



Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 Wildwood Dr
Missouri Department of Health
Jefferson City, MO 65109-5796
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1446000987B7

4. Employer Identification Number (EIN)
446000987

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
Program

9. Awarding Agency Contact Information

Mrs. Aiesha Gurley
Project Officer
aiesha.gurley@acl.hhs.gov
202-795-7358

10. Program Official Contact Information

Shawn Callaway
Program Specialist
shawn.callaway@acl.hhs.gov
202-690-5781

Federal Award Information

11. Award Number

90TBSG0061-02-02

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

ACL Change in Principal Investigator/Program or Project Director (PI/PD)

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/01/2022	- End Date	07/31/2023
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$54,581.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$200,179.00
24. Total Approved Cost Sharing or Matching, where applicable			\$100,090.00
25. Total Federal and Non-Federal Approved this Budget Period			\$300,269.00
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			\$600,538.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Alyssa Malcomson
Grants Management Officer

30. Remarks

This amendment provides ACL's approval of the change of Program Director to Amy Moffett from Jennifer Braun Elrod, as requested in the grantee's amendment submitted via Grant Solutions on 03/21/2023.

All the Terms and Conditions from the prior Notice of Award remain in effect.



Recipient Information
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Missouri Department of Health Jefferson City, MO 65109-5796 [NO DATA]
Congressional District of Recipient 03
Payment Account Number and Type 1446000987B7
Employer Identification Number (EIN) Data 446000987
Universal Numbering System (DUNS) 878092600
Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4
31. Assistance Type Cooperative Agreement
32. Type of Award Demonstration

33. 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	
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
h. Other	\$72,243.00
i. Contractual	\$168,216.00
j. TOTAL DIRECT COSTS	\$340,250.00
k. INDIRECT COSTS	\$14,600.00
l. TOTAL APPROVED BUDGET	\$354,850.00
m. Federal Share	\$254,760.00
n. Non-Federal Share	\$100,090.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-2994979	90TBSG006102	AoD	41.45	93.234	\$0.00	75-21-0142