

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ADMINISTRATION FOR CHILDREN AND FAMILIES
 NOTICE OF AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: ACYF - Children's Bureau		2. ASSISTANCE TYPE: Coop Agreement		3. AWARD NO.: 90CA1834-03-00		4. AMEND. NO. 0		
5. TYPE OF AWARD: Other			6. TYPE OF ACTION: Non-Competing Continuation			7. AWARD AUTHORITY: 42 USC 5101 ET SEQ		
8. BUDGET PERIOD: 09/30/2017 THRU 09/29/2018			9. PROJECT PERIOD: 09/30/2015 THRU 09/29/2018			10. CAT NO.: 93.670		
11. RECIPIENT ORGANIZATION: Executive Office of the State of New Jersey 50 E State St Trenton, NJ 08608-1715 Grantee Authorizing Official: Catherine Schafer						12. PROJECT / PROGRAM TITLE: ConnectingYOUth-A planning project to test the hypothesis that if youth in care are holistically assessed, authentically engaged and well-connected, they will achieve dynamic outcomes. (Phase 2)		

13. COUNTY:		14. CONGR. DIST: 12		15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Jessica Trombetta			
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16. APPROVED BUDGET:				17. AWARD COMPUTATION:					
Personnel.....	\$	80,000.00		A. NON-FEDERAL SHARE.....	\$	0.00	0%		
Fringe Benefits.....	\$	34,480.00		B. FEDERAL SHARE.....	\$	670,000.00	100%		
Travel.....	\$	2,271.00		18. FEDERAL SHARE COMPUTATION:					
Equipment.....	\$	0.00		A. TOTAL FEDERAL SHARE.....	\$	670,000.00			
Supplies.....	\$	2,310.00		B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$	0.00			
Contractual.....	\$	311,762.00		C. FED. SHARE AWARDED THIS BUDGET PERIOD...	\$	0.00			
Facilities/Construction.....	\$	0.00		19. AMOUNT AWARDED THIS ACTION:					
Other.....	\$	239,177.00		\$ 670,000.00					
Direct Costs.....	\$	670,000.00		20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:					
Indirect Costs.....	\$	0.00		\$ 2,010,000.00					
At % of \$				21. AUTHORIZED TREATMENT OF PROGRAM INCOME:					
In Kind Contributions.....	\$	0.00		Additional Costs					
Total Approved Budget.....	\$	670,000.00		22. APPLICANT EIN:		23. PAYEE EIN:		24. OBJECT CLASS:	
				216000928		1216000928N3		41.45	

25. FINANCIAL INFORMATION:							DUNS 784995503	
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %		
	90CA183401	75-17-1536	7-G994150	\$670,000.00				

26. REMARKS: (Continued on separate sheets)

See next page

27. SIGNATURE - ACF GRANTS OFFICER		DATE:		28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY			
Ms. Bridget Shea Westfall		08/21/2017		Catherine Wade		08/21/2017	
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)				DATE:			
Mr. Jerry Milner -				08/21/2017			

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26. REMARKS (Continued from previous page)

Grantee has decided not to utilize their Calculation of Indirect Costs based on approved Cost Allocation Plan.

Contact:
Anthony Hilliard
Grants Management Specialist
Office of Grant Management
202-205-3585
Anthony.hilliard@acf.hhs.gov