



**Recipient Information**

**1. Recipient Name**

Missouri Department of Health  
920 WILDWOOD DR  
JEFFERSON CITY, MO 65109-5796  
[NO DATA]

**2. Congressional District of Recipient**

03

**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**

Ms. Ashlie Otto  
Public Health Consultant Nurse  
Aotto613@gmail.com  
573-528-3328

**8. Authorized Official**

Mrs. Marcia Mahaney  
Director, Division of Administration  
marcia.mahaney@health.mo.gov  
573-751-6014

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mrs. Rhonda Latimer  
Grants Management Officer  
ITO1@cdc.gov  
7704881647

**10. Program Official Contact Information**

Tegan Callahan  
Project Officer  
UVU1@cdc.gov  
404 639-8638

**Federal Award Information**

**11. Award Number**

6 NU58DP006697-02-02

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

NU58DP006697

**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**

93.478

**16. Assistance Listing Program Title**

Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees

**17. Award Action Type**

PD/PI Key Personnel

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

No

**Summary Federal Award Financial Information**

|  |            |            |              |
|--|------------|------------|--------------|
| <b>19. Budget Period Start Date</b>  | 09/30/2020 | - End Date | 09/29/2021   |
| <b>20. Total Amount of Federal Funds Obligated by this Action</b>  |            |            | \$0.00       |
| 20a. Direct Cost Amount  |            |            | \$0.00       |
| 20b. Indirect Cost Amount  |            |            | \$0.00       |
| <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>  |            |            | \$450,000.00 |
| <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>   |            |            | \$450,000.00 |
| <b>26. Project Period Start Date</b>   | 09/30/2019 | - End Date | 09/29/2024   |
| <b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b> |            |            | \$900,000.00 |

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Rhonda Latimer  
Grants Management Officer

**30. Remarks**



| Recipient Information   |
|---|
| <b>Recipient Name</b><br>Missouri Department of Health<br>920 WILDWOOD DR<br>JEFFERSON CITY, MO 65109-5796<br>[NO DATA] |
| <b>Congressional District of Recipient</b><br>03  |
| <b>Payment Account Number and Type</b><br>[REDACTED]  |
| <b>Employer Identification Number (EIN) Data</b><br>[REDACTED]  |
| <b>Universal Numbering System (DUNS)</b><br>878092600   |
| <b>Recipient's Unique Entity Identifier</b><br>Not Available  |

|   |
|---|
| <b>31. Assistance Type</b><br>Cooperative Agreement |
| <b>32. Type of Award</b><br>Other                   |

| 33. Approved Budget<br>(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   | \$116,599.00        |
| b. Fringe Benefits  | \$62,963.00         |
| c. Total Personnel Costs  | \$179,562.00        |
| d. Equipment  | \$0.00              |
| e. Supplies   | \$196.00            |
| f. Travel   | \$772.00            |
| g. Construction   | \$0.00              |
| h. Other  | \$11,043.00         |
| i. Contractual  | \$222,335.00        |
| <b>j. TOTAL DIRECT COSTS</b>  | <b>\$413,908.00</b> |
| <b>k. INDIRECT COSTS</b>  | <b>\$36,092.00</b>  |
| <b>l. TOTAL APPROVED BUDGET</b>   | <b>\$450,000.00</b> |
| m. Federal Share  | \$450,000.00        |
| n. Non-Federal Share  | \$0.00              |

**34. Accounting Classification Codes**

| FY-ACCOUNT NO. | DOCUMENT NO.   | ADMINISTRATIVE CODE | OBJECT CLASS | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|----------------|---------------------|--------------|---------------------------------|---------------|
| 0-9390C2X      | 19NU58DP006697 | DP                  | 41 51        | \$0 00                          | 75-20-0948    |



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

Centers for Disease Control and Prevention

Award# 6 NU58DP006697-02-02

FAIN# NU58DP006697

Federal Award Date: 04/21/2021

**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 NU58DP006697-02-02

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1. T&C for key personnel

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Key Personnel:** The purpose of this amendment is to approve the *Principle Investigator/Program Director, Project Manager* change to Ms. Ashlie Otto . This is in response to the request submitted by your organization dated April 5, 2021.