Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2500NJBCAP
FAIN# 2500NJBCAP
Federal Award Date: November 16, 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**
Janice Realeza
Grants Management Officer
janice.realeza@acf.hhs.gov
2158614007

**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**
2500NJBCAP

**12. Unique Federal Award Identification Number (FAIN)**
2500NJBCAP

**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**
Supplement

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

| Summary Federal Award | Financial Information |
|---|---|
| **19. Budget Period Start Date** 10-01-2024 | **End Date** 09-30-2027 |
| **20. Total Amount of Federal Funds Obligated by this Action** | $22,519.00 |
| 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 | $2,695,375.00 |
| **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** 10-01-2024 - | **End Date** 09-30-2027 |
| 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
Janice Realeza
Grants Management Officer

## Footnotes

This award action reflects a re-allocation of FY 2025 CBCAP funds to resolve a discrepancy.

Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2500NJBCAP
FAIN# 2500NJBCAP
Federal Award Date: November 16, 2026

**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 |
|---|---|---|---|---|---|---|
| 75-25-1536 | 2025,G994551 | $2,695,375.00 | $22,519.00 | $2,695,375.00 | G-2500NJBCAP | 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.