# Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services

**Notice of Award** 

FAIN# H79SM086171 Federal Award Date 08-09-2022

# **Recipient Information**

# 1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY
50 E STATE ST

**TRENTON, 08625** 

# 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 609-888-7029

### 8. Authorized Official

Catherine Schafer catherine.schafer@dcf.nj.gov 609-888-7730

# **Federal Agency Information**

9. Awarding Agency Contact Information
Sarah Dayhoff

Center for Mental Health Services Sarah.Dayhoff@samhsa.hhs.gov (240) 276-1688

10. Program Official Contact Information Emily Lichvar

Center for Mental Health Services Emily.Lichvar@samhsa.hhs.gov (240) 276-1859

### **Federal Award Information**

#### 11. Award Number

1H79SM086171-01

# 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

**New Competing** 

# 18. Is the Award R&D?

No

Summary Federal Award Financial Information	
19. Budget Period Start Date 09-30-2022 – End Date 09-29-2023	
20. Total Amount of Federal Funds Obligated by this Action	\$400,000
20a. Direct Cost Amount	\$400,000
20b. Indirect Cost Amount	\$0
<b>21.</b> 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	\$247,012
25. Total Federal and Non-Federal Approved this Budget Period	\$647,012
<b>26. Project Period Start Date</b> 09-30-2022 – End Date 09-29-2026	
27. Total Amount of the Federal Award including Approved Cost	\$647,012
Sharing or Matching this Project Period	

#### 28. Authorized Treatment of Program Income

**Additional Costs** 

### 29. Grants Management Officer - Signature

Eileen Bermudez

### 30. Remarks