



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Grants Management 330 C St., S.W., Washington DC 20201

July 24, 2018

Department of Children and Families  
Commissioner  
c/o Chief Financial Officer  
TRENTON, NEW JERSEY 08625 0717

Re: Notice of Grant Award - FY 2018

Dear Grantee:

The grant award listed below is available for obligation beginning 10-01-2017 and ending 09-30-2019 in accordance with your approved application under the Educational and Training Vouchers (ETV) Program under Title IV-E of the Social Security Act, (42 U.S.C. 677 et. seq.). The grantee must liquidate all obligations incurred under this award no later than 90 days after the end of the funding period.

Appropriation	CAN	Allotment	This Action	Cumulative
75-18-1536	2018,G992601,ACF	\$635,033.00	\$318,119.00	\$635,033.00

EIN:	1216000928N3	Fiscal Year:	2018
Document Number:	G-1802NJCETV	CFDA #:	93.599

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.

Fiscal reporting questions regarding this grant should be directed to Deborah Bell, Administration for Children and Families, (202) 401-4611. 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.

Sincerely,

Monica Evans  
Grants Officer