Notice of Award

Award# 2301NJAIPP-00 FAIN# 2301NJAIPP

Federal Award Date: 09/22/2023

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

Ms. Doris Windle dcf.Budget-Contracting@dcf.nj.gov 111-222-3344

8. Authorized Official

Ms. Doris Windle dcf.Budget-Contracting@dcf.nj.gov 111-222-3344

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

2301NJAIPP-00

12. Unique Federal Award Identification Number (FAIN)

2301NJAIPP

13. Statutory Authority

Sec 473A of the Social Security Act

14. Federal Award Project Title

FY 2023 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 10/01/2022 - **End Date** 08/31/2026

20. Total Amount of Federal Funds Obligated by this Action

\$644,000.00

20a. Direct Cost Amount20b. Indirect Cost Amount

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

\$0.00 \$0.00

24. Total Approved Cost Sharing or Matching, where applicable25. Total Federal and Non-Federal Approved this Budget Period

\$644,000.00

26. Period of Perfomance Start Date 10/01/2022 - End Date 08/31/2026

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

\$644,000.00

28. Authorized Treatment of Program Income

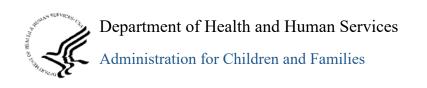
ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Sona Cook

Grants Management Officer

30. Remarks



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609-888-7356

Congressional District of Recipient

12

Payment Account Number and Type

1216000928N3

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

784995503

Recipient's Unique Entity Identifier (UEI)

S6ZRV3S11Q21

31. Assistance Type

Formula

32. Type of Award

Mandatory

1.	Financial Assistance from the Federal Awarding Agency Only Total project costs including grant funds and all other financial participation					
II.						
a.	Salaries and Wages	\$0.00				
b.	Fringe Benefits	\$0.00				
	c. TotalPersonnelCosts	\$0.00				
d.	Equipment	\$0.00				
e.	Supplies	\$0.00				

 d. Equipment
 \$0.00

 e. Supplies
 \$0.00

 f. Travel
 \$0.00

 g. Construction
 \$0.00

 h. Other
 \$644,000.00

 i. Contractual
 \$0.00

 j. TOTAL DIRECT COSTS
 \$644,000.00

 k. INDIRECT COSTS
 \$0.00

m. Federal Share \$644,000.00

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
3-G99AI22	2301NJAIPP	ACFCYF	41.15	93.603	\$595,945.00	75-2223-1536
3-G99AI23	2301NJAIPP	ACFCYF	41.15	93.603	\$48,055.00	75-2324-1536

1. TOTAL APPROVED BUDGET

33. Approved Budget

(Excludes Direct Assistance)

\$644,000.00