



**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**

Ms. 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**

Ms. LaDeva Harris  
Grants Management Specialist  
LaDeva.Harris@acl.hhs.gov  
N/A

**10. Program Official Contact Information**

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

**Federal Award Information**

**11. Award Number**

90TBSG0040-03-01

**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 Carryover Request

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

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 06/01/2020 - **End Date** 05/31/2021

**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$21,707.68

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** 05/31/2021

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$525,001.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Sherlonda L Blue  
Grants Management Specialist

**30. Remarks**

This amendment approves the grantee's request, submitted via GrantSolutions on August 13, 2020, to carry unobligated funds in the amount of \$21,707.68 from budget year 02 to budget year 03. This unobligated balance is reflected on the 02 year SF 425, dated August 25, 2020.

The grantee is still responsible for meeting the match requirement stated in the 02 year Notice of Award dated April 24, 2019.



Award# 90TBSG0040-03-01

FAIN# 90TBSG0040

Federal Award Date: 12/04/2020

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| <p><b>Recipient Information</b></p> <p><b>Recipient Name</b><br/>Missouri Department of Health<br/>920 Wildwood Dr<br/>Community and Public Health-DUP<br/>Jefferson City, MO 65109-5796<br/>[NO DATA]</p> <p><b>Congressional District of Recipient</b><br/>03</p> <p><b>Payment Account Number and Type</b><br/>[REDACTED]</p> <p><b>Employer Identification Number (EIN) Data</b><br/>[REDACTED]</p> <p><b>Universal Numbering System (DUNS)</b><br/>878092600</p> <p><b>Recipient's Unique Entity Identifier</b><br/>Not Available</p> |
| <p><b>31. Assistance Type</b><br/>Cooperative Agreement</p> <p><b>32. Type of Award</b><br/>Demonstration</p>  |

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|--|---------------------|
| <p><b>33. Approved Budget</b><br/>(Excludes Direct Assistance)</p>                         |                     |
| <p>I. Financial Assistance from the Federal Awarding Agency Only</p>                       |                     |
| <p>II. Total project costs including grant funds and all other financial participation</p> |                     |
| 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        |
| <b>j. TOTAL DIRECT COSTS</b>   | <b>\$238,697.68</b> |
| <b>k. INDIRECT COSTS</b>   | <b>\$8,011.00</b>   |
| <b>l. TOTAL APPROVED BUDGET</b>  | <b>\$246,708.68</b> |
| <b>m. Federal Share</b>  | <b>\$171,707.68</b> |
| <b>n. Non-Federal Share</b>  | <b>\$75,001.00</b>  |

| <p><b>34. Accounting Classification Codes</b></p> |              |                     |              |                                 |               |
|---|--------------|---------------------|--------------|---------------------------------|---------------|
| FY-ACCOUNT NO.                                    | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
| 9-2994979   | 90TBSG004002 | AoD                 | 41 45        | (\$21,707.68)                   | 75-19-0142    |
| 9-2994979   | 90TBSG004003 | AoD                 | 41 45        | \$21,707.68                     | 75-19-0142    |