

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 U01DP006213-05-02 FAIN# U01DP006213 Federal Award Date: 02/03/2021

Recipient Information	Federal Award Information	
1. Recipient Name Missouri Department of Health PO BOX 570 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES	 Award Number 6 U01DP006213-05-02 Unique Federal Award Identification Number (FAIN) U01DP006213 Statutory Authority Section 317K of the Public Health Service Act, [42 U.S.C. 247b-12], as amended 	
Jefferson City, MO 65102-0570 2. Congressional District of Recipient	14. Federal Award Project Title COMPONENT A - MISSOURI PREGNANCY RISK ASSESSMENT MONITORING SYSTEM	
 O4 Payment System Identifier (ID) Employer Identification Number (EIN) Data Universal Numbering System (DUNS) 	 15. Assistance Listing Number 93.946 16. Assistance Listing Program Title 	
878092600 6. Recipient's Unique Entity Identifier 7. Project Director or Principal Investigator	 17. Award Action Type Budget Revision 18. Is the Award R&D? Yes 	
Venkata Garikapaty Venkata.Garikapaty@health.mo.gov 573-526-0452	Summary Federal Award Financial Information	
8. Authorized Official Ms. Marcia A Mahaney Director Marcia.Mahaney@health.mo.gov 573-751-6014	20b. Indirect Cost Amount \$4 21. Authorized Carryover \$3 22. Offset \$3	\$0.00 ,968.00) 3,968.00 \$0.00 7,585.00
Federal Agency Information CDC Office of Financial Resources 9. Awarding Agency Contact Information Dwayne Cooper yih4@cdc.gov 770-488-2874	24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period \$134 26. Project Period Start Date 05/01/2016 27. Total Amount of the Federal Award including Approved	4,465.00 \$0.00 4,465.00 5,914.00
10.Program Official Contact Information Leslie Harrison Team Leader Iff0@cdc.gov 770-488-6335	 28. Authorized Treatment of Program Income ADDITIONAL COSTS 29. Grants Management Officer – Signature Ms. Ester Edward Grants Management Specialist/Officer 	

30. Remarks

This Notice approves the budget revision request dated Jan. 8, 2021.



34. Accounting Classification Codes

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Recipient Information	33. Approved Budget (Excludes Direct Assistance)		
Recipient Name Missouri Department of Health	 Financial Assistance from the Federal Awarding Agency Only Total project costs including grant funds and all other financial participation 		
Missouri Department of Health PO BOX 570 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES Jefferson City, MO 65102-0570 Congressional District of Recipient 04 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 Research	 a. Salaries and Wages b. Fringe Benefits c. TotalPersonnelCosts d. Equipment e. Supplies f. Travel g. Construction h. Other i. Contractual 	\$87,297.00 \$43,122.00 \$130,419.00 \$0.00 \$8,649.00 \$0.00 \$0.00 \$5,072.00 \$0.00	
	j. TOTAL DIRECT COSTS k. INDIRECT COSTS	\$144,140.00 \$27,910.00	
	l. TOTAL APPROVED BUDGETm. Federal Sharen. Non-Federal Share	\$172,050.00 \$172,050.00 \$0.00	

FY-ACCOUNT NO. DOCUMENT NO. ADMINISTRATIVE CODE OBJECT CLASS AMT ACTION FINANCIAL ASSISTANCE APPROPRIATION 0-9390FBT 16DP006213 75-20-0844 DP 41 41 \$0 00 0-939ZRDR 16DP006213 DP 41 41 \$0 00 75-20-0948 8-939ZREU 16DP006213 DP 41 41 \$0 00 75-18-0948 9-9390ATV 16DP00621318OCDP DP 41 41 \$0 00 75-1819-0952 8-9390B42 16DP006213 DP 41 41 \$0 00 75-18-0844 8-9390ATV 16DP006213 DP 41 41 \$0 00 75-1819-0952



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35. Terms And Conditions

Federal Financial Report Cycle						
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date			
05/01/2020	04/30/2021	Annual	07/29/2021			

AWARD ATTACHMENTS

Missouri Department of Health

6 U01DP006213-05-02

1. Terms and Conditions - MO DOH - DP006213-05 - Budg Rev

AWARD INFORMATION

Notice of Funding Opportunity (NOFO) Number: **DP16-001** Award Number: **6 U01 DP006213-05 ~ Application** Number: **U01DP2021000774** Recipient: **Missouri Dept. of Health**

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget: The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated January 8, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

These funds are approved for the current year budget period only with no commitment for continued support in future budget periods.

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

All other terms and conditions of the cooperative agreement remain unchanged and in full effect.

PLEASE REFERENCE YOUR AWARD NUMBER IN ALL CORRESPONDENCE

CDC STAFF CONTACTS

Grants Management Specialist Contact:

Dwayne R. Cooper, Sr., Grants Management Specialist Centers for Disease Control & Prevention (CDC) Office of Grant Services (OFR) Research Branch 2, Team 1 Atlanta, Georgia 30341 Telephone: (770) 488-2874 Email: dcooper1@cdc.gov

Programmatic Contact:

PO/SPO Contact: Sue Shaw, Scientific Program Official Centers for Disease Control National Center for Chronic Disease Prevention & Health 4770 Buford Highway Chamblee, GA 30341 Telephone: 770-488-6142 Email: <u>zgx7@cdc.gov</u>

Grants Management Officer Contact:

Angie N. Willard, Team Lead Centers for Disease Control and Prevention (CDC) Office of Financial Resources (OFR) Office of Grants Services (OGS) Research Branch 2, Team 1 Email: <u>aen4@cdc.gov</u>