

1. DATE ISSUED MM/DD/YYYY 04/21/2020

1a. SUPERSEDES AWARD NOTICE dated 07/30/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.946 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NU38DP000013-02-01 Formerly

5. TYPE OF AWARD Other

4a. FAIN NU38DP000013

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 09/30/2018 Through 09/29/2023

7. BUDGET PERIOD MM/DD/YYYY From 09/30/2019 Through 09/29/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

8. TITLE OF PROJECT (OR PROGRAM)
Sudden Unexpected Infant Death (SUID)

9a. GRANTEE NAME AND ADDRESS
EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY
50 E State St
Performance Management
Trenton, NJ 08608-1715

9b. GRANTEE PROJECT DIRECTOR
Ms. Amanda Craig
20 W State St
New Jersey Dept of Children & Families
Trenton, NJ 08625-1206
Phone: 609-888-7803

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Heath Bernstein
20 W State St
New Jersey Dept of Children & Families
Trenton, NJ 08625-1206

10b. FEDERAL PROJECT OFFICER
Carri Cottengim
1600 Clifton Rd
DRH MIHB
Atlanta, GA 30333
Phone: 770-488-4290

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	I
II 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. Equipment	16,412.00
e. Supplies	0.00
f. Travel	1,600.00
g. Construction	0.00
h. Other	0.00
i. Contractual	72,882.00
j. TOTAL DIRECT COSTS	90,894.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	90,894.00
m. Federal Share	90,894.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION			
a. Amount of Federal Financial Assistance (from item 11m)			90,894.00
b. Less Unobligated Balance From Prior Budget Periods			16,412.00
c. Less Cumulative Prior Award(s) This Budget Period			74,482.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION			0.00
13. Total Federal Funds Awarded to Date for Project Period			147,982.00
14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION	b
b. ADDITIONAL COSTS	
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDDING AGENCY 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
b. The grant program regulations.
c. This award notice including terms and conditions, if any, noted below under REMARKS.
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

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)

GRANTS MANAGEMENT OFFICIAL:
Rhonda Latimer, Grants Management Officer
2939 Flowers Road
Atlanta, GA 30341
Phone: 7704881647

17.OBJ CLASS	41.51	18a. VENDOR CODE	1216000928N3	18b. EIN	216000928	19. DUNS	784995503	20. CONG. DIST.	12
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	9-93906YL	b.	18NU38DP000013	c.	DP	d.	\$0.00	e.	75-19-0886
22. a.	9-939ZRDL	b.	18NU38DP000013	c.	DP	d.	\$0.00	e.	75-19-0948
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

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Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/30/2018	09/29/2019	Annual	12/11/2019
09/30/2018	09/29/2019	Annual	12/28/2019
09/30/2019	09/29/2020	Annual	12/28/2020

AWARD ATTACHMENTS

Executive Office of the State of New Jersey

6 NU38DP000013-02-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget: The purpose of this amended Notice of Award is to approve the **revised budget request** submitted by your organization dated April 3, 2020 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

STAFF CONTACTS:

Robyn Bryant

Grants Management Specialist (GMS)

Office of Grant Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Chenega Government Consulting, LLC
Centers for Disease Control and Prevention (CDC)
PPA4@cdc.gov | 404-498-2698 office

Rhonda Latimer

Grants Management Officer

Office of Grant Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Lto1@cdc.gov | 770-488-1647 office