



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2600NJSOSR
FAIN# 2600NJSOSR
Federal Award Date: January 13, 2026

Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF
NEW JERSEY
50 East State Street
Second 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

Susan Iglesias

Susan.Iglesias@DCF.NJ.GOV

8. Authorized Official

*See Remarks

Federal Agency Information**9. Awarding Agency Contact Information**

Janice Realeza
Grants Management Officer
janice.realeza@acf.hhs.gov
2158614007

10. Program Official Contact Information

J. Janelle George
Deputy Director
Office of Community Services
jolleen.george@acf.hhs.gov
(202) 401-4830

Federal Award Information

11. Award Number

2600NJSOSR

12. Unique Federal Award Identification Number (FAIN)

2600NJSOSR

13. Statutory Authority

Title XX-Social Sec Act

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.667

16. Assistance Listing Program Title

Social Services Block Grant

17. Award Action Type

Supplement

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	\$0
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	\$14,882,479.00
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

Janice Realeza
Grants Management Officer

Footnotes

This award action reflects the correction of the budget and project period end date that was reflected on the original Notice of Award issued on December 10, 2025.



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2600NJSOSR
FAIN# 2600NJSOSR
Federal Award Date: January 13, 2026

Recipient Information

EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY
50 East State Street
Second Floor
TRENTON, NEW JERSEY 08625

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>Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-26-1534	2026,G992342	\$14,882,479.00		\$0	\$14,882,479.00	G-2600NJSOSR	Formula

Terms and Conditions



Department of Health and Human Services Administration for Children and Families

Notice of Award
Award # 2600NJSOSR
FAIN# 2600NJSOSR
Federal Award Date: January 13, 2026

General Terms and Conditions:

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. The electronic Standard Terms and Conditions that apply to this program can be found at <https://www.acf.hhs.gov/grants/manage-grant/grant-award/award-terms>. The applicable terms and conditions for this program may be found on the above website under Office of Community Services (OCS) and Social Services Block Grant Program.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533. Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

Consolidation of grant funds (by Territories, if applicable):

For Territories who have an approved consolidation plan, these funds are available for expenditures made in accordance with the plan under Title XX of the Social Security Act.

Reporting requirements:

Recipients are required to submit annual Federal Financial Reports (FFR) Form SF-425 through the DHHS Payment Management System (PMS), for grants awarded in FY2021 and after. Recipients must also update their PMS access profile to include electronic access and completion of FFRs in PMS.

The Interim FFR should be submitted via PMS no later than 90 days after the close in Year One of the Federal Fiscal Year of the project period. The Final FFR should be submitted via PMS no later than 120 days after the close of the project period. Recipients are strongly encouraged to submit timely reports in PMS.

Please transmit a copy of this Notice of Award (NOA) to the office authorized to request funds covered by this award.

GrantSolutions (GS)

Please be advised that recipients should be able to download NOAs through their GS account, as GrantSolutions system enhancements have been available since 8/15/2022. Non-discretionary recipients can now log into GrantSolutions and find new features, including:

- On-demand access to their Notice of Awards (NOA) and Grant Details
- Ability to quickly locate Grant Project(s)
- View and download the NOA, grant history, grant details, and easily find their Grants Management Officer

Please contact the GrantSolutions helpdesk at help@grantsolutions.gov / 1-866-577-0771 for technical assistance.

Changes in Key Staff:

Please report any changes in points of contact, addresses, phone numbers, e-mail addresses etc. to the Grants Management Specialist named on this award notice. This includes changes in Authorized Official (AO), Principal Investigator/Project Director (PI/PD) or Point of Contact (POC) to be displayed on the NOA. Changes to points of contact need to be submitted officially through an updated SF-424M form via the On-line Data Collection System (OLDC).

Remarks

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

For questions concerning programmatic assistance, please contact SSBG Program Office at SSBG@acf.hhs.gov. For questions concerning financial assistance, please contact Grants Management Specialist at CSG-OGM@acf.hhs.gov



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2600NJSOSR
FAIN# 2600NJSOSR
Federal Award Date: January 13, 2026