



**Recipient Information**

**1. Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &  
SENIOR SERVICES  
920 Wildwood Dr  
-DUP  
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**  
  
Joyce Hoth  
joyce.hoth@health.mo.gov  
314-244-8813

**8. Authorized Official**

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

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Monique Tatum  
itn8@cdc.gov  
770-488-2617

**10. Program Official Contact Information**

Mrs. Montez LeGrand-Punter  
Program Officer  
uob8@cdc.gov  
404-498-2676

**Federal Award Information**

**11. Award Number**

6 NU58DP007453-01-02

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

NU58DP007453

**13. Statutory Authority**

Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

**14. Federal Award Project Title**

The National Cardiovascular Health Program

**15. Assistance Listing Number**

93.426

**16. Assistance Listing Program Title**

Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke-Financed in part by 2018 Prevention and Public Heal

**17. Award Action Type**

Change PI/PD

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	06/30/2023	- End Date	06/29/2024
<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>			\$1,082,121.00
<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>			\$1,082,121.00
<b>26. Period of Performance Start Date</b>	06/30/2023	- End Date	06/29/2028
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$1,082,121.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Keisha Thompson  
Grants Management Officer

**30. Remarks**



Recipient Information
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr -DUP 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

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	\$266,699.00
b. Fringe Benefits	\$170,394.00
c. Total Personnel Costs	\$437,093.00
d. Equipment	\$0.00
e. Supplies	\$2,675.00
f. Travel	\$18,906.00
g. Construction	\$0.00
h. Other	\$17,309.00
i. Contractual	\$515,223.00
j. TOTAL DIRECT COSTS	\$991,206.00
k. INDIRECT COSTS	\$90,915.00
l. TOTAL APPROVED BUDGET	\$1,082,121.00
m. Federal Share	\$1,082,121.00
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
3-939ZRJF	23NU58DP007453	DP	410Q	93.426	\$0.00	75-23-0948



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

Centers for Disease Control and Prevention

Award# 6 NU58DP007453-01-02

FAIN# NU58DP007453

Federal Award Date: 03/28/2024

**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 NU58DP007453-01-02

---

1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Change in PI/PD:** The purpose of this amendment is to approve the PI/PD Joyce Hoth. This is in response to the request submitted by your organization dated **March 25, 2024**