

## Centers for Disease Control and Prevention

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

| <b>Recipient Information</b>  | Federal Award Information  |  |  |
|---|--|--|--|
| <ol> <li>Recipient Name         MISSOURI DEPARTMENT OF HEALTH &amp;         SENIOR SERVICES         920 Wildwood Dr         Health and Senior Services, Missouri Department of         Jefferson City, MO 65109-5796         [NO DATA]         Congressional District of Recipient         03         </li> </ol> | <ul> <li>11. Award Number<br/>6 NU58DP007495-02-02</li> <li>12. Unique Federal Award Identification Number (FAIN)<br/>NU58DP007495</li> <li>13. Statutory Authority<br/>Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 24<br/>12</li> <li>14. Federal Award Project Title<br/>BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias</li> </ul> |  |  |
| <ol> <li>Payment System Identifier (ID)</li> <li>Employer Identification Number (EIN)</li> </ol>  | <ul> <li>15. Assistance Listing Number</li> <li>93.334</li> <li>16. Assistance Listing Program Title</li> </ul>  |  |  |
| <ul> <li>5. Data Universal Numbering System (DUNS)<br/>878092600</li> <li>6. Recipient's Unique Entity Identifier (UEI)<br/>UETLXV8NG8F4</li> <li>7. Project Director or Principal Investigator<br/>Dr. Sandra Hentges<br/>sandra.hentges@health.mo.gov</li> </ul>  | The Healthy Brain Initiative: Technical Assistance to Implement Public Health Actions<br>Health, Cognitive Impairment, and Caregiving at the S<br>17. Award Action Type<br>Change in Key Personnel<br>18. Is the Award R&D?<br>No<br>Summary Federal Award Financial Information   |  |  |
| 5735222862  | <b>19. Budget Period Start Date</b> 09/30/2024 - End Date 09/29/2025   |  |  |
| 8. Authorized Official<br>Ms. Amy Blankenship<br>Interim Director, Division of Administration<br>amy.blankenship@health.mo.gov<br>753-526-9722  | <ul> <li>20. Total Amount of Federal Funds Obligated by this Action<br/>20a. Direct Cost Amount<br/>20b. Indirect Cost Amount</li> <li>21. Authorized Carryover</li> <li>22. Offset</li> </ul>   | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00 |  |
| Federal Agency Information<br>CDC Office of Financial Resources<br>9. Awarding Agency Contact Information   | <ul> <li>23. Total Amount of Federal Funds Obligated this budget period</li> <li>24. Total Approved Cost Sharing or Matching, where applicable</li> <li>25. Total Federal and Non-Federal Approved this Budget Period</li> <li>26. Period of Performance Start Date 09/30/2023 - End Date 09/29/2028</li> </ul>  | \$450,000.00<br>\$135,000.00<br>\$585,000.00   |  |
| Mrs. Rhonda Colbert<br>Grants Management Officer<br>hvx1@cdc.gov<br>770-488-2848  | 27. Total Amount of the Federal Award including Approved<br>Cost Sharing or Matching this Period of Performance  | \$1,170,000.00                                 |  |
| 10.Program Official Contact Information<br>Margaret Kaniewski<br>Public Health Advisor<br>mgk6@cdc.gov<br>770-488-1371  | <ul> <li>28. Authorized Treatment of Program Income<br/>ADDITIONAL COSTS</li> <li>29. Grants Management Officer – Signature<br/>Mr. Arthur Lusby<br/>Grants Management Officer, Team Lead</li> </ul>   |  |  |

### **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   | <b>33. Approved Budget</b><br>(Excludes Direct Assistance)  |  |  |  |  |
|---|---|--|--|--|--|
| Recipient Name<br>MISSOURI DEPARTMENT OF HEALTH &   | <ol> <li>Financial Assistance from the Federal Awarding Agency Only</li> <li>Total project costs including grant funds and all other financial participation</li> </ol>   |  |  |  |  |
| SENIOR SERVICES<br>920 Wildwood Dr<br>Health and Senior Services, Missouri Department of<br>Jefferson City, MO 65109-5796<br>[NO DATA]<br>Congressional District of Recipient<br>03<br>Payment Account Number and Type<br>Employer Identification Number (EIN) Data<br>Universal Numbering System (DUNS)<br>878092600<br>Recipient's Unique Entity Identifier (UEI)<br>UETLXV8NG8F4 | <ul> <li>a. Salaries and Wages</li> <li>b. Fringe Benefits <ul> <li>c. TotalPersonnelCosts</li> </ul> </li> <li>d. Equipment</li> <li>e. Supplies</li> <li>f. Travel</li> <li>g. Construction</li> <li>h. Other</li> <li>i. Contractual</li> </ul> <li>j. TOTAL DIRECT COSTS</li> | \$33,050.00<br>\$21,615.00<br>\$54,665.00<br>\$0.00<br>\$1,922.00<br>\$0.00<br>\$0.00<br>\$7,343.00<br>\$374,536.00<br><b>\$438,466.00</b> |  |  |  |
|   | k. INDIRECT COSTS   | \$11,534.00  |  |  |  |
| <ul><li>31. Assistance Type</li><li>Cooperative Agreement</li><li>32. Type of Award</li><li>Other</li></ul>   | I. TOTAL APPROVED BUDGETm. Federal Sharen. Non-Federal Share  | \$450,000.00<br>\$450,000.00<br>\$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<br>\$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