Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2600NJBCAP
FAIN# 2600NJBCAP
Federal Award Date: September 25, 2026

Recipient Information

1. Recipient Name
EXECUTIVE OFFICE OF THE STATE OF 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
S6ZRV3S11Q21

7. Project Director or Principal Investigator
Angela Phillips

angela.phillips@dcf.ng.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
Jennifer Haight
Program Authorizing Official
ACYF - Children's Bureau
Jennifer.haight@acf.hhs.gov
(202)205-7212

Federal Award Information

11. Award Number
2600NJBCAP

12. Unique Federal Award Identification Number (FAIN)
2600NJBCAP

13. Statutory Authority
Chld Abs Prev & Trtmnt Act

14. Federal Award Project Title
*See Remarks

15. Assistance Listing Number
93.590

16. Assistance Listing 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 10-01-2025	**End Date** 09-30-2028
20. Total Amount of Federal Funds Obligated by this Action	$2,021,123.00
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	$2,021,123.00
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 10-01-2025 -	**End Date** 09-30-2028
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

E-sign
Sona Cook
Grants Management Officer

Footnotes

Recipient Information
EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY
P.O. Box 717, Cost Code 200
TRENTON, NEW JERSEY 08625
Employer Identification Number (EIN): 1216000928N3
Data Universal Numbering System (DUNS): 784995503
Recipient's Unique Entity Identifier: S6ZRV3S11Q21
Object Class: 41.15

Financial Information

Appropriation	CAN	Allotment	Award this action	Cumulative Grant Award to Date	Document Number	Funding Type
75-26-1536	2026,G994551	$2,021,123.00	$2,021,123.00	$2,021,123.00	G-2600NJBCAP	Formula

Terms and Conditions

Terms and Conditions for this program can be found on the Administration for Children & Families website.
The link to the website is listed below:
https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants

Remarks

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