



SOC Implementation
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Grant Number: 1U79SM062469-01 REVISED
FAIN: SM062469

Program Director:
Elizabeth Manley

Project Title: Promising Path to Success

Grantee Address	Business Address
NJ STATE DEPT OF CHILDREN AND FAMILIES Elizabeth Manley NJ Dept of Children & Families 50 East State Street Trenton, NJ 086250717	Doris Windle Chief Administrator NJ Dept of Children & Families 50 East State Street Trenton, NJ 086250717

Budget Period: 09/30/2015 -- 09/29/2019
Project Period: 09/30/2015 -- 09/29/2019

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to NJ STATE DEPT OF CHILDREN AND FAMILIES in support of the above referenced project. This award is pursuant to the authority of Sections 561-565 of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Gwendolyn Simpson
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1U79SM062469-01 REVISED

Award Calculation (U.S. Dollars)

Supplies	\$4,500
Consortium/Contractual Cost	\$11,964,000
Travel Costs	\$31,500
Direct Cost	\$12,000,000
Approved Budget	\$17,000,000
Federal Share	\$12,000,000
Non-Federal Share	\$5,000,000
Cumulative Prior Awards for this Budget Period	\$12,000,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$12,000,000

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.104
 EIN: 1216000928N3
 Document Number: 15SM62469A
 Fiscal Year: 2015

IC	CAN	Amount
SM	C96J550	\$12,000,000

IC	CAN	2015
SM	C96J550	\$12,000,000

SM Administrative Data:

PCC: CMHI / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U79SM062469-01 REVISED

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1U79SM062469-01 REVISED

This award is based on the application submitted to, and as approved by, SAMHSA on the

above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – SM Special Terms and Conditions – 1U79SM062469-01 REVISED

REMARKS:

This award is revised to correct the following highlighted amount.

Funding for each of the subsequent 12-month period(s) are restricted and the grantee organization may not expend more than \$3,000,000 during that time as follows:

9/30/2015 - 9/29/2016: \$3,000,000
9/30/2016 - 9/29/2017: \$3,000,000
9/30/2017 - 9/29/2018: \$3,000,000
9/30/2018 - 9/29/2019: \$3,000,000

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

All responses to special terms and conditions of award and post award requests must be electronically mailed to the Division of Grants Management Specialist and to the Government Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Kaitlyn Motley, Program Official
Phone: (240) 276-1928 Email: Kaitlyn.Motley@samhsa.hhs.gov

Gwendolyn Simpson, Grants Specialist
Phone: 240-276-1408 Email: gwendolyn.simpson@samhsa.hhs.gov Fax: 240-276-1430