



Recipient Information

- 1. Recipient Name**
NEW JERSEY
50 East State Street 7th Floor
CN717

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**
Catherine Schafer

catherine.schafer@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**
2000NJNCAN
- 12. Unique Federal Award Identification Number (FAIN)**
2000NJNCAN
- 13. Statutory Authority**
42 USC 5101, Sec. 106(a)
- 14. Federal Award Project Title**
*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**
93.669
- 16. CFDA Program Title**
Child Abuse and Neglect State Grants
- 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 09-30-2024
20. Total Amount of Federal Funds Obligated by this Action	\$264.00
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	\$2,351,010.00
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 09-30-2024
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

This grant action awards the balance of the remaining funds for FFY 2020.



Recipient Information

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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>			
75-20-1536	2020,G992372	\$2,351,010.00	\$264.00	\$2,351,010.00		G-2000NJNCAN	Formula

Terms and Conditions

This grant is hereby awarded for obligations and expenditures made in accordance with your approved application under the Child Abuse Prevention and Treatment Act, as amended (42 U.S.C. 5101). All funds must be liquidated/expended no later than fiscal year end date. A negative grant award will be issued for funds that are not liquidated by that date.

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.

Remarks

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



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2000NJNCAN

FAIN# 2000NJNCAN

Federal Award Date: July 17, 2020

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.