

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE  
 07/06/2018 | 93.234 | Project Grant

**Department of Health and Human Services  
 Administration For Community Living  
 AOD Traumatic Brain Injury State Demonstration Grant Program**

Switzer Building 330 C Street, SW  
 Washington, DC 20201-0003

1a. SUPERSEDES AWARD NOTICE dated 01/23/2018  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO. 90TBSG0017-02-03  
 Formerly H21MC26919

5. ACTION TYPE  
 Post Award  
 Amendment

6. PROJECT PERIOD MM/DD/YYYY  
 From 06/01/2016 Through 05/31/2019

7. BUDGET PERIOD MM/DD/YYYY  
 From 06/01/2017 Through 05/31/2019

**NOTICE OF AWARD**

AUTHORIZATION (Legislation/Regulations)  
 Public Health Service Act, Section 1252, as amended (please see remarks  
 for full statute)

8. TITLE OF PROJECT (OR PROGRAM)  
 Traumatic Brain Injury State Implementation Partnership Grant Program

9a. GRANTEE NAME AND ADDRESS  
 HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
 Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV  
 920 Wildwood Dr  
 Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR  
 Mr. Steve Cramer  
 930 Wildwood Dr  
 Jefferson City, MO 65109-5796  
 Phone: 5735222806

10a. GRANTEE AUTHORIZING OFFICIAL  
 Ms. Patricia Bedell  
 920 WILDWOOD DR  
 Division of Administration  
 JEFFERSON CITY, MO 65109-5796  
 Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER  
 Ms. Dana Fink  
 Switzer Building  
 330 C Street, SW  
 Washington, DC 20201-1401  
 Phone: 202 795-7604

**ALL AMOUNTS ARE SHOWN IN USD**

11. 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 <input type="checkbox"/> II	
a. Salaries and Wages .....	14,291.00
b. Fringe Benefits .....	7,145.00
c. Total Personnel Costs .....	21,436.00
d. Equipment .....	0.00
e. Supplies .....	661.00
f. Travel .....	11,783.00
g. Construction .....	0.00
h. Other .....	13,367.00
i. Contractual .....	197,694.00
j. TOTAL DIRECT COSTS →	244,941.00
k. INDIRECT COSTS	5,059.00
l. TOTAL APPROVED BUDGET	250,000.00
m. Federal Share	250,000.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	250,000.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	250,000.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	500,000.00

14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
a. DEDUCTION	
b. ADDITIONAL COSTS	
c. MATCHING	
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 AWARING 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)

NO-COST EXTENSION  
 This amendment provides a no-cost extension of the 02 year budget period for 12 months, through 5/31/2019 in accordance with the grantee's request submitted via GrantSolutions on April 27, 2018. The project period end date has been adjusted accordingly. In extending the final budget period, the grantee agrees to submit all required reports in accordance with the Terms and Conditions of Award and applicable regulations and policy.

GRANTS MANAGEMENT OFFICIAL: William Kim, Senior Grants Management Specialist

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.	7-2994979	b. 90TBSG001702	c. AOD	d. \$0.00		e. 75-17-0142	
22. a.		b.	c.	d.		e.	
23. a.		b.	c.	d.		e.	