



**Department of Health and Human Services**  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services

**Notice of Award**  
FAIN# H79SM086171  
**Federal Award Date**  
12/09/2025

**Recipient Information**

**1. Recipient Name**

EXECUTIVE OFFICE OF THE STATE OF  
NEW JERSEY  
50 E STATE ST  
TRENTON, NJ 08608

**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**

S6ZRV3S11Q21

**7. Project Director or Principal Investigator**

Sue Ricigliano

sue.ricigliano@DCF.NJ.GOV  
609-888-7730

**8. Authorized Official**

Lambrie Thornton  
Lambrie.Thornton@DCF.NJ.GOV  
609-888-7730

**Federal Agency Information**

**9. Awarding Agency Contact Information**

Sarah Dayhoff  
Grants Specialist  
Sarah.Dayhoff@SAMHSA.HHS.GOV  
(240) 276-1688

**10. Program Official Contact Information**

Elizabeth Flashner  
Program Official  
elizabeth.flashner@SAMHSA.HHS.GOV  
(240) 276-1943

**Federal Award Information**

**11. Award Number**

5H79SM086171-04 Revision 1 (Change in Terms and Conditions)

**12. Unique Federal Award Identification Number (FAIN)**

H79SM086171

**13. Statutory Authority**

Section 561-565 of the PHS & Sec. 10001 21st Century Cures Act

**14. Federal Award Project Title**

NJ-PROMISE will provide outreach and intervention for youth and young adults at clinical high risk for psychosis.

**15. Assistance Listing Number**

93.243

**16. Assistance Listing Program Title**

Substance Abuse and Mental Health Services\_Projects of Regional and National Significance

**17. Award Action Type**

Non-Competing Continuation (REVISED)

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 09/30/2025 – **End Date** 09/29/2026

**20. Total Amount of Federal Funds Obligated by this Action**

20a. Direct Cost Amount	\$0
20b. Indirect Cost Amount	\$0

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$400,000

**24. Total Approved Cost Sharing or Matching, where applicable**

\$473,220

**25. Total Federal and Non-Federal Approved this Budget Period**

\$873,220

**26. Project Period Start Date** 09/30/2022 – **End Date** 09/29/2026

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$2,863,306

**28. Authorized Treatment of Program Income**

Additional Costs

**29. Grants Management Officer - Signature**

Sarah Dayhoff

**30. Remarks**

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



CHRP-22

Notice of Award

**Issue Date:** 12/09/2025

Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

**Award Number:** 5H79SM086171-04 Revision 1

**FAIN:** H79SM086171

**Program Director:** Sue Ricigliano

**Project Title:** NJ-PROMISE will provide outreach and intervention for youth and young adults at clinical high risk for psychosis.

**Organization Name:** EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY

**Authorized Official:** Lambrie Thornton

**Authorized Official e-mail address:** Lambrie.Thornton@DCF.NJ.GOV

**Budget Period:** 09/30/2025 – 09/29/2026

**Project Period:** 09/30/2022 – 09/29/2026

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY in support of the above referenced project. This award is pursuant to the authority of Section 561-565 of the PHS & Sec. 10001 21st Century Cures Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,  
Sarah Dayhoff  
Grants Management Officer  
Division of Grants Management  
Sarah.Dayhoff@samhsa.hhs.gov  
See additional information below

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## SECTION I – AWARD DATA – 5H79SM086171-04 REVISED

**Award Calculation (U.S. Dollars)**

Contractual	\$400,000
Direct Cost	\$400,000
Approved Budget	\$873,220
Federal Share	\$400,000
Non-Federal Share	\$473,220
Cumulative Prior Awards for this Budget Period	\$400,000
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$0</b>

<b>SUMMARY TOTALS FOR ALL YEARS</b>	
<b>YR</b>	<b>AMOUNT</b>
4	\$400,000

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

CFDA Number:	93.243
EIN:	1216000928N3
Document Number:	22SM86171A
Fiscal Year:	2025

<b>IC</b>	<b>CAN</b>	<b>Amount</b>
SM	C96J545	\$400,000

<b>IC</b>	<b>CAN</b>	<b>2025</b>
<u>SM</u>	<u>C96J545</u>	<u>\$400,000</u>

**SM Administrative Data:**

PCC: CHRP-22 / OC: 4145

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## SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79SM086171-04 REVISED

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

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## SECTION III – TERMS AND CONDITIONS – 5H79SM086171-04 REVISED

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

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**SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 5H79SM086171-04 REVISED****REMARKS****Removal of Special Condition of Award**

This Notice of Award removes the following ***Special Condition of Award***:

- **Expired SAM Registration** due on October 30, 2025, based on the documentation submitted on September 26, 2025.

**STANDARD TERMS AND CONDITIONS****Standard Terms for Awards**

Recipients are required to comply with the HHS Grants Policy Statement (GPS). The current [HHS GPS](#) supersedes all previous versions.

As of October 1, 2025, all awards issued by SAMHSA are subject to the applicable provisions of [2 CFR 200](#) and [2 CFR 300](#).

Your organization must also comply with the [SAMHSA Standard Terms and Conditions](#) in effect as of the date of this award.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

**Staff Contacts:**

Elizabeth Flashner, Program Official

**Phone:** (240) 276-1943 **Email:** elizabeth.flashner@samhsa.hhs.gov

Sarah Dayhoff, Grants Specialist

**Phone:** (240) 276-1688 **Email:** Sarah.Dayhoff@samhsa.hhs.gov **Fax:** (240) 276-1420