



**Recipient Information**

**1. Recipient Name**

MISSOURI DEPARTMENT OF HEALTH &  
SENIOR SERVICES  
920 Wildwood Dr  
Missouri Dept. of Health and Senior Services  
Jefferson City, MO 65109-5796  
[NO DATA]

**2. Congressional District of Recipient**

03

**3. Payment System Identifier (ID)**

1446000987B7

**4. Employer Identification Number (EIN)**

446000987

**5. Data Universal Numbering System (DUNS)**

878092600

**6. Recipient's Unique Entity Identifier (UEI)**

UETLXV8NG8F4

**7. Project Director or Principal Investigator**

Amy Moffett  
Brain Injury Manager  
amy.moffett@health.mo.gov  
5735222834

**8. Authorized Official**

Ms. Marcia A Mahaney  
Director  
Marcia.Mahaney@health.mo.gov  
573-751-6014

**Federal Agency Information**

AoD - Traumatic Brain Injury State Partnership  
Program

**9. Awarding Agency Contact Information**

Mr. Sean P Lewis  
Grants Management Officer  
sean.lewis@acl.hhs.gov  
202-793-7384

**10. Program Official Contact Information**

Shawn Callaway  
Program Specialist  
shawn.callaway@acl.hhs.gov  
202-690-5781

**Federal Award Information**

**11. Award Number**

90TBPH0017-01-01

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

90TBPH0017

**13. Statutory Authority**

42 USC 15081-15083

**14. Federal Award Project Title**

Traumatic Brain Injury State Partnership Programs (TBI SPP)

**15. Assistance Listing Number**

93.234

**16. Assistance Listing Program Title**

Traumatic Brain Injury\_State Demonstration Grant Program

**17. Award Action Type**

ACL Change in Principal Investigator/Program or Project Director (PI/PD)

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

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/01/2022	<b>- End Date</b>	09/30/2024
<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>			\$86,400.00
<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>			\$86,400.00
<b>26. Period of Performance Start Date</b>	04/01/2022	<b>- End Date</b>	09/30/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$86,400.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Alyssa Malcomson  
Grants Management Officer

**30. Remarks**

This amendment provides ACL's approval of the change of Program Director to Amy Moffett from Jenifer Braun, as requested in the grantee's amendment submitted via Grant Solutions on 03/16/2023.

All Terms and Conditions from the prior Notice of Award remain in effect.



Recipient Information
<b>Recipient Name</b> MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Missouri Dept. of Health and Senior Services Jefferson City, MO 65109-5796 [NO DATA]
<b>Congressional District of Recipient</b> 03
<b>Payment Account Number and Type</b> 1446000987B7
<b>Employer Identification Number (EIN) Data</b> 446000987
<b>Universal Numbering System (DUNS)</b> 878092600
<b>Recipient's Unique Entity Identifier (UEI)</b> UETLXV8NG8F4
<b>31. Assistance Type</b> Project Grant
<b>32. Type of Award</b> Demonstration

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	\$5,738.00
b. Fringe Benefits	\$3,650.00
c. Total Personnel Costs	\$9,388.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$3,990.00
i. Contractual	\$71,238.00
j. TOTAL DIRECT COSTS	\$84,616.00
k. INDIRECT COSTS	\$1,784.00
l. TOTAL APPROVED BUDGET	\$86,400.00
m. Federal Share	\$86,400.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-299PHTB	90TBPH001701C6	ACL-AoD	41.45	93.234	\$0.00	75-X-0140