



**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**

HOWARD PUE  
howard.pue@health.mo.gov  
[NO DATA]

**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**

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

**10. Program Official Contact Information**

Angelica O'Connor  
apw1@cdc.gov  
404-639-7379

**Federal Award Information**

**11. Award Number**

6 NU50CK000546-02-05

**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 | - End Date | 07/31/2021       |
| <b>20. Total Amount of Federal Funds Obligated by this Action</b>  |            |            | \$0.00           |
| 20a. Direct Cost Amount  |            |            | (\$75,111.00)    |
| 20b. Indirect Cost Amount  |            |            | \$75,111.00      |
| <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>  |            |            | \$356,818,073.00 |
| <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>   |            |            | \$356,818,073.00 |
| <b>26. Project Period Start Date</b>   | 08/01/2019 | - End Date | 07/31/2024       |
| <b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b> |            |            | \$505,994,151.00 |

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



Award# 6 NU50CK000546-02-05

FAIN# NU50CK000546

Federal Award Date: 03/02/2021

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

|   |                  |
|---|------------------|
| <b>33. Approved Budget</b><br>(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   | \$1,162,816.00   |
| b. Fringe Benefits  | \$644,905.00     |
| c. Total Personnel Costs  | \$1,807,721.00   |
| d. Equipment  | \$231,400.00     |
| e. Supplies   | \$322,989.00     |
| f. Travel   | \$28,625.00      |
| g. Construction   | \$0.00           |
| h. Other  | \$353,362,870.00 |
| i. Contractual  | \$697,011.00     |
| j. TOTAL DIRECT COSTS   | \$356,450,616.00 |
| k. INDIRECT COSTS   | \$367,457.00     |
| l. TOTAL APPROVED BUDGET  | \$356,818,073.00 |
| m. Federal Share  | \$356,818,073.00 |
| n. Non-Federal Share  | \$0.00           |

| <b>34. Accounting Classification Codes</b> |                      |                     |              |                                 |               |
|--|----------------------|---------------------|--------------|---------------------------------|---------------|
| FY-ACCOUNT NO.                             | DOCUMENT NO.         | ADMINISTRATIVE CODE | OBJECT CLASS | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
| 1-9390GKT                                  | 19NU50CK000546EDEXC5 | CK                  | 41 51        | \$0 00                          | 75-2122-0140  |
| 0-93909PE                                  | 19NU50CK000546       | CK                  | 41 51        | \$0 00                          | 75-X-0951     |



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

Centers for Disease Control and Prevention

Award# 6 NU50CK000546-02-05

FAIN# NU50CK000546

Federal Award Date: 03/02/2021

**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 NU50CK000546-02-05

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1. Revised Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

**Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget request submitted by your organization dated February 26, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Equipment:** All equipment purchases require 3 quotes. The quotes must be submitted as a Grant Note in Grant Solutions. If 3 quotes cannot be obtained the reason needs to be documented in the Grant Note. Equipment cannot be purchased until the quotes are uploaded in Grant Solutions.

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

All 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.