

1. DATE ISSUED: 02/21/2019		2. PROGRAM CFDA: 93.110		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Section 1252, as amended, Public Law 104-166, 42 U.S.C. 300d-52 Social Security Act § 501(a)(2-3), 42 U.S.C. § 701(a)(2-3) Title V, § 501(a)(3)(c) of the Social Security Act as amended, (42 U.S.C. 701(a)(3)(c)) Title V, § 501(a)(3)(C) of the Social Security Act as amended (42 U.S.C. 701(a)(3)(C))
3. SUPERSEDES AWARD NOTICE dated: 03/29/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.				
4a. AWARD NO.:	4b. GRANT NO.:	5. FORMER GRANT NO.:		
6 H25MC26232-06-01	H25MC26232			
6. PROJECT PERIOD: FROM: 08/01/2013 THROUGH: 07/31/2021				
7. BUDGET PERIOD: FROM: 08/01/2018 THROUGH: 07/31/2019				

8. TITLE OF PROJECT (OR PROGRAM): Community-Based Integrated Service Systems (Local/State)

9. GRANTEE NAME AND ADDRESS: EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY 50 E State St Trenton, NJ 08608-1715 DUNS NUMBER: 784995503	10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Lenore Scoll EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY 50 East State St. Trenton, NJ 08608-1715
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11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:							
a. Salaries and Wages :	\$0.00	a. Authorized Financial Assistance This Period	\$467,413.00						
b. Fringe Benefits :	\$0.00	b. Less Unobligated Balance from Prior Budget Periods							
c. Total Personnel Costs :	\$0.00	i. Additional Authority	\$40,813.00						
d. Consultant Costs :	\$0.00	ii. Offset	\$0.00						
e. Equipment :	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00						
f. Supplies :	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$426,600.00						
g. Travel :	\$900.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00						
h. Construction/Alteration and Renovation :	\$0.00	13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)							
i. Other :	\$0.00	<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>07</td> <td>\$426,600.00</td> </tr> <tr> <td>08</td> <td>\$426,600.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	07	\$426,600.00	08	\$426,600.00
YEAR	TOTAL COSTS								
07	\$426,600.00								
08	\$426,600.00								
j. Consortium/Contractual Costs :	\$466,513.00	14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)							
k. Trainee Related Expenses :	\$0.00	a. Amount of Direct Assistance	\$0.00						
l. Trainee Stipends :	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00						
m. Trainee Tuition and Fees :	\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00						
n. Trainee Travel :	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00						
o. TOTAL DIRECT COSTS :	\$467,413.00								
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00								
q. TOTAL APPROVED BUDGET :	\$467,413.00								
i. Less Non-Federal Share:	\$0.00								
ii. Federal Share:	\$467,413.00								

16. PROGRAM INCOME SUBJECT TO 45 CFR 76.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]
Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 76 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached Yes No)
Prior Approval Request Tracking Number PA-00077229. Prior Approval Request Type: Carryover
Electronically signed by LaToya Ferguson, Grants Management Officer on : 02/21/2019

17. OBJ. CLASS: 41.51	18. CRS-EIN: 1216000928N3	19. FUTURE RECOMMENDED FUNDING: \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 3892050	93.110	16H25MC26232	\$0.00	\$0.00		CISS16

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$40,813 from budget period 8/1/2017 to 7/31/2018 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request.

Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Lenore Scott	Point of Contact, Program Director	lenore.scott@dcf.state.nj.us
Sunday Gustin	Authorizing Official	sunday.gustin@dcf.state.nj.us
Shirlee Siracusa	Authorizing Official	shirlee.siracusa@dcf.state.nj.us
Nicole Rodriguez	Business Official	nicole.rodriguez@dcf.state.nj.us

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Sandra Sheehy at:
MailStop Code: 250
MCHB/DHVECS
601 East 12th Street
Kansas City, MO, 64106-
Email: Sandra.Sheehy@hrsa.hhs.gov
Phone: (816) 426-2917

Division of Grants Management Operations:

For assistance on grant administration issues, please contact LaToya Ferguson at:
MailStop Code: 10W61B
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RM 10W61B
Rockville, MD, 20857-0002
Email: LFerguson@hrsa.gov
Phone: (301) 443-1440
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