Stop TCU-3
Atlanta, GA 30341-4146
Telephone: (770)488-4790
Email: VMcCloud@CDC.GOV

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE