## Notice of Award

Award# 6 NU58DP007495-02-01

FAIN# NU58DP007495

Federal Award Date: 12/17/2024

# **Recipient Information**

## 1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

920 Wildwood Dr

Health and Senior Services, Missouri Department of Jefferson City, MO 65109-5796

[NO DATA]

- 2. Congressional District of Recipient
- 3. Payment System Identifier (ID)
- 4. Employer Identification Number (EIN)
- 5. Data Universal Numbering System (DUNS)
- 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

Mrs. Rhonda Colbert

Grants Management Officer

hvx1@cdc.gov

770-488-2848

#### 10.Program Official Contact Information

Margaret Kaniewski Public Health Advisor mgk6@cdc.gov

## Federal Award Information

#### 11. Award Number

6 NU58DP007495-02-01

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-

#### 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

**Budget Revision** 

18. Is the Award R&D?

No

Summary	Federal Awa	rd Financial	<b>Information</b>
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19.	<b>Budget Period Start Date</b>	09/30/2024	- End Date	09/29/2025

20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	(\$112.00)
20b. Indirect Cost Amount	\$112.00
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

\$1,170,000.00

### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Mr. Arthur Lusby

Grants Management Officer, Team Lead

## 30. Remarks

770-488-1371

Budget Revision - Approved

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Federal Award Date: 12/17/2024

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#### Recipient Name

MISSOURI DEPARTMENT OF HEALTH &

SENIOR SERVICES

920 Wildwood Dr

Health and Senior Services, Missouri Department of Jefferson City, MO 65109-5796

[NO DATA] Congressional District of Recipient

**Payment Account Number and Type** 

**Employer Identification Number (EIN) Data** 

Universal Numbering System (DUNS)

Recipient's Unique Entity Identifier (UEI)

UETLXV8NG8F4

## 31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

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33. Approved Budget

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	\$33,050.00
b. Fringe Benefits	\$21,615.00
c. TotalPersonnelCosts	\$54,665.00
d. Equipment	\$0.00
e. Supplies	\$1,922.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$7,343.00
i. Contractual	\$374,536.00
j. TOTAL DIRECT COSTS	\$438,466.00
k. INDIRECT COSTS	\$11,534.00
1. TOTAL APPROVED BUDGET	\$450,000.00
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## 34. Accounting Classification Codes

_	FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
	4-939ZRJC	23NU58DP007495	DP	410Q	93.334	\$0.00	75-24-0948

m. Federal Share

n. Non-Federal Share

\$450,000.00

\$135,000.00



Award# 6 NU58DP007495-02-01 FAIN# NU58DP007495

Federal Award Date: 12/17/2024

### **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 NU58DP007495-02-01

1. Terms and Conditions

# ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget request** submitted by your organization dated December 10, 2024. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Please be advised that recipients must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

# PLEASE INCLUDE AWARD NUMBER ON ALL CORRESPONDENCE