



Department of Justice
Office on Violence Against Women

Grant

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1. RECIPIENT NAME AND ADDRESS (Including Zip Code) New Jersey Department of Children and Families 20 West State Street PO Box 729 Trenton, NJ 08625		4. AWARD NUMBER: 2015-KP-AX-0040	
		5. PROJECT PERIOD: FROM 08/01/2015 TO 07/31/2017 BUDGET PERIOD: FROM 08/01/2015 TO 07/31/2017	
2a. GRANTEE IRS/VENDOR NO. 216000936		6. AWARD DATE: 09/22/2015	7. ACTION Initial
2b. GRANTEE DUNS NO. 784995503		8. SUPPLEMENT NUMBER 00	
3. PROJECT TITLE New Jersey FFY 2015 SASP Program		9. PREVIOUS AWARD AMOUNT \$ 0	
		10. AMOUNT OF THIS AWARD \$ 407,184	
		11. TOTAL AWARD \$ 407,184	
12. SPECIAL CONDITIONS THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS ARE SET FORTH ON THE ATTACHED PAGE(S).			
13. STATUTORY AUTHORITY FOR GRANT This project is supported under 42 U.S.C. 14043g			
14. CATALOG OF DOMESTIC FEDERAL ASSISTANCE (CFDA Number) 16.017 - Sexual Assault Services Formula Program			
15. METHOD OF PAYMENT GPRS			
AGENCY APPROVAL		GRANTEE ACCEPTANCE	
16. TYPED NAME AND TITLE OF APPROVING OFFICIAL Bea Hanson Principal Deputy Director		18. TYPED NAME AND TITLE OF AUTHORIZED GRANTEE OFFICIAL Allison Blake Commissioner, Department of Children and Families	
17. SIGNATURE OF APPROVING OFFICIAL 		19. SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL 	19A. DATE 9/24/15
AGENCY USE ONLY			
20. ACCOUNTING CLASSIFICATION CODES FISCAL FUND BUD. DIV. YEAR CODE ACT. OFC. REG. SUB. POMS AMOUNT X A KP 29 00 00 407184		21. KJ15D00031	

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OJP FORM 4000/2 (REV. 4-88)