



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2000JBCC6

FAIN# 2000JBCC6

Federal Award Date: April 29, 2021

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

2000JBCC6

12. Unique Federal Award Identification Number (FAIN)

2000JBCC6

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

19. Budget Period Start Date 10-01-2020

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2020 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2025

\$6,465,931.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$6,465,931.00

*See Remarks

*See Remarks

End Date 09-30-2025

*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.



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New Jersey

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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>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-2123-1536	2021,G990208	\$6,465,931.00	\$6,465,931.00	\$6,465,931.00	2000JBCC6	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 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.