



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 an increase in the amount of \$160,540 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to MISSOURI STATE DEPARTMENT OF HEALTH & SENIOR SERVICES 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

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**SECTION I – AWARD DATA – 1U01DP006213-01 REVISED****Award Calculation (U.S. Dollars)**

Salaries and Wages	\$63,022
Fringe Benefits	\$31,511
Personnel Costs (Subtotal)	\$94,533
Supplies	\$7,340
Travel Costs	\$1,866
Other Costs	\$2,318
Consortium/Contractual Cost	\$34,726

Federal Direct Costs	\$140,783
Federal F&A Costs	\$19,757
Approved Budget	\$160,540
Federal Share	\$160,540
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$160,540</b>

**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.

02	\$160,540
03	\$160,540
04	\$160,540
05	\$160,540

**Fiscal Information:**

CFDA Number: 93.946  
EIN: XXXXXXXXXX  
Document Number: 16DP006213

IC	CAN	2016	2017	2018	2019	2020
DP	939ZREU	\$160,540	\$160,540	\$160,540	\$160,540	\$160,540

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$160,540	\$160,540
2	\$160,540	\$160,540
3	\$160,540	\$160,540
4	\$160,540	\$160,540
5	\$160,540	\$160,540

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 06/02/2016

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**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 [hhtips@oig.hhs.gov](mailto:hhtips@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.

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**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

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

**FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER:** DP16-001  
**GRANT # 1U01DP006213-01**  
**Revision 5**

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.

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.**

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**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](mailto: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](mailto: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.

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.**

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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.

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.**

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**Pamela Render**

Grants Management Officer (GMO)  
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Centers for Disease Control and Prevention (CDC)  
Email: [plr3@cdc.gov](mailto: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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**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

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	\$63,022				
Fringe Benefits	\$31,511				
Personnel Costs (Subtotal)	\$94,533				
Supplies	\$7,340				
Travel Costs	\$1,866				
Other Costs	\$2,318				
Consortium/Contractual Cost	\$34,726				
TOTAL FEDERAL DC	\$140,783	\$140,783	\$140,783	\$140,783	\$140,783
TOTAL FEDERAL F&A	\$19,757	\$19,757	\$19,757	\$19,757	\$19,757
TOTAL COST	\$160,540	\$160,540	\$160,540	\$160,540	\$160,540