

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 Daniel Yale

daniel.yale@dcf.nj.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 Joseph Bock Associate Commissioner ACYF - Children's Bureau joe.bock@acf.hhs.gov 202-205-8594

Federal Award Information

11. Award Number

2200NJBCAP
12. Unique Federal Award Identification Number (FAIN)
2200NJBCAP
13. Statutory Authority
Chld Abs Prev & Trtmnt Act
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
Supplement
18. Is the Award R&D?

*See Remarks

Summary Federal Award Financial Information

19. Budget Period Start Date 10-01-2021	End Date 09-30-2024		
20. Total Amount of Federal Funds Obligated by this	\$436.00		
Action			
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	\$3,261,293.00		
budget period			
24. Total Approved Cost Sharing or Matching, where	*See Remarks		
applicable			
25. Total Federal and Non-Federal Approved	*See Remarks		
26. Project Period Start Date 10-01-2021 -	End Date 09-30-2024		
27. Total Amount of the Federal Award including	*See Remarks		
Approved Cost Sharing or Matching			

28. Authorized Treatment of Program Income
*See Remarks
29. Grants Management Officer – Signature



Janice Realeza Grants Management Officer

Footnotes

The award action reflects an increase to the original the original allocation received for the Community-Based Child Abuse Prevention Program due to a reported calculation error associated with Leverage funding.



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	<u>CAN</u>	<u>Allotment</u>	Award this action	<u>Cumulative Grant</u> <u>Award to Date</u>	Document Number	Funding Type		
75-22-1536	2022,G994551	\$3,261,293.00	\$436.00	\$3,261,293.00	G-2200NJBCAP	Formula		
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Terms and Conditions



Notice of Award Award # 2200NJBCAP FAIN# 2200NJBCAP Federal Award Date: May 12, 2023

Community-Based Child Abuse Prevention Grants (States and Territories) Supplemental Terms and Conditions

By acceptance of awards for this program, the recipient 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-20-07 issued March 12, 2020) describing requirements.

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, B lock and Entitlement Grants.

The Federal Financial Participation (FFP) rate is 80 percent of the amount expended for the program. The States and Territories are required to spend in cash, not in-kind, an amount equal to not less than 20 percent of the amount received for this program per Title II, Section 204(4), of the CAPTA (42 U.S.C. §5116d(4)). Funds received under Title II of CAPTA will supplement, not supplant, other State and local public funds designated for the startup, maintenance, expansion, and redesign of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. See Title II, Section 204(5), of the CAPTA (42 U.S.C. §5116d(5)). Federal funds awarded under this grant must be expended for the purposes which they were awarded and within the time period allotted.

The expenditure reporting form used for this program is the SF-425 Federal Financial Report. It 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 thru 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 3-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 second 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.

The OMB approved Program Report form for this program is Program Progress Report (PPR). It is due annually, approximately 120 days after the end of the FY grant period—January 30. CB strongly encourages states to submit their annual program report before January 30th. These (annual) reports must be submitted to CB at CBCAP@acf.hhs.gov

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.

Tangible Property Report (SF-428s). The SF-428 Tangible Personal Property forms must be submitted as described in the General Terms and Conditions.

These program-specific Supplemental Terms and Conditions will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures or restrictions is amended, revised, altered, or repealed.

Remarks

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