



**Recipient Information**

- 1. Recipient Name**  
NEW JERSEY  
222 South Warren Street  
CN 729  
  
TRENTON, NEW JERSEY 08625
- 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**  
Erin Zippel  
  
[erin.zippel@dcf.nj.gov](mailto:erin.zippel@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](mailto:MGM_Grantor@grantsolutions.gov)  
312-353-4720
- 10. Program Official Contact Information**  
Jerry Milner  
Associate Commissioner  
ACYF - Children's Bureau  
[MGM\\_Grantor@grantsolutions.gov](mailto:MGM_Grantor@grantsolutions.gov)  
202-205-8618

**Federal Award Information**

- 11. Award Number**  
2001NJCJA1
- 12. Unique Federal Award Identification Number (FAIN)**  
2001NJCJA1
- 13. Statutory Authority**  
Chld Justice & Asst/Amend
- 14. Federal Award Project Title**  
\*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**  
93.643
- 16. CFDA Program Title**  
Children's Justice Grants to States
- 17. Award Action Type**  
New
- 18. Is the Award R&D?**  
\*See Remarks

**Summary Federal Award**

**Financial Information**

- |   |                            |
|---|----------------------------|
| <b>19. Budget Period Start Date</b> 10-01-2019                                    | <b>End Date</b> 09-30-2023 |
| <b>20. Total Amount of Federal Funds Obligated by this Action</b>                 | \$424,315.00               |
| 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                    | \$424,315.00               |
| <b>24. Total Approved Cost Sharing or Matching, where applicable</b>              | *See Remarks               |
| <b>25. Total Federal and Non-Federal Approved</b>                                 | *See Remarks               |
| <b>26. Project Period Start Date</b> 10-01-2019 -                                 | <b>End Date</b> 09-30-2023 |
| 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



**Recipient Information**

NEW JERSEY  
222 South Warren Street  
CN 729  
TRENTON, NEW JERSEY 08625

**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>			
75-15-X-5041-016	2020,G99CJ11	\$25.00	\$25.00	\$25.00		G-2001NJCJA1	Reprogram Prior Yr 1
75-15-X-5041-016	2020,G99CJ20	\$424,259.00	\$424,259.00	\$424,259.00		G-2001NJCJA1	Formula
75-15-X-5041-016	2020,G99CJ19	\$31.00	\$31.00	\$31.00		G-2001NJCJA1	Reprogram Prior Yr 2

**Terms and Conditions**

This grant is available for expenditures made in accordance with Section 107 (a) through (f) of the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106c et seq.) and (34 U.S.C. 20104 (e)) as amended by Public Law 111-320 (Grants to States for Programs Relating to the Investigation and Prosecution of Child Abuse Cases) .

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. Terms and conditions can be found at: [www.acf.hhs.gov/grants/terms-and-conditions](http://www.acf.hhs.gov/grants/terms-and-conditions). 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.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

**Remarks**

\* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.