



**Recipient Information**

**1. Recipient Name**

New Jersey  
P.O. Box 717, Cost Code 200

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**

Daniel Yale

daniel.yale@dcf.nj.gov

**8. Authorized Official**

\*See Remarks

**Federal Agency Information**

**9. Awarding Agency Contact Information**

Sona Cook

Grants Management Officer

sona.cook@acf.hhs.gov

214-767-2973

**10. Program Official Contact Information**

Joseph Bock

Program Authorizing Official

ACYF - Children's Bureau

Bock.Joseph@acf.hhs.gov

111-111-1111

**Federal Award Information**

**11. Award Number**

2000NBCC6

**12. Unique Federal Award Identification Number (FAIN)**

2000NBCC6

**13. Statutory Authority**

American Rescue Plan Act of 2021, Title II, Subtitle C, Section 2205 (Public Law 117-2)

**14. Federal Award Project Title**

\*See Remarks

**15. Catalog of Federal Domestic Assistance (CFDA) Number**

93.590

**16. CFDA Program Title**

Community-Based Child Abuse Prevention Grants

**17. Award Action Type**

New

**18. Is the Award R&D?**

\*See Remarks

**Summary Federal Award**

**Financial Information**

**19. Budget Period Start Date** 10-01-2020

**End Date** 09-30-2025

**20. Total Amount of Federal Funds Obligated by this Action**

\$6,465,931.00

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

\$6,465,931.00

**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** 10-01-2020 -

**End Date** 09-30-2025

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**

Sona Cook

**Footnotes**

Grants Management Officer

This NOA has been sent to the email address listed in box 7.



**Recipient Information**

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P.O. Box 717, Cost Code 200  
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>Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-2123-1536	2021,G990208	\$6,465,931.00	\$6,465,931.00	\$6,465,931.00	2000NJBCC6	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award  
Award # 2000NJBCC6  
FAIN# 2000NJBCC6  
Federal Award Date: April 29, 2021

Community-Based Child Abuse Prevention Grants (States and Territories) Supplemental Funding American Rescue Plan Act of 2021

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program.

The administration of this program is authorized under Title II of the Child Abuse Prevention and Treatment Act (CAPTA), Pub. L. 93-247, as amended. The program is codified at 42 U.S.C. §5116 et. seq. and does not have program-specific implementing regulations. See the annual Program Instruction (e.g., ACYF-CB-PI-21-03 issued March 4, 2021) describing the requirements of this program.

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR Part 75 in its entirety. No exceptions were identified. Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

There is no match requirement for supplemental CBCAP funds. Section 2205(1) of the American Rescue Plan Act of 2021 waives the match requirement established by CAPTA.

The expenditure reporting form used is the SF-425 Federal Financial Report. This report is submitted annually and must be submitted no later than December 30 - 90 days following the end of each Federal Fiscal year. SF-425 reports must be submitted each grant year funds are available: four interim reports covering year one through four of the project period and a final report (cumulative) covering the entire project period. These annual reports must be submitted electronically through the HHS Payment Management System (PMS).

Funding (project) period and obligation period. In accordance with 42 U.S.C. §5116b(c)(1), this program has a 5-year project/obligation period starting the first day of the Federal Fiscal Year, October 1, for which funds were awarded and ending the last day of the fourth succeeding Federal Fiscal Year, September 30. Any Federal funds not obligated by the end of the respective obligation period will be recouped by this Department.

Liquidation period. In accordance with 45 CFR §75.309(b), all obligated Federal funds awarded under this grant must be liquidated no later than 90 days after the end of the funding/obligation period. Any Federal funds not liquidated by December 30 will be recouped by this Department.

As required by section 206 of CAPTA, each state receiving the grant must prepare an annual report describing how funds were used to address the purposes and achieve the objectives of the grant. This annual update is to be submitted annually approximately 120 days after the end of the FY grant period—on January 30th. These OMB approved annual reports must be submitted to the appropriate CB at [CBCAP@acf.hhs.gov](mailto:CBCAP@acf.hhs.gov) and the appropriate ACF Regional Office. Grantees receiving this supplemental funding will be required to report on their planned and actual use of funds in future applications and annual report submissions

Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under this grant.

**Remarks**

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