

**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. (Project Eagle)		
Street Address*	MSN 1039m,3901 Rainbow Blvd.	Grant Number	EES-2022-KEHSHV-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)	93.558

****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	193,517.04
Fringe Benefits	65,795.79
Travel	8,451.30
Equipment	0.00
Supplies	7,096.00
Contractual	6,536.50
Building	19,044.11
Training	2,925.00
Other (specify)	500.00
Other (specify)	0.00
Other (specify)	0.00
Indirect Costs**	30,386.57
Total Grant Budget:	\$334,252.31

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
ISD25271	3323	0530	555900	334,252.31
Total				\$334,252.31
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-KEHSHV-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)	93.558

****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	\$210,623.25
Fringe Benefits	71,611.91
Travel	8,725.50
Equipment	0.00
Supplies	7,096.00
Contractual	6,536.50
Building	19,044.11
Training	3,205.00
Other (Repair & Maintenance)	500.00
Other (specify)	
Other (specify)	
Indirect Costs**	32,734.23
Total Grant Budget:	\$360,076.50

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
25271	3323	530	555900	360,076.50
Total				\$360,076.50

Additional Information:

See attachment

*physical address required, including 9-digit zip code

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

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