



Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF
NEW JERSEY
50 E STATE ST
TRENTON, NJ 08608

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1216000928N3

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

784995503

6. Recipient's Unique Entity Identifier

S6ZRV3S11Q21

7. Project Director or Principal Investigator

Sue Ricigliano

sue.ricigliano@dcf.nj.gov
609-888-7730

8. Authorized Official

Ms. Lambrie Thornton
Lambrie.Thornton@dcf.nj.gov
609-888-7730

Federal Agency Information

9. Awarding Agency Contact Information

Sarah Dayhoff
Grants Specialist
Sarah.Dayhoff@samhsa.hhs.gov
(240) 276-1688

10. Program Official Contact Information

Elizabeth Flashner
Program Official
elizabeth.flashner@samhsa.hhs.gov

Federal Award Information

11. Award Number

5H79SM086171-03 Revision 2 (Administrative Change)

12. Unique Federal Award Identification Number (FAIN)

H79SM086171

13. Statutory Authority

Section 561-565 of the PHS & Sec. 10001 21st Century Cures Act

14. Federal Award Project Title

NJ-PROMISE will provide outreach and intervention for youth and young adults at clinical high risk for psychosis.

15. Assistance Listing Number

93.243

16. Assistance Listing Program Title

Substance Abuse and Mental Health Services_Projects of Regional and National Significance

17. Award Action Type

Non-Competing Continuation (REVISED)

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2024 – End Date 09/29/2025

20. Total Amount of Federal Funds Obligated by this Action	\$0
20a. Direct Cost Amount	\$0
20b. Indirect Cost Amount	\$0

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$400,000

24. Total Approved Cost Sharing or Matching, where applicable \$300,408

25. Total Federal and Non-Federal Approved this Budget Period \$700,408

26. Project Period Start Date 09/30/2022 – End Date 09/29/2026

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$1,990,086

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Sarah Dayhoff

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.