



Recipient Information

- 1. Recipient Name**
EXECUTIVE OFFICE OF THE STATE OF
NEW JERSEY
50 East State Street
PO Box 717

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

Sanford.Starr@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**
2201NJPKN
- 12. Unique Federal Award Identification Number (FAIN)**
2201NJPKN
- 13. Statutory Authority**
Public Law 115-123
- 14. Federal Award Project Title**
*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**
93.556
- 16. CFDA Program Title**
MaryLee Allen Promoting Safe and Stable Families Program
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
*See Remarks

Summary Federal Award

Financial Information

- | | |
|---|----------------------------|
| 19. Budget Period Start Date 10-01-2021 | End Date 09-30-2023 |
| 20. Total Amount of Federal Funds Obligated by this Action | \$295,543 |
| 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 | \$295,543 |
| 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 10-01-2021 - | End Date 09-30-2023 |
| 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



Recipient Information
EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY
50 East State Street
PO Box 717
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>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-22-1512	2022,G996480	\$295,543	\$295,543	\$295,543	G-2201NJPKN	Discretionary

Terms and Conditions

The grant award is awarded under the Promoting Safe and Stable Families program, Title IV-B, Subpart 2 of the Social Security Act. This award is available for obligation in accordance with your approved application. The grantee must liquidate all obligations incurred under this award and file the final financial report claiming these expenditures no later than 90 days after the end of the funding period.

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. 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.

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.

The complete electronic Terms and Conditions to support this program will be located on the website at <https://www.acf.hhs.gov/grants/terms-and-conditions>, or can be secured by contacting the Fiscal Specialist assigned to this grant.

Please transmit a copy of this letter to the office authorized to request funds covered by this award notice.

Remarks

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