



Recipient Information

1. Recipient Name

New Jersey
50 East State Street, 7th Floor - CN 717

TRENTON, NEW JERSEY 08625 0717

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

*See Remarks

7. Project Director or Principal Investigator

Catherine Schafer

DCF.Budget-Contracting@dcf.nj.gov

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Margaret Harrell

Grants Management Officer

MGM_Grantor@grantsolutions.gov

312-353-4720

10. Program Official Contact Information

Jerry Milner

Associate Commissioner

ACYF - Children's Bureau

MGM_Grantor@grantsolutions.gov

202-205-8618

Federal Award Information

11. Award Number

2001NJFPSS

12. Unique Federal Award Identification Number (FAIN)

2001NJFPSS

13. Statutory Authority

Tit IV-B Subpart 2 Soc Sec

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.556

16. CFDA Program Title

Promoting Safe and Stable Families

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

Financial Information

19. Budget Period Start Date 10-01-2019

End Date 09-30-2021

20. Total Amount of Federal Funds Obligated by this Action

\$1,594,039.00

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

\$6,099,474.00

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 10-01-2019 -

End Date 09-30-2021

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

Margaret Harrell

Footnotes

Grants Management Officer

The contact information contained in Item #7 of this Notice of Award (NOA) is under review and may not reflect the current Project Director or Principal Investigator of this award. Please note that the NOA was emailed to the address provided on the FY 2020 CFS-101 forms in the Child and Family Services Plan.



Recipient Information

New Jersey
50 East State Street, 7th Floor - CN 717
TRENTON, NEW JERSEY 08625 0717
Employer Identification Number (EIN): XXXXXXXXXXXXX
Data Universal Numbering System (DUNS): 784995503
Recipient's Unique Entity Identifier: *See Remarks
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> | | | |
| 75-20-1512 | 2020,G996470 | \$1,103,814.00 | \$295,161.00 | \$1,103,814.00 | | G-2001NJFPSS | Discretionary |
| 75-20-1512 | 2020,G996439 | \$4,995,660.00 | \$1,298,878.00 | \$4,995,660.00 | | G-2001NJFPSS | Formula |

Terms and Conditions

The grant award listed below is hereby 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 electronic Terms and Conditions to support this program can be found on the website at <https://www.acf.hhs.gov/grants/terms-and-conditions>.

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.