



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
920 Wildwood Dr
-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 (UEI)

UETLXV8NG8F4

7. Project Director or Principal Investigator

Dr. Sandra Hentges
sandra.hentges@health.mo.gov
5735222862

8. Authorized Official

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

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. LaKasa Wyatt
Grants Management Officer
lgw5@cdc.gov
770-488-2728

10. Program Official Contact Information

Margaret Kaniewski
Public Health Advisor
mgk6@cdc.gov
770-488-1371

Federal Award Information

11. Award Number

6 NU58DP007495-01-02

12. Unique Federal Award Identification Number (FAIN)

NU58DP007495

13. Statutory Authority

Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

14. Federal Award Project Title

BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias

15. Assistance Listing Number

93.334

16. Assistance Listing Program Title

The Healthy Brain Initiative: Technical Assistance to Implement Public Health Actions related to Cognitive Health, Cognitive Impairment, and Caregiving at the S

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/30/2023	- End Date	09/29/2024
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			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$450,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$135,000.00
25. Total Federal and Non-Federal Approved this Budget Period			\$585,000.00
26. Period of Performance Start Date	09/30/2023	- End Date	09/29/2028
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$585,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer – Signature

Ms. Pamela Render
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP007495-01-02

FAIN# NU58DP007495

Federal Award Date: 05/13/2024

Recipient Information	
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr -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 (UEI) UETLXV8NG8F4	
31. Assistance Type Cooperative Agreement	
32. Type of Award Other	

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	\$33,507.00
b. Fringe Benefits	\$21,408.00
c. Total Personnel Costs	\$54,915.00
d. Equipment	\$0.00
e. Supplies	\$1,977.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$7,150.00
i. Contractual	\$374,536.00
j. TOTAL DIRECT COSTS	\$438,578.00
k. INDIRECT COSTS	\$11,422.00
L. TOTAL APPROVED BUDGET	\$450,000.00
m. Federal Share	\$450,000.00
n. Non-Federal Share	\$135,000.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939ZRJC	23NU58DP007495	DP	410Q	93.334	\$0.00	75-23-0948



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP007495-01-02

FAIN# NU58DP007495

Federal Award Date: 05/13/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

6 NU58DP007495-01-02

1. Terms and Conditions Matching Requirement \$135,000

Administrative Action: The purpose of this amended Notice of Award is to approve the administrative action to change matching from \$270,000 to \$135,000 submitted by your organization dated March 18, 2024. Funds have been distributed as indicated in the approved budget of this Notice of Award.

- The match requirement will be 135,000