Notice of Award

RESEARCH PROJECT COOPERATIVE AGREEMENT  Issue Date: 05/17/2016
Department of Health and Human Services
Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREV AND HEALTH PROMO

Grant Number: 1U01DP006213-01 REVISED
FAIN: U01DP006213

Principal Investigator(s):
Venkata Phani Sekhar Garikapaty, PHD

Project Title: COMPONENT A - MISSOURI PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

Dr. Garikapaty, Venkata , Ph.D
MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
920 Wildwood
Jefferson City, MO 651020570

Award e-mailed to: grants@health.mo.gov

Budget Period: 05/01/2016 – 04/30/2017
Project Period: 05/01/2016 – 04/30/2021

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award to reflect a decrease in the amount of $160,540 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to MISSOURI STATE DEPARTMENT OF MENTAL HEALTH in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 31 USC 6305 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Pamela L Render
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows
SECTION I – AWARD DATA – 1U01DP006213-01 REVISED

Award Calculation (U.S. Dollars)

TOTAL FEDERAL AWARD AMOUNT $0

AMOUNT OF THIS ACTION (FEDERAL SHARE) ($-160,540)

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

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<tr>
<th>Year</th>
<th>THIS AWARD</th>
<th>CUMULATIVE TOTALS</th>
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<tr>
<td>02</td>
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Fiscal Information:
CFDA Number: 93.946
EIN: [Redacted]
Document Number: 16DP006213

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SUMMARY TOTALS FOR ALL YEARS

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:
PCC: / OC: 4141 / Processed: RENDERP 05/17/2016

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U01DP006213-01 REVISED

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1U01DP006213-01 REVISED

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.
b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.

c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.

e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) U01DP006213. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Treatment of Program Income:
Additional Costs

SECTION IV – DP Special Terms and Conditions – 1U01DP006213-01 REVISED

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DP16-001
GRANT # 1U01DP006213-01
Revision 4

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

DEOBLIGATION FROM INCORRECT EIN: The purpose of this revised Notice of Award is to deobligate funds in the amount $160,540 from the incorrect EIN 1446000987B8. An award re-obligating funds in the amount of $160,540 to the correct EIN 1446000987B7 will follow.

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

All 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.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE.

Barry B. Gregory
Grants Management Specialist (GMS)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: kvi3@cdc.gov/Telephone: 770-488-3073.

Pamela Render
Grants Management Officer (GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: plr3@cdc.gov/Telephone: 770-488-2712.

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FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DP16-001
GRANT # 1U01DP006213-01
Revision 3

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD
REOBLIGATION TO THE CORRECT EIN: The purpose of this revised Notice of Award is to reflect the correct EIN 1446000987B7.

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

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PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE.

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FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DP16-001
GRANT # 1U01DP006213-01
Revision 2

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

REOBLIGATION TO THE CORRECT EIN: The purpose of this revised Notice of Award is to reobligate funds in the amount of $160,540 to the correct EIN 1446000987B7.

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

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Email: kvi3@cdc.gov/Telephone: 770-488-3073

Pamela Render
Grants Management Officer (GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: plr3@cdc.gov/Telephone: 770-488-2712

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FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DP16-001
GRANT # 1U01DP006213-01
Revision 1

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

DEOBLIGATION FROM INCORRECT EIN: The purpose of this revised Notice of Award is to deobligate funds in the amount $160,540 from the incorrect EIN 1446000987A1. An award re-obligating funds in the amount of $160,540 to the correct EIN 1446000987B7 will follow.
Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

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Office of Grants Services (OGS)
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Office of the Chief Operating Officer (OCOO)
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Email: kvi3@cdc.gov/Telephone: 770-488-3073

**Pamela Render**
Grants Management Officer (GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: plr3@cdc.gov/Telephone: 770-488-2712

**STAFF CONTACTS**
Grants Management Specialist: Barry Gregory

Grants Management Officer: Pamela L Render
Centers for Disease Control and Prevention
Procurement and Grants Office
Koger Center, Colgate Building
2920 Brandywine Road, Mail Stop K 70
Atlanta, GA 30341
Email: prender@cdc.gov Phone: 770-488-2712 Fax: 770-488-2670

**SPREADSHEET SUMMARY**
**GRANT NUMBER:** 1U01DP006213-01 REVISED
**INSTITUTION:** MISSOURI STATE DEPT/HEALTH & SENIOR SRV

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