



Recipient Information

- 1. Recipient Name**
EXECUTIVE OFFICE OF THE STATE OF
NEW JERSEY
50 East State Street
7th Floor

TRENTON, NEW JERSEY 08625
- 2. Congressional District of Recipient**
*See Remarks
- 3. Payment Account Number and Type**
*See Remarks
- 4. Employer Identification Number (EIN)**
1216000928N3
- 5. Data Universal Numbering System (DUNS)**
784995503
- 6. Recipient's Unique Entity Identifier**
S6ZRV3S11Q21
- 7. Project Director or Principal Investigator**
Grant Administrator

BudgetOffice@dcf.nj.gov
- 8. Authorized Official**
*See Remarks

Federal Agency Information

- 9. Awarding Agency Contact Information**
Sona Cook
Grants Management Officer
sona.cook@acf.hhs.gov
214-767-2973
- 10. Program Official Contact Information**
Joseph Bock
Associate Commissioner
ACYF - Children's Bureau
joe.bock@acf.hhs.gov
202-205-8594

Federal Award Information

- 11. Award Number**
2602NJCETV
- 12. Unique Federal Award Identification Number (FAIN)**
2602NJCETV
- 13. Statutory Authority**
P.L. 107-133
- 14. Federal Award Project Title**
*See Remarks
- 15. Assistance Listing Number**
93.599
- 16. Assistance Listing Program Title**
Chafee Education and Training Vouchers Program (ETV)
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
*See Remarks

Summary Federal Award

Financial Information

- | | |
|---|----------------------------|
| 19. Budget Period Start Date 10-01-2025 | End Date 09-30-2027 |
| 20. Total Amount of Federal Funds Obligated by this Action | \$368,713.00 |
| 20a. Direct Cost Amount | *See Remarks |
| 20b. Indirect Cost Amount Administrative Offset | *See Remarks |
| 21. Authorized Carryover | *See Remarks |
| 22. Offset | *See Remarks |
| 23. Total Amount of Federal Funds Obligated this budget period | \$368,713.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable | *See Remarks |
| 25. Total Federal and Non-Federal Approved | *See Remarks |
| 26. Project Period Start Date 10-01-2025 - | End Date 09-30-2027 |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching | *See Remarks |

- 28. Authorized Treatment of Program Income**
*See Remarks
- 29. Grants Management Officer – Signature**

Sona Cook
Grants Management Officer

Footnotes



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Employer Identification Number (EIN): 1216000928N3

Data Universal Numbering System (DUNS): 784995503

Recipient's Unique Entity Identifier: S6ZRV3S11Q21

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>		<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-26-1536	2026,G992601	\$368,713.00	\$368,713.00	\$368,713.00		G-2602NJCETV	Formula

Terms and Conditions

Terms and Conditions for this program can be found on the Administration for Children & Families website.

The link to the website is listed below:

<https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants>

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Effective 10/01/2025, the Administration for Children and Families adopted the 2 CFR 200, the terms and conditions for this program are currently being updated and will be available soon at <https://acf.gov/grants/manage-grant/grant-award/award-terms>.