

1. DATE ISSUED: 01/12/2017		2. PROGRAM CFDA: 93.870	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 1 UH4MC30746-01-00	4b. GRANT NO.: UH4MC30746	5. FORMER GRANT NO.:	
6. PROJECT PERIOD: FROM: 01/01/2017 THROUGH: 11/30/2018			
7. BUDGET PERIOD: FROM: 01/01/2017 THROUGH: 11/30/2018			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as added
 by § 2951 of the Patient Protection and Affordable Care Act (P.L.
 111-148)

8. TITLE OF PROJECT (OR PROGRAM): Maternal, Infant, and Early Childhood Home Visiting Program

9. GRANTEE NAME AND ADDRESS:
 HEALTH, NEW JERSEY DEPARTMENT OF
 PO BOX 364
 Trenton, NJ 08625
 DUNS NUMBER:
 806418075

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Lakota Kruse
 HEALTH, NEW JERSEY DEPARTMENT OF
 P.O. Box 364
 Trenton, NJ 08625-0360

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$0.00
g. Travel :	\$0.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$0.00
j. Consortium/Contractual Costs :	\$4,000,000.00
k. Trainee Related Expenses :	\$0.00
l. Trainee Stipends :	\$0.00
m. Trainee Tuition and Fees :	\$0.00
n. Trainee Travel :	\$0.00
o. TOTAL DIRECT COSTS :	\$4,000,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$4,000,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$4,000,000.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$4,000,000.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$4,000,000.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
 A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]
 Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached Yes No)

Electronically signed by Shonda Gosnell, Grants Management Officer on : 01/12/2017

17. OBJ. CLASS: 41.45	18. CRS-EIN: 1216000928B7	19. FUTURE RECOMMENDED FUNDING: \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
17 - 3891317	93.870	17UH4MC30746	\$776,495.00	\$0.00		17MIECHV-IA
17 - 389PFHV	93.870	17UH4MC30746	\$3,223,505.00	\$0.00		17MIECHV-IA