

Notice of Award

Award# 90TBSG0061-04-00 FAIN# 90TBSG0061

Federal Award Date: 07/29/2024

Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HRALTH &

SENIOR SERVICES

920 Wildwood Dr

Missouri Department of Health

Jefferson City, MO 65109-5796

[NO DATA]

2. Congressional District of Recipient

3. Payment System Identifier (ID)

Employer entification Number (EIN)

5. Data Universal Numbering System (DUNS) 878092600

- 6. Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4
- 7. Project Director or Principal Investigator

Amy Moffett

Brain Injury Manager

amy.moffett@health.mo.gov

5735222834

8. Authorized Official

Mrs. Marcia Mahaney

Director, Division of Administration

Grants@health.mo.gov

5737516014

Federal Agency Information

AOD Traumatic Brain Injury State Demonstration Grant

9. Awarding Agency Contact Information

Mrs. Aiesha Gurley

Grants Management Specialist

aiesha.gurley@acl.hhs.gov

202-795-7358

10.Program Official Contact Information

Shawn Callaway

Program Specialist

shawn.callaway@acl.hbs.gov

202-690-5781

Federal Award Information

11. Award Number

90TBSG0061-04-00

12. Unique Federal Award Identification Number (FAIN) 90TBSG0061

13. Statutory Authority

Traumatic Brain Injury Act of 2018 (PL 115-337); (42U.S.C. 300d-52)

14. Federal Award Project Title

Traumatic Brain Injury State Grant Program

15. Assistance Listing Number

93.234

16. Assistance Listing Program Title

Traumatic Brain Injury State Demonstration Grant Program

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2024 - End Date 07/31/2025

20.	Total Amount of Federal Funds Obligated by this Action	\$200,179.00
	20a. Direct Cost Amount	\$285,668.50
	20b. Indirect Cost Amount	\$14,600.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.06

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$100,089.50

24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period

\$300,268,50

26. Period of Performance Start Date 08/01/2021 - End Date 07/31/2026

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$1,200,927.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

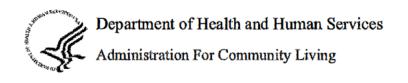
29. Grants Management Officer - Signature

Ms. Nicole Dunning

Supervisory Grants Management Specialist

30. Remarks

This action is issued as a non-competing continuation award for the budget period identified on line 19, and federal amount on line 23. All the Terms and Conditions from the prior Notice of Award remain in effect



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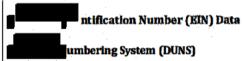
Missouri Department of Health

Jefferson City, MO 65109-5796

[NO DATA] Congressional District of Recipient

03

Payment Account Number and Type



878092600

Recipient's Unique Entity Identifier (UEI)
UETLXV8NG8F4

31. Assistance Type

Cooperative Agreement

32. Type of Award

Demonstration

I. Financial Assistance from the Federal Awarding A	Agency Only				
Total project costs including grant funds and all other financial participation					
a. Salaries and Wages	\$47,290.00				
b. Fringe Benefits	\$29,556,00				
c. Total Personnel Costs	\$76,846.00				
d. Equipment	\$0.00				
e. Supplies	\$300.00				
f. Travel	\$22,645.00				
g. Construction	\$0.00				
Other	\$17,662.00				
i. Contractual	\$168,215.50				
j. TOTAL DIRECT COSTS	\$285,668.50				
k. Indirect costs	\$14,600.00				
L TOTAL APPROVED BUDGET	\$300,268.50				
m. Federal Share	\$200,179.00				
n. Non-Federal Share	\$100,089.50				

34. Accounting Classification Codes

FY-ACCOUNT NO. DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO. AMT ACTION FINANCIAL	L ASSISTANCE	APPROPRIATION
4-2994979 90TBSG006104	AoD	41,45	93.234	\$200,179.00	75-24-0142