



Recipient Information

1. Recipient Name

Missouri Department of Health
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)

[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

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

Ms. Ayanna Williams
omg5@cdc.gov
404.498.5095

10. Program Official Contact Information

Shayla L Wilkinson
Project Officer
DVP PPTB
IHB9@cdc.gov
77-488-1638

Federal Award Information

11. Award Number

6 NUF2CE002490-03-01

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

PD/PI Key Personnel

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	02/01/2021	- End Date	01/31/2022
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
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			\$930,289.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$930,289.00
26. Project Period Start Date	02/01/2019	- End Date	01/31/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period			Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer
Grants Management Officer

30. Remarks



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

<p>33. Approved Budget (Excludes Direct Assistance)</p> <p>I. Financial Assistance from the Federal Awarding Agency Only</p> <p>II. Total project costs including grant funds and all other financial participation</p>	
<p>a. Salaries and Wages</p> <p>b. Fringe Benefits</p> <p> c. Total Personnel Costs</p> <p>d. Equipment</p> <p>e. Supplies</p> <p>f. Travel</p> <p>g. Construction</p> <p>h. Other</p> <p>i. Contractual</p>	<p>\$71,332.00</p> <p>\$44,543.00</p> <p>\$115,875.00</p> <p>\$0.00</p> <p>\$1,809.00</p> <p>\$3,215.00</p> <p>\$0.00</p> <p>\$4,328.00</p> <p>\$797,615.00</p>
<p>j. TOTAL DIRECT COSTS</p>	
<p>k. INDIRECT COSTS</p>	
<p>l. TOTAL APPROVED BUDGET</p>	
<p>m. Federal Share</p>	
<p>n. Non-Federal Share</p>	

<p>34. Accounting Classification Codes</p>					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-939ZSFL	19NUF2CE002490	CE	41 51	\$0 00	75-21-0952



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NUF2CE002490-03-01

FAIN# NUF2CE002490

Federal Award Date: 05/20/2021

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 NUF2CE002490-03-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve the **Principal Investigator** change to Sarah Ehrhard Reid. This is in response to the request submitted by your organization dated April 23, 2021.