



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

### Notice of Award

Award# 5 NE11OE000100-04-00

FAIN# NE11OE000100

Federal Award Date: 12/02/2025

#### Recipient Information

**1. Recipient Name**

WAKE COUNTY HUMAN SERVICES  
10 SUNNYBROOK RD  
-DUP2  
RALEIGH, NC 27610-1808  
[NoPhoneRecord]

**2. Congressional District of Recipient**

04

**3. Payment System Identifier (ID)**

1566000347A1

**4. Employer Identification Number (EIN)**

566000347

**5. Data Universal Numbering System (DUNS)**

170300755

**6. Recipient's Unique Entity Identifier (UEI)**

GG5QAJEUHLT4

**7. Project Director or Principal Investigator**

Rebecca Kaufman  
rebecca.kaufman@wakegov.com  
919-250-1474

**8. Authorized Official**

Denna Sharp  
Grants Accounting Supervisor  
denna.sharp@wakegov.com  
9192127761

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ms. Ester Edward  
Grants Management Officer  
ece9@cdc.gov  
(770) 488-2852

**10. Program Official Contact Information**

Menia Chester  
Program Officer  
ula5@cdc.gov  
111-111-1111

**30. Remarks**

#### Federal Award Information

**11. Award Number**

5 NE11OE000100-04-00

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

NE11OE000100

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Work with Wake

**15. Assistance Listing Number**

93.967

**16. Assistance Listing Program Title**

CDC's Collaboration with Academia to Strengthen Public Health

**17. Award Action Type**

Non-Competing Continuation

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

No

#### Summary Federal Award Financial Information

**19. Budget Period Start Date** 12/01/2025 - **End Date** 11/30/2026**20. Total Amount of Federal Funds Obligated by this Action**

\$1,006,976.00

20a. Direct Cost Amount

\$1,006,976.00

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**

\$0.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$1,006,976.00

**26. Period of Performance Start Date** 12/01/2022 - **End Date** 11/30/2027**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$13,948,051.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Erica Stewart

Team Lead, Grants Management Officer



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FAIN# [NE11OE000100](#)

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##### Recipient Name

WAKE COUNTY HUMAN SERVICES  
10 SUNNYBROOK RD  
-DUP2  
RALEIGH, NC 27610-1808  
[NoPhoneRecord]

##### Congressional District of Recipient

04

##### Payment Account Number and Type

1566000347A1

##### Employer Identification Number (EIN) Data

566000347

##### Universal Numbering System (DUNS)

170300755

##### Recipient's Unique Entity Identifier (UEI)

GG5QAJEJUHLT4

##### 31. Assistance Type

Project Grant

##### 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	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$1,000.00
f. Travel	\$8,020.00
g. Construction	\$0.00
h. Other	\$442,958.00
i. Contractual	\$554,998.00
j. TOTAL DIRECT COSTS	\$1,006,976.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$1,006,976.00
m. Federal Share	\$1,006,976.00
n. Non-Federal Share	\$0.00

#### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000100A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390L1Z	23NE11OE000100A1C6	OE	410U	93.967	\$0.00	75-X-0140
4-9390LFF	23NE11OE000100A2	OE	410U	93.967	\$0.00	75-2324-0943
5-9390MR5	23NE11OE000100A2	OE	410U	93.967	\$0.00	75-2425-0943
6-9390QMC	23NE11OE000100A2	OE	410U	93.967	\$1,006,976.00	75-2526-0943



# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# [5 NE11OE000100-04-00](#)

FAIN# [NE11OE000100](#)

Federal Award Date: [12/02/2025](#)

## 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**

WAKE COUNTY HUMAN SERVICES

5 NE11OE000100-04-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **OE22-2203**, entitled **Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems**, and application dated August 25, 2025, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

**Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA.** All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

NOFO Component	Amount
Strategy A2	\$ 1,006,976

**Financial Assistance Mechanism:** Grant

**Technical Review:** Within 45 days of this Notice of Award's (NOA) issue date, the Technical Review will be accessible to the recipient in GrantSolutions Grant Messages. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow-up requirements and timelines set forth therein.

**Budget Revision Requirement:** By February 16, 2026 the recipient must submit a revised budget with a narrative justification. 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.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the

future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

#### **FUNDING RESTRICTIONS AND LIMITATIONS**

#### **Indirect Costs:**

Indirect costs are not applicable to this award.

#### **REPORTING REQUIREMENTS**

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, “Performance Progress and Monitoring Report”**, **Expiration Date 03/31/2026**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/already-have-grant/Reporting.html> .

#### **PAYMENT INFORMATION**

**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 beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.