

# **Recipient Information**

Recipient Name
 EXECUTIVE OFFICE OF THE STATE OF
 NEW JERSEY
 50 East State Street, 7th Floor

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** Grant Administrator

dcf.askrf11@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

## Notice of Award Award # 2402NJCETV FAIN# 2402NJCETV Federal Award Date: April 26, 2024

### **Federal Award Information**

#### 11. Award Number

2402NJCETV
12. Unique Federal Award Identification Number (FAIN)
2402NJCETV
13. Statutory Authority
P.L. 107-133
14. Federal Award Project Title
\*See Remarks
15. Catalog of Federal Domestic Assistance (CFDA) Number
93.599
16. CFDA Program Title
Chafee Education and Training Vouchers Program (ETV)
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 09-30-2025			
20. Total Amount of Federal Funds Obligated by this	\$326,223.00			
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	\$326,223.00			
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 10-01-2023 -	End Date 09-30-2025			
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



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Recipient Information EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY 50 East State Street, 7th Floor 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,G992601	\$326,223.00	\$326,223.00	\$326,223.00	G-2402NJCETV	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.