

Centers for Disease Control and Prevention

Award# 6 NU58DP007495-02-02 FAIN# NU58DP007495 Federal Award Date: 03/11/2025

Recipient Information	Federal Award Information		
 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 03 	 11. Award Number 6 NU58DP007495-02-02 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. 24 12 14. Federal Award Project Title BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias 		
 Payment System Identifier (ID) Employer Identification Number (EIN) 	 15. Assistance Listing Number 93.334 16. Assistance Listing Program Title 		
 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 	The Healthy Brain Initiative: Technical Assistance to Implement Public Health Actions Health, Cognitive Impairment, and Caregiving at the S 17. Award Action Type Change in Key Personnel 18. Is the Award R&D? No Summary Federal Award Financial Information		
5735222862	19. Budget Period Start Date 09/30/2024 - End Date 09/29/2025		
8. Authorized Official Ms. Amy Blankenship Interim Director, Division of Administration amy.blankenship@health.mo.gov 753-526-9722	 20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount 21. Authorized Carryover 22. Offset 	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Federal Agency Information CDC Office of Financial Resources 9. Awarding Agency Contact Information	 23. Total Amount of Federal Funds Obligated this budget period 24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period 26. Period of Performance Start Date 09/30/2023 - End Date 09/29/2028 	\$450,000.00 \$135,000.00 \$585,000.00	
Mrs. Rhonda Colbert Grants Management Officer hvx1@cdc.gov 770-488-2848	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$1,170,000.00	
10.Program Official Contact Information Margaret Kaniewski Public Health Advisor mgk6@cdc.gov 770-488-1371	 28. Authorized Treatment of Program Income ADDITIONAL COSTS 29. Grants Management Officer – Signature Mr. Arthur Lusby Grants Management Officer, Team Lead 		

30. Remarks

AOR change from Marcia Mahaney to Amy Blankenship.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

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Recipient Information	33. Approved Budget (Excludes Direct Assistance)				
Recipient Name MISSOURI DEPARTMENT OF HEALTH &	 Financial Assistance from the Federal Awarding Agency Only Total project costs including grant funds and all other financial participation 				
SENIOR SERVICES 920 Wildwood Dr Health and Senior Services, Missouri Department of Jefferson City, MO 65109-5796 [NO DATA] Congressional District of Recipient 03 Payment Account Number and Type Employer Identification Number (EIN) Data Universal Numbering System (DUNS) 878092600 Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4	 a. Salaries and Wages b. Fringe Benefits c. TotalPersonnelCosts d. Equipment e. Supplies f. Travel g. Construction h. Other i. Contractual j. TOTAL DIRECT COSTS	\$33,050.00 \$21,615.00 \$54,665.00 \$0.00 \$1,922.00 \$0.00 \$0.00 \$7,343.00 \$374,536.00 \$438,466.00			
	k. INDIRECT COSTS	\$11,534.00			
31. Assistance TypeCooperative Agreement32. Type of AwardOther	I. TOTAL APPROVED BUDGETm. Federal Sharen. Non-Federal Share	\$450,000.00 \$450,000.00 \$135,000.00			
34. Accounting Classification Codes					
FY-ACCOUNT NO. DOCUMENT NO. ADMINISTRATIVE 4-939ZRJC 23NU58DP007495 DP	CODE OBJECT CLASS ASSISTANCE LISTING AMT ACTION FINANCE 410Q 93.334 93.334 93.334	CIAL ASSISTANCE APPROPRIATION \$0.00 75-24-0948			



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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 NU58DP007495-02-02

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve the **Authorizing Official Representative** change to Amy Blankenship. This is in response to the request submitted by your organization dated March 10, 2025.

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