1. **DATE ISSUED**: MM/DD/YYYY
   04/29/2020

1a. **SUPERSEDES AWARD NOTICE dated**: 01/24/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

2. **CFDA NO.**: 93.234 - Traumatic Brain Injury State Demonstration Grant Program

3. **ASSISTANCE TYPE**: Cooperative Agreement

4. **GRANT NO.**: 90TBSG0040-02-03
   Formerly

5. **TYPE OF AWARD**: Demonstration

4a. **FAIN**: 90TBSG0040
   5a. **ACTION TYPE**: Post Award Amendment

6. **PROJECT PERIOD**: MM/DD/YYYY
   From: 06/01/2018
   Through: 05/31/2021

7. **BUDGET PERIOD**: MM/DD/YYYY
   From: 06/01/2019
   Through: 05/31/2020

8. **TITLE OF PROJECT (OR PROGRAM)**
   Traumatic Brain Injury State Partnership Program Partner State Funding Opportunity

9a. **GRANTEE NAME AND ADDRESS**:
   HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
   Community and Public Health-DUP
   Jefferson City, MO 65109-5796

9b. **GRANTEE PROJECT DIRECTOR**:
   Jennifer Braun
   920 Wildwood Dr
   Jefferson City, MO 65109-5796
   Phone: 573-522-2834

10a. **GRANTEE AUTHORIZING OFFICIAL**:
   Ms. Marcia Mahaney
   920 WILDWOOD DR
   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

93.234 - Traumatic Brain Injury State Demonstration Grant Program

**NOTICE OF AWARD**

**AUTHORIZATION (Legislation/Regulations)**

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

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

<table>
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<tr>
<th>AMT ACTION FIN ASST</th>
<th>11. <strong>APPROVED BUDGET</strong></th>
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<tbody>
<tr>
<td>163,290.59</td>
<td>238,291.59</td>
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<tr>
<td>150,000.00</td>
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12. **AWARD COMPUTATION**
   a. Amount of Federal Financial Assistance (from item 11m) 163,290.59
   b. Less Unobligated Balance From Prior Budget Periods 13,290.59
   c. Less Cumulative Prior Award(s) This Budget Period 150,000.00
   d. **AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION** 0.00
   e. **TOTAL Federal Funds Awarded to Date for Project Period** 300,000.00

13. **RECOMMENDED FUTURE SUPPORT**
   (Subject to the availability of funds and satisfactory progress of the project):
<table>
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<th>YEAR</th>
<th>TOTAL DIRECT COSTS</th>
<th>YEAR</th>
<th>TOTAL DIRECT COSTS</th>
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<td>5</td>
<td></td>
<td>8</td>
<td>150,000.00</td>
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14. **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)

15. **16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY**

   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)

This amendment is being issued to provide ACL’s approval for the budget revision request submitted by the grantee via GrantSolutions on January 27, 2020 asking some budget amounts in sections 11 and 12 be corrected to reflect the NOA awarded November 1, 2019. All of the Terms and Conditions from the prior Notice of Award remain in effect.

**GRANTS MANAGEMENT OFFICIAL**:

Tanielle Chandler, Grants Management Officer
Switzer Building
330 C Street, SW
Washington, DC 20201-0003
Phone: N/A

**17. OBJECT CLASS**: 41.45

**18. VENDOR CODE**: 

**18b. EIN**: 

**19. DUNS**: 878092600

**20. CONG. DIST.**: 03

**FY-ACCOUNT NO.** | **18a. VENDOR CODE** | **18b. EIN** | **19. DUNS** | **20. CONG. DIST.** |
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