

1. DATE ISSUED MM/DD/YYYY 06/29/2015	2. CFDA NO. 93.734	3. ASSISTANCE TYPE PROJECT GRANT
1a. SUPERSEDES AWARD NOTICE dated 08/26/2014 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 90CS0048-03-01 Formerly	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From MM/DD/YYYY 09/01/2012	Through MM/DD/YYYY 08/31/2015	
7. BUDGET PERIOD From MM/DD/YYYY 09/01/2014	Through MM/DD/YYYY 08/31/2015	

Department of Health and Human Services  
Administration For Community Living  
AOA - PPHF-2012 CDSMP  
One Massachusetts Avenue NW  
Washington, DC 20001

**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulations)  
Sec4002 ACA (PPHF)

8. TITLE OF PROJECT (OR PROGRAM)  
Missouri Department of Health and Senior Services Empowering Older Adults and Adults with Disabilities through Chronic D

9a. GRANTEE NAME AND ADDRESS Missouri Dept. of Health and Senior Services/DSS&R PO BOX 570 920 WILDWOOD DR Jefferson City, MO 65102-0570	9b. GRANTEE PROJECT DIRECTOR Belinda Heimericks PO BOX 570 920 Wildwood Drive Jefferson City, MO 65102-0570 Phone: 573-522-2800
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10a. GRANTEE AUTHORIZING OFFICIAL Mr. Bret Fischer 920 Wildwood Dr Division of Administration Jefferson City, MO 65102-0570 Phone: 5737516014	10b. FEDERAL PROJECT OFFICER Ms. Theresa Arney One Massachusetts Ave. Administration for Community Living Washington, DC 20201-1401 Phone: 202 357-3515
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**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) 244,000.00	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 15,000.00	
a. Salaries and Wages .....	15,845.00	c. Less Cumulative Prior Award(s) This Budget Period 229,000.00	
b. Fringe Benefits .....	7,764.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs .....	23,609.00	13. Total Federal Funds Awarded to Date for Project Period 739,000.00	
d. Equipment .....	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies .....	99.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel .....	715.00	YEAR	TOTAL DIRECT COSTS
g. Construction .....	0.00	a. 4	d. 7
h. Other .....	593.00	b. 5	e. 8
i. Contractual .....	214,451.00	c. 6	f. 9
j. TOTAL DIRECT COSTS	239,467.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	4,533.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	244,000.00	b. ADDITIONAL COSTS	
m. Federal Share	244,000.00	c. MATCHING	
n. Non-Federal Share	0.00	d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING 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.	

REMARKS (Other Terms and Conditions Attached -  Yes  No)

**CARRYOVER OF FUNDS**

This revised award authorizes the use of unobligated funds in the amount of \$15,000 as requested in the grantee's letter dated 12/08/2014 and as reported on the 02 year Federal Financial Report (FFR) dated 11/20/2014.

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

GRANTS MANAGEMENT OFFICER: Rimas T Liogys, Director, OGM

17. OBJ CLASS 41.45	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 04
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 2-29966R0	b. 90CS004801	c. ACLAOA	d. (\$15,000.00)	e. 7520142
22. a. 2-29966R0	b. 90CS004803	c. ACLAOA	d. \$15,000.00	e. 7520142
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 90CS0048-03-01	

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**STAFF CONTACTS**

1. Please direct any questions related to the negotiation of this award and/or interpreting the fiscal or administrative requirements, policies, or provisions, to the Grants Management Specialist, **Sean Lewis (202) 357-3445 or [Sean.Lewis@acl.hhs.gov](mailto:Sean.Lewis@acl.hhs.gov)**. If you have questions related to the program requirements, or if you require additional technical assistance, please contact the Program Officer listed in section 10b., of the Notice of Award.