

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

Award # 2400NJBCAP FAIN# 2400NJBCAP Federal Award Date: September 13, 2024

Federal Award Information

Notice of Award

11. Award Number

2400NJBCAP
12. Unique Federal Award Identification Number (FAIN)
2400NJBCAP
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 Financial Information

19. Budget Period Start Date 10-01-2023	End Date 09-30-2026		
20. Total Amount of Federal Funds Obligated by this	\$2,694,385.00		
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	\$2,694,385.00		
budget period			
24. Total Approved Cost Sharing or Matching, where	*See Remarks		
applicable	*C D 1		
25. Total Federal and Non-Federal Approved	*See Remarks		
26. Project Period Start Date 10-01-2023 -	End Date 09-30-2026		
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



Sona Cook Grants Management Officer

Footnotes



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	CAN	<u>Allotment</u>	Award this action	Cumulative Grant Award to Date	Document Number	Funding Type		
75-24-1536	2024,G994551	\$2,694,385.00	\$2,694,385.00	\$2,694,385.00	G-2400NJBCAP	Formula		

Terms and Conditions

Terms and Conditions for this program can be found on the Administration for Children & Families website. The link to the website is listed below:

https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants

Remarks

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

Access to your notices of award, at your convenience, is now available through GrantSolutions. You may view a recorded training or access quick training guides on the Grant Recipient Support and Reference page.

If you have any questions about accessing grant notices of award utilizing the Unified Experience, please contact the GrantSolutions Help Desk at help@grantsolutions.gov.