



Recipient Information

1. Recipient Name

Missouri Department of Health
PO BOX 570
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
Jefferson City, MO 65102-0570

2. Congressional District of Recipient

04

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

Venkata Garikapaty
Venkata.Garikapaty@health.mo.gov
573-526-0452

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

Dwayne Cooper
yih4@cdc.gov
770-488-2874

10. Program Official Contact Information

Leslie Harrison
Team Leader
lfl0@cdc.gov
770-488-6335

Federal Award Information

11. Award Number

6 U01DP006213-05-01

12. Unique Federal Award Identification Number (FAIN)

U01DP006213

13. Statutory Authority

Section 317K of the Public Health Service Act, [42 U.S.C. 247b-12], as amended

14. Federal Award Project Title

COMPONENT A - MISSOURI PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

15. Assistance Listing Number

93.946

16. Assistance Listing Program Title

17. Award Action Type

PD/PI Key Personnel

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information

19. Budget Period Start Date	05/01/2020	- End Date	04/30/2021	
20. Total Amount of Federal Funds Obligated by this Action				\$0.00
20a. Direct Cost Amount				
20b. Indirect Cost Amount				
21. Authorized Carryover				
22. Offset				
23. Total Amount of Federal Funds Obligated this budget period				\$134,465.00
24. Total Approved Cost Sharing or Matching, where applicable				\$0.00
25. Total Federal and Non-Federal Approved this Budget Period				\$134,465.00
26. Project Period Start Date	05/01/2016	- End Date	04/30/2021	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period				\$986,914.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

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

30. Remarks

This Notice approves the change in PI to Dr. Garikapaty.



Recipient Information
Recipient Name 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 1446000987B7
Employer Identification Number (EIN) Data 446000987
Universal Numbering System (DUNS) 878092600
Recipient's Unique Entity Identifier Not Available
31. Assistance Type Cooperative Agreement
32. Type of Award Research

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	\$85,541.00
b. Fringe Benefits	\$2,973.00
c. Total Personnel Costs	\$88,514.00
d. Equipment	\$0.00
e. Supplies	\$1,225.00
f. Travel	\$20.00
g. Construction	\$0.00
h. Other	\$11,866.00
i. Contractual	\$51,483.00
j. TOTAL DIRECT COSTS	\$153,108.00
k. INDIRECT COSTS	\$18,942.00
l. TOTAL APPROVED BUDGET	\$172,050.00
m. Federal Share	\$172,050.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390FBT	16DP006213	DP	41.41	\$0.00	75-20-0844
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



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 U01DP006213-05-01

FAIN# U01DP006213

Federal Award Date: 10/06/2020

35. Terms And Conditions

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
12/30/2016	04/30/2017	Annual	07/29/2017
05/01/2017	04/30/2018	Annual	07/29/2018
05/01/2018	04/30/2019	Annual	07/29/2019
05/01/2019	04/30/2020	Annual	07/29/2020
05/01/2020	04/30/2021	Annual	07/29/2021

AWARD ATTACHMENTS

Missouri Department of Health

6 U01DP006213-05-01

1. Terms and Conditions - MO DOH - DP006213-05 - PI Change

AWARD INFORMATION

Notice of Funding Opportunity (NOFO) Number: **DP16-001**
Award Number: **6 U01 DP006213-05** ~ Application Number: **U01DP2020000757**
Recipient: **Missouri Department of Health**

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve ***Principle Investigator change*** to **Dr. Venkata Garikapaty** . This is in response to the request submitted by your organization dated September 28, 2020.

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

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: zqx7@cdc.gov

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
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