



Recipient Information

1. Recipient Name

Missouri Department of Health
920 Wildwood Dr
Community and Public Health-DUP
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

Jennifer Braun
Jennifer.Braun@health.mo.gov
573-522-2834

8. Authorized Official

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

Federal Agency Information

AOD Traumatic Brain Injury State Demonstration Grant 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

Ms. Dana Fink
dana.fink@acl.hhs.gov
202 795-7604

Federal Award Information

11. Award Number

90TBSG0040-03-02

12. Unique Federal Award Identification Number (FAIN)

90TBSG0040

13. Statutory Authority

Public Health Service Act, Section 1252, as amended (please see remarks for full statute)

14. Federal Award Project Title

Traumatic Brain Injury State Partnership Program Partner State Funding Opportunity

15. Assistance Listing Number

93.234

16. Assistance Listing Program Title

Traumatic Brain Injury_State Demonstration Grant Program

17. Award Action Type

ACL No-Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/01/2020	- End Date	05/31/2022
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$21,707.68
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$150,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$75,001.00
25. Total Federal and Non-Federal Approved this Budget Period			\$225,001.00
26. Project Period Start Date	06/01/2018	- End Date	05/31/2022
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period			Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Tanielle Chandler
Grants Management Officer

30. Remarks

See Remarks (continuation)



Award# 90TBSG0040-03-02

FAIN# 90TBSG0040

Federal Award Date: 06/22/2021

Recipient Information
Recipient Name Missouri Department of Health 920 Wildwood Dr Community and Public Health-DUP Jefferson City, MO 65109-5796 [NO DATA]
Congressional District of Recipient 03
Payment Account Number and Type [REDACTED]
Employer Identification Number (EIN) Data [REDACTED]
Universal Numbering System (DUNS) 878092600
Recipient's Unique Entity Identifier Not Available
31. Assistance Type Cooperative Agreement
32. Type of Award 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	\$24,463.00
b. Fringe Benefits	\$12,965.00
c. Total Personnel Costs	\$37,428.00
d. Equipment	\$0.00
e. Supplies	\$921.00
f. Travel	\$11,783.00
g. Construction	\$0.00
h. Other	\$13,866.00
i. Contractual	\$174,699.68
j. TOTAL DIRECT COSTS	\$238,697.68
k. INDIRECT COSTS	\$8,011.00
l. TOTAL APPROVED BUDGET	\$246,708.68
m. Federal Share	\$171,707.68
n. Non-Federal Share	\$75,001.00

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
9-2994979	90TBSG004002	AoD	41 45	\$0 00	75-19-0142
9-2994979	90TBSG004003	AoD	41 45	\$0 00	75-19-0142



Department of Health and Human Services

Administration For Community Living

Notice of Award

Award# 90TBSG0040-03-02

FAIN# 90TBSG0040

Federal Award Date: 06/22/2021

Remarks (Continuation)

INITIAL NO-COST EXTENSION

This amendment provides a no-cost extension of the 03 year budget period for 12 months, through 5/31/2022 in accordance with the grantee's request submitted via GrantSolutions on 5/20/2021. The project period end date has been adjusted accordingly. In extending the final budget period, the grantee agrees to submit all required reports in accordance with the Terms and Conditions of Award and applicable regulations and policy.

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