Notice of Award

Award# 2301NJGARD-06 FAIN# 2301NJGARD

Federal Award Date: 05/21/2025

Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY

50 E STATE ST

TRENTON, NJ 08608-1715

609-888-7356

2. Congressional District of Recipient

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 (UEI) S6ZRV3S11Q21

7. Project Director or Principal Investigator

Bill Henderson william.henderson@dhs.state.nj.us 609-292-0672

8. Authorized Official

Bill Henderson william.henderson@dhs.state.nj.us 609-292-0672

Federal Agency Information

ACF/ACYF Office of Mandatory Grants

9. Awarding Agency Contact Information

Mrs. Melinda Burnett Financial Management Specialist Melinda.Burnett@acf.hhs.gov 816-426-5983

10.Program Official Contact Information

Mr. Joseph Bock Associate Commissioner joe.bock@acf.hhs.gov 202-205-8594

Federal Award Information

11. Award Number

2301NJGARD-06

12. Unique Federal Award Identification Number (FAIN) 2301NJGARD

13. Statutory Authority

Title IV-E of the Social Security Act -

14. Federal Award Project Title

FY 2023 Guardianship Assistance

15. Assistance Listing Number

93 090

16. Assistance Listing Program Title

Guardianship Assistance Program Grant (for States)

17. Award Action Type

Closeout by Administrative Request

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 10/01/2022 - **End Date** 09/30/2023

20. Total Amount of Federal Funds Obligated by this Action

unds Obligated by this Action \$0.00

20a. Direct Cost Amount20b. Indirect Cost Amount

- 21. Authorized Carryover
- 22. Offset

23. Total Amount of Federal Funds Obligated this budget period

\$7,286,786.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$7,286,786.00

26. Period of Performance Start Date 10/01/2022 - End Date 09/30/2023

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

\$7,286,786.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Sona Cook

Grants Management Officer

30. Remarks

See Remarks (continuation)

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\$0.00

\$7,286,786.00

\$0.00

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Recipient Name

EXECUTIVE OFFICE OF THE STATE OF NEW

JERSEY

50 E STATE ST

TRENTON, NJ 08608-1715

609-888-7356

Congressional District of Recipient

Payment Account Number and Type

Employer Identification Number (EIN) Data

Universal Numbering System (DUNS)

784995503

Recipient's Unique Entity Identifier (UEI)

S6ZRV3S11Q21

31. Assistance Type

Entitlement

32. Type of Award

Mandatory

| 33. Approved Budget | | | | | |
|------------------------------|--|--|--|--|--|
| (Excludes Direct Assistance) | | | | | |

a. Salaries and Wages

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

| b. Fringe Benefits | \$0.00 |
|--------------------------|----------------|
| c. TotalPersonnelCosts | \$0.00 |
| d. Equipment | \$0.00 |
| e. Supplies | \$0.00 |
| f. Travel | \$0.00 |
| g. Construction | \$0.00 |
| h. Other | \$7,286,786.00 |
| i. Contractual | \$0.00 |
| j. TOTAL DIRECT COSTS | \$7,286,786.00 |
| k. INDIRECT COSTS | \$0.00 |
| 1. TOTAL APPROVED BUDGET | \$7,286,786.00 |
| m. Federal Share | \$7.286.786.00 |

34. Accounting Classification Codes

| FY-ACCOUNT NO. | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | ASSISTANCE LISTING | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|--------------|---------------------|--------------|--------------------|---------------------------------|---------------|
| 3-G994101 | 2301NJGARD | ACFCYF | 41.15 | 93.090 | \$0.00 | 75-23-1545 |

n. Non-Federal Share

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Federal Award Date: 05/21/2025

Remarks (Continuation)

□ In accordance with 2 CFR § 200.344 (Closeout) The Federal agency (or pass-through entity) will close-out the Federal award when it determines that all applicable administrative actions and all required work of the Federal award have been completed by the non-Federal entity. A Notice of Assistance Award indicates the final closeout of the grant is attached.

□ The Department of Health and Human Services regulations require that financial records, supporting documents, statistical records, and all other records pertinent to an HHS grant be retained for a period of three years. The retention period starts from the date of submission of your final Federal Financial Report.

□ We reserve the right to re-open our files on this grant in the event of a subsequent audit.

□Should you need any clarification concerning records retention, please feel free to contact the Office of Grants Management."