



**Recipient Information**

**1. Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &  
SENIOR SERVICES  
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 (UEI)**  
UETLXV8NG8F4

**7. Project Director or Principal Investigator**

Ms. Ashlie Otto  
Public Health Consultant Nurse  
ashlie.otto@health.mo.gov  
5735224107

**8. Authorized Official**

Mrs. Marcia Mahaney  
Director, Division of Administration  
Grants@health.mo.gov  
5737516014

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Darryl Mitchell  
dvm1@cdc.gov  
770-488-2747

**10. Program Official Contact Information**

Ms. Brittany Dunigan-Willis  
Public Health Advisor  
nfv9@cdc.gov  
404.498.0824

**Federal Award Information**

**11. Award Number**

6 NU58DP007829-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP007829

**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**

93.946

**16. Assistance Listing Program Title**

Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2024	<b>- End Date</b>	09/29/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$1,871.00
20b. Indirect Cost Amount			(\$1,871.00)
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$570,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$570,000.00
<b>26. Period of Performance Start Date</b>	09/30/2024	<b>- End Date</b>	09/30/2029
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$570,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Tajsha LaShore

**30. Remarks**



Recipient Information
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES PO BOX 570 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES Jefferson City, MO 65102-0570 <b>Congressional District of Recipient</b> 04 <b>Payment Account Number and Type</b> [REDACTED] <b>Employer Identification Number (EIN) Data</b> [REDACTED] <b>Universal Numbering System (DUNS)</b> 878092600 <b>Recipient's Unique Entity Identifier (UEI)</b> UETLXV8NG8F4
<b>31. Assistance Type</b> Cooperative Agreement <b>32. Type of Award</b> Other

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	\$176,216.00
b. Fringe Benefits	\$115,246.00
c. Total Personnel Costs	\$291,462.00
d. Equipment	\$0.00
e. Supplies	\$7,574.00
f. Travel	\$7,692.00
g. Construction	\$0.00
h. Other	\$18,100.00
i. Contractual	\$183,674.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$508,502.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$61,498.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$570,000.00</b>
m. Federal Share	\$570,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390C2X	24NU58DP007829	DP	410Q	93.946	\$0.00	75-24-0948



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP007829-01-01

FAIN# NU58DP007829

Federal Award Date: 11/15/2024

**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 & SENIOR SERVICES

6 NU58DP007829-01-01

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1. Terms and Conditions

## 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 October 4, 2024, Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Personnel:** By January 1, 2025, the recipient must provide the name(s), position(s), and the hiring status of the following vacant positions as a GrantSolutions grant note:

- Informant Interviewer
- Maternal Mortality Prevention Specialist

If not hired within the current budget period, these funds should be redirected towards other activities within the scope of the program.

**Contractual:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the contracts below. This approval is in response to the request submitted by your organization dated October 4, 2024.

**Contractor 1:** Missouri State Highway Patrol

**Contractor 2:** Missouri Hospital Association (MHA)

**Missing Contractual/Consultant Elements** – The contract listed below is approved, however, the recipient must provide the name of TBD Contractor, via GrantSolutions as a Grant Note prior to beginning work on the contract.

**Contractor:** TBD - Language Interpretation Translation Services

**Indirect Cost:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated May 29, 2024, which calculates indirect costs as follows, a Provisional is approved at a rate of 21.10% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2024, to June 30, 2025.