

1. DATE ISSUED MM/DD/YYYY 11/13/2019

1a. SUPERSEDES AWARD NOTICE dated 07/30/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.478 - Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NU58DP006697-01-01 Formerly

5. TYPE OF AWARD Other

4a. FAIN NU58DP006697

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 09/30/2019 Through 09/29/2024

7. BUDGET PERIOD MM/DD/YYYY From 09/30/2019 Through 09/29/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

8. TITLE OF PROJECT (OR PROGRAM)
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

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 Wildwood Dr
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Ms. Mindy Laughlin
920 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 5737516435

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Marcia Mahaney
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
Tegan Callahan
4770 Buford Hwy NE
Atlanta, GA 30341
Phone: 404 639-8638

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 450,000.00	
II Total project costs including grant funds and all other financial participation I		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS	108,138.00	c. Less Cumulative Prior Award(s) This Budget Period 450,000.00	
b. Fringe Benefits	64,825.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	172,963.00	13. Total Federal Funds Awarded to Date for Project Period 450,000.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	374.00	YEAR	TOTAL DIRECT COSTS
f. Travel	4,907.00	a. 2	d. 5
g. Construction	0.00	b. 3	e. 6
h. Other	12,407.00	c. 4	f. 7
i. Contractual	222,335.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS	412,986.00	a. DEDUCTION	
k. INDIRECT COSTS	37,014.00	b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET	450,000.00	c. MATCHING	
m. Federal Share	450,000.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	0.00	e. OTHER (See REMARKS)	
REMARKS (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY 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	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

GRANTS MANAGEMENT OFFICIAL:
Rhonda Latimer, Grants Management Officer
2939 Brandywine Road
Atlanta, GA 30341
Phone: 7704881647

17.OBJ CLASS	41.51	18a. VENDOR CODE		18b. EIN		19. DUNS	878092600	20. CONG. DIST.	03
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	9-9390C2X	b.	19NU58DP006697	c.	DP	d.	\$0.00	e.	75-19-0948
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

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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

6 NU58DP006697-01-01

1. T&C for revised budget, TR response and AOR

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget / Redirection: The purpose of this amended Notice of Award is to approve the **revised budget / redirection request** submitted by your organization dated October 24, 2019 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

Summary Statement / Technical Review: The purpose of this amended Notice of Award is to approve the response to the Summary Statement / Technical Review submitted by your organization dated October 24, 2019.

Key Personnel: The purpose of this amendment is to approve the **Authorizing Official Representative** change to Marcia Mahaney. This is in response to the request submitted by your organization dated October 24, 2019.