



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

Alicia Jenkins
ALICIA.JENKINS@HEALTH.MO.GOV
5737516431

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

Rhonda Burton
bgr2@cdc.gov
770-488-2757

10. Program Official Contact Information

Ms. Cassandra Davis
vts4@cdc.gov
404.498.3099

Federal Award Information

11. Award Number

6 NH25PS005142-03-03

12. Unique Federal Award Identification Number (FAIN)

NH25PS005142

13. Statutory Authority

This Program is authorized under section 318 of the Public Health Service Act (42 U.S.C. Section 247c, as amended)

14. Federal Award Project Title

Strengthening STD Prevention and Control for Health Departments (STD PCHD)

15. Assistance Listing Number

93.977

16. Assistance Listing Program Title

Preventive Health Services_Sexually Transmitted Diseases Control Grants

17. Award Action Type

Other

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	01/01/2021	- End Date	12/31/2021
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			\$4,912,814.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$4,912,814.00
26. Project Period Start Date	01/01/2019	- End Date	12/31/2023
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

Ms. Portia Brewer
Grants Management Officer

30. Remarks

Correction to document number



Recipient Information	
Recipient Name	
Missouri Department of Health 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]	
Congressional District of Recipient	
03	
Payment Account Number and Type	
[REDACTED]	
Employer Identification Number (EIN) Data	
[REDACTED]	
Universal Numbering System (DUNS)	
878092600	
Recipient's Unique Entity Identifier	
Not Available	
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	\$431,972.00
b. Fringe Benefits	\$269,983.00
c. Total Personnel Costs	\$701,955.00
d. Equipment	\$0.00
e. Supplies	\$66,105.00
f. Travel	\$38,066.00
g. Construction	\$0.00
h. Other	\$3,588,786.00
i. Contractual	\$376,809.00
j. TOTAL DIRECT COSTS	\$4,771,721.00
k. INDIRECT COSTS	\$141,093.00
l. TOTAL APPROVED BUDGET	\$4,912,814.00
m. Federal Share	\$4,912,814.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
9-939ZRJQ	19NH25PS005142	PS	41 51	\$0 00	75-19-0950
9-939ZRPZ	19NH25PS005142	PS	41 51	\$0 00	75-19-0950
0-9210840	19NH25PS005142	PS	41 51	\$0 00	75-20-0950
0-939ZRPZ	19NH25PS005142	PS	41 51	\$0 00	75-20-0950
1-9210840	19NH25PS005142	PS	41 51	\$0 00	75-21-0950
1-939ZRPZ	19NH25PS005142	PS	41 51	\$0 00	75-21-0950
1-9390H67	19NH25PS005142C3	PS	41 51	(\$3,221,424 00)	75-X-0140
1-9390H67	19NH25PS005142C6	PS	41 51	\$3,221,424 00	75-X-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH25PS005142-03-03

FAIN# NH25PS005142

Federal Award Date: 07/08/2021

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 NH25PS005142-03-03

1. Revised Terms

Award Number: 19NH25PS005142
Award Type: Cooperative Agreement

ADDITIONAL TERMS AND CONDITIONS

PURPOSE: The purposes of this amendment administratively correct the Document Number identified on the bottom of page 2 of the previous Notice of award dated June 21, 2021.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known to draw down funds.

Document Number: 19NH25PS005142C3 to 19NH25PS005142C6

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.

The recipient is reminded that they must exercise proper stewardship over all awards of Federal funds by ensuring that all costs charged to their cooperative agreement are reasonable, allowable, allocable, and necessary.

GMS Contact:

Rhonda Burton, MSc
Grants Management Specialist
Centers for Disease Control and Prevention (CDC)
Office of Grants Services (OGS)
Email: rburton@cdc.gov
Telephone: (770) 488-1381

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE