



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

Sona Cook
Grants Management Officer
sona.cook@acf.hhs.gov
214-767-2973

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

2300NJBCAP

12. Unique Federal Award Identification Number (FAIN)

2300NJBCAP

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

New

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2022

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 10-01-2022 -

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

Financial Information

End Date 09-30-2025

\$2,813,169.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$2,813,169.00

*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
Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2300NJBCAP
FAIN# 2300NJBCAP
Federal Award Date: September 15, 2023

Recipient Information

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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

<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>		
75-23-1536	2023,G994551	\$2,813,169.00	\$2,813,169.00	\$2,813,169.00	G-2300NJBCAP	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2300NJBCAP

FAIN# 2300NJBCAP

Federal Award Date: September 15, 2023

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

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-22-05 issued March 18, 2022) 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, Block 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 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 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 29 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. 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.



Department of Health and Human Services
Administration for Children and Families

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FAIN# 2300NJBCAP

Federal Award Date: September 15, 2023