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| 1. DATE ISSUED MM/DD/YYYY 11/08/2019 | | 1a. SUPERSEDES AWARD NOTICE dated 09/06/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded | |
| 2. CFDA NO. 93.747 - Elder Abuse Prevention Interventions Program | | | |
| 3. ASSISTANCE TYPE Cooperative Agreement | | | |
| 4. GRANT NO. 90EJSG0003-02-07 Formerly | | 5. TYPE OF AWARD Demonstration | |
| 4a. FAIN 90EJSG0003 | | 5a. ACTION TYPE Post Award Amendment | |
| 6. PROJECT PERIOD MM/DD/YYYY From 09/01/2016 | | Through 08/31/2020 | |
| 7. BUDGET PERIOD MM/DD/YYYY From 09/01/2017 | | Through 08/31/2020 | |
| 8. TITLE OF PROJECT (OR PROGRAM) State Grants to Enhance Adult Protective Services Missouri Program Narrative | | | |

**Department of Health and Human Services
Administration For Community Living
AOA Elder Justice & Adult Protective Services APS Grants to States**

330 C Street, SW
Washington, DC 20201

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
OAA Sect 411 and 751; Title XX of SSA, Subtitle B, Section 2042;
amended by ACA, subtitle H, EJ

| | | | |
|--|--|---|--|
| 9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 Wildwood Dr Div of Senior and Disability S Jefferson City, MO 65109-5796 | | 9b. GRANTEE PROJECT DIRECTOR Ms. Michelle Humphrey 920 Wildwood Drive Div of Senior and Disability S Jefferson City, MO 65109-5796 Phone: 573-526-8502 | |
| 10a. GRANTEE AUTHORIZING OFFICIAL Ms. Marcia Mahaney 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 Phone: 573-751-6014 | | 10b. FEDERAL PROJECT OFFICER Mrs. Aiesha Gurley Switzer Building 330 C Street, SW Washington, DC 20201-0003 Phone: 202-795-7358 | |

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) 328,844.00 | | | | | | | | | | | | | | | | | | | |
| II Total project costs including grant funds and all other financial participation <input type="checkbox"/> II | | | | b. Less Unobligated Balance From Prior Budget Periods 122,844.00 | | | | | | | | | | | | | | | | | | | |
| a. Salaries and WageS 94,300.00 | | | | c. Less Cumulative Prior Award(s) This Budget Period 206,000.00 | | | | | | | | | | | | | | | | | | | |
| b. Fringe Benefits 54,693.00 | | | | d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <input type="text" value="0.00"/> | | | | | | | | | | | | | | | | | | | |
| c. Total Personnel Costs 148,993.00 | | | | 13. Total Federal Funds Awarded to Date for Project Period <input type="text" value="412,000.00"/> | | | | | | | | | | | | | | | | | | | |
| d. Equipment 0.00 | | | | 14. RECOMMENDED FUTURE SUPPORT | | | | | | | | | | | | | | | | | | | |
| e. Supplies 0.00 | | | | (Subject to the availability of funds and satisfactory progress of the project): | | | | | | | | | | | | | | | | | | | |
| f. Travel 4,031.00 | | | | <table border="1"> <tr> <td>YEAR</td> <td>TOTAL DIRECT COSTS</td> <td>YEAR</td> <td>TOTAL DIRECT COSTS</td> </tr> <tr> <td>a. 3</td> <td></td> <td>d. 6</td> <td></td> </tr> <tr> <td>b. 4</td> <td></td> <td>e. 7</td> <td></td> </tr> <tr> <td>c. 5</td> <td></td> <td>f. 8</td> <td></td> </tr> </table> | | | | YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL DIRECT COSTS | a. 3 | | d. 6 | | b. 4 | | e. 7 | | c. 5 | | f. 8 | |
| YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL DIRECT COSTS | | | | | | | | | | | | | | | | | | | | |
| a. 3 | | d. 6 | | | | | | | | | | | | | | | | | | | | | |
| b. 4 | | e. 7 | | | | | | | | | | | | | | | | | | | | | |
| c. 5 | | f. 8 | | | | | | | | | | | | | | | | | | | | | |
| g. Construction 0.00 | | | | 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: | | | | | | | | | | | | | | | | | | | |
| h. Other 3,014.00 | | | | <table border="1"> <tr> <td>a. DEDUCTION</td> <td rowspan="5" style="text-align: center; vertical-align: middle;"><input type="checkbox"/> b</td> </tr> <tr> <td>b. ADDITIONAL COSTS</td> </tr> <tr> <td>c. MATCHING</td> </tr> <tr> <td>d. OTHER RESEARCH (Add / Deduct Option)</td> </tr> <tr> <td>e. OTHER (See REMARKS)</td> </tr> </table> | | | | a. DEDUCTION | <input type="checkbox"/> b | b. ADDITIONAL COSTS | c. MATCHING | d. OTHER RESEARCH (Add / Deduct Option) | e. OTHER (See REMARKS) | | | | | | | | | | |
| a. DEDUCTION | <input type="checkbox"/> b | | | | | | | | | | | | | | | | | | | | | | |
| b. ADDITIONAL COSTS | | | | | | | | | | | | | | | | | | | | | | | |
| c. MATCHING | | | | | | | | | | | | | | | | | | | | | | | |
| d. OTHER RESEARCH (Add / Deduct Option) | | | | | | | | | | | | | | | | | | | | | | | |
| e. OTHER (See REMARKS) | | | | | | | | | | | | | | | | | | | | | | | |
| i. Contractual 217,994.00 | | | | 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: | | | | | | | | | | | | | | | | | | | |
| j. TOTAL DIRECT COSTS 374,032.00 | | | | <table border="1"> <tr> <td>a. The grant program legislation</td> </tr> <tr> <td>b. The grant program regulations.</td> </tr> <tr> <td>c. This award notice including terms and conditions, if any, noted below under REMARKS.</td> </tr> <tr> <td>d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.</td> </tr> </table> | | | | 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. | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | |
| k. INDIRECT COSTS 23,494.00 | | | | 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. | | | | | | | | | | | | | | | | | | | |
| l. TOTAL APPROVED BUDGET 397,526.00 | | | | | | | | | | | | | | | | | | | | | | | |
| m. Federal Share 328,844.00 | | | | | | | | | | | | | | | | | | | | | | | |
| n. Non-Federal Share 68,682.00 | | | | | | | | | | | | | | | | | | | | | | | |

REMARKS (Other Terms and Conditions Attached - Yes No)
KEY PERSONNEL CHANGE

This amendment provides ACL's approval of the change of the Authorized Organization Representative to Marcia Mahaney from Tonya Loucks, as requested in the grantee's amendment submitted via GrantSolutions on 10/17/2019.

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

GRANTS MANAGEMENT OFFICIAL:

Tanielle Chandler, Grants Management Officer
Switzer Building
330 C Street, SW
Washington, DC 20201-0003
Phone: N/A

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|----------------|-----------|------------------|--------------|---------------------|-----|---------------------|-----------|-----------------|------------|
| 17.OBJ CLASS | 41.45 | 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. | 6-2994405 | b. | 90EJSG000302 | c. | AOA | d. | \$0.00 | e. | 75-16-0142 |
| 22. a. | | b. | | c. | | d. | | e. | |
| 23. a. | | b. | | c. | | d. | | e. | |