

**RENEWAL #:****1**

DCF Program may request a Renewal if they would like to **renew a grant for an additional grant year**. This form must be submitted to your DCF OGC Grant & Contract Specialist for submission through concurrence.

Between **Kansas Department for Children and Families &**

Grantee Agency:	University of Kansas Medical Center Research Institute, Inc.		
Street Address*	MSN 1039, 3901 Rainbow Blvd.	Grant Number	EES-2022-KEHSCCP-09
City, State, Zip*	Kansas City, KS 66103-2937	Grant Year (from/to)	
E-Mail	spa@kumc.edu	7/1/2022	6/30/2023
Phone Number	913-588-1261	Fiscal Year	FY23
Fax Number	913-588-3225	CFDA # (if applicable)	93.575

****A copy of any previously approved Renewal(s) and/or Amendment(s), as well as a NEW FFATA form, NEW Debarment Memorandum and NEW Tax Clearance Certificate must be included with this request****

Line Item	New Budget
Personnel	192,040.68
Fringe Benefits	65,293.82
Travel	119.33
Equipment	0.00
Supplies	9,956.50
Contractual	2,200.70
Building	24,108.96
Training	750.00
Other (Licensing)	80.00
Other (Environmental Asses)	28.25
Other (Repari and Maint)	600.00
Indirect Costs**	29,517.82
Total Grant Budget:	\$324,696.06

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
ISD25752	3028	0522	555900	324,696.06
Total				\$324,696.06

Additional Information:

*physical address required, including 9-digit zip code

**Indirect Costs may not exceed 10% of the Grant Budget.

This grant shall remain in effect, subject to the terms and conditions stated in the original Notification of Grant

**RENEWAL #:****2**

DCF Program may request a Renewal if they would like to **renew a grant for an additional grant year**. This form must be submitted to your DCF OGC Grant & Contract Specialist for submission through concurrence.

Between **Kansas Department for Children and Families &**

Grantee Agency:	University of Kansas Medical Center Research Institute, Inc. (Project Eagle)		
Street Address*	MSN 1039, 3901 Rainbow Blvd.	Grant Number	EES-2022-KEHSCCP-09
City, State, Zip*	Kansas City, KS 66103-2937	Grant Year (from/to)	
E-Mail	spa@kumc.edu	7/1/2023	6/30/2024
Phone Number	913-588-1261	Fiscal Year	FY24
Fax Number	913-588-3225	CFDA # (if applicable)	93.575

****A copy of any previously approved Renewal(s) and/or Amendment(s), as well as a NEW FFATA form, NEW Debarment Memorandum and NEW Tax Clearance Certificate must be included with this request****

Line Item	New Budget
Personnel	\$220,024.76
Fringe Benefits	74,808.41
Travel	115.69
Equipment	0.00
Supplies	9,935.05
Contractual	2,200.70
Building	24,095.76
Training	750.00
Other (Licensing)	80.00
Other (Environmental Assessment)	28.25
Other (Repair & Maintenance)	600.00
Indirect Costs**	33,263.86
Total Grant Budget:	\$365,902.48

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
25752	3028	522	555900	365,902.48
Total				\$365,902.48

Additional Information:

See attachment

*physical address required, including 9-digit zip code

**Indirect Costs may not exceed 10% of the Grant Budget.

This grant shall remain in effect, subject to the terms and conditions stated in the original Notification of Grant