Notice of Award

Award# 6 NU58DP006697-02-01

FAIN# NU58DP006697

Federal Award Date: 11/16/2020

Recipient Information

1. Recipient Name

Missouri Department of Health 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 [NO DATA]

- 2. Congressional District of Recipient
- 3. Payment System Identifier (ID)
- 4. Employer Identification Number (EIN)
- 5. Data Universal Numbering System (DUNS)
- 6. Recipient's Unique Entity Identifier
- 7. Project Director or Principal Investigator

Ms. Mindy Laughlin mindy.laughlon@health.mo.gov 5737516435

8. Authorized Official

Ms. Marcia Mahaney Director, Division of Admnistration marcia.mahaney@health.mo.gov 573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Rhonda Latimer

Grants Management Officer

ITO1@cdc.gov

7704881647

10.Program Official Contact Information

Tegan Callahan Project Officer UVU1@cdc.gov 404 639-8638

Federal Award Information

11. Award Number

6 NU58DP006697-02-01

12. Unique Federal Award Identification Number (FAIN) NU58DP006697

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

This funding will support Missouri's Pregnancy-Associated Mortality Review (PAMR) Program by facilitating timely identification of maternal deaths, formation and dissemination of prevention strategies

15. Assistance Listing Number

03 479

16. Assistance Listing Program Title

Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

9	Summary	Federal	Award	Financial	Information

19. Budget Period Start Date	09/30/2020	- End Date	09/29/2021	
------------------------------	------------	------------	------------	--

20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	(\$583.00)
20b. Indirect Cost Amount	\$583.00
21. Authorized Carryover	\$0.00

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$450,000.00

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period \$450,000.00

26. Project Period Start Date 09/30/2019 - End Date 09/29/2024

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period

\$900,000.00

\$0.00

\$0.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer Grants Management Officer

30. Remarks



Notice of Award

Award# 6 NU58DP006697-02-01 FAIN# NU58DP006697

Federal Award Date: 11/16/2020

Recipient Information

Recipient Name

Missouri Department of Health 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 [NO DATA]

Congressional District of Recipient

Payment Account Number and Type

Employer Identification Number (EIN) Data

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

 $\ensuremath{\mathsf{II}}$. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$116,599.00
b. Fringe Benefits	\$62,963.00
c. TotalPersonnelCosts	\$179,562.00
d. Equipment	\$0.00
e. Supplies	\$196.00
f. Travel	\$772.00
g. Construction	\$0.00
h. Other	\$11,043.00
i. Contractual	\$222,335.00
j. TOTAL DIRECT COSTS	\$413,908.00
k. INDIRECT COSTS	\$36,092.00
l. TOTAL APPROVED BUDGET	\$450,000.00
m. Federal Share	\$450,000.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390C2X	19NU58DP006697	DP	41 51	\$0 00	75-20-0948

n. Non-Federal Share

\$0.00



Award# 6 NU58DP006697-02-01 FAIN# NU58DP006697

Federal Award Date: 11/16/2020

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 NU58DP006697-02-01

1. T&C for revised budget 6697

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget / Redirection: The purpose of this amended Notice of Award is to approve the **revised budget / redirection request** submitted by your organization dated November 12, 2020 . Funds have been distributed as indicated in the approved budget of this Notice of Award.