



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

12

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

LISA KAY HARTMANN
lisa.hartmann@dcf.state.nj.us
[NO DATA]

8. Authorized Official

LISA KAY HARTMANN
lisa.hartmann@dcf.state.nj.us
[NO DATA]

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

2201NJAIPP-00

12. Unique Federal Award Identification Number (FAIN)

2201NJAIPP

13. Statutory Authority

Sec 473A of the Social Security Act

14. Federal Award Project Title

FY 2022 Adoption and Legal Guardianship Incentive Program

15. Assistance Listing Number

93.603

16. Assistance Listing Program Title

Adoption and Legal Guardianship Incentive Payments

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 10/01/2021 - End Date 09/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$264,000.00

20a. Direct Cost Amount

20b. Indirect Cost Amount

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$264,000.00

26. Period of Performance Start Date 10/01/2021 - End Date 09/30/2025

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$264,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Sona Cook
Grants Management Officer

30. Remarks



Department of Health and Human Services

Administration for Children and Families

Notice of Award

Award# 2201NJAIPP-00

FAIN# 2201NJAIPP

Federal Award Date: 08/31/2022

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Payment Account Number and Type

1216000928N3

Employer Identification Number (EIN) Data

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Universal Numbering System (DUNS)

784995503

Recipient's Unique Entity Identifier (UEI)

S6ZRV3S11Q21

31. Assistance Type

Formula grant

32. Type of Award

Mandatory

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$264,000.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$264,000.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$264,000.00
m. Federal Share	\$264,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-G99AI21	2201NJAIPP	ACFCYF	41.15	93.603	\$111,877.00	75-2122-1536
2-G99AI22	2201NJAIPP	ACFCYF	41.15	93.603	\$152,123.00	75-2223-1536