



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award# 2401NJGARD-00

FAIN# 2401NJGARD

Federal Award Date: 09/28/2023

Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF NEW
JERSEY
50 E STATE ST
TRENTON, NJ 08625-1715
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

Bill Henderson
william.henderson@dhs.state.nj.us
609-292-0672

8. Authorized Official

Zairy Ramos
Administrative Analyst 4
Zairy.Ramos@dcf.nj.gov
609-888-7369

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

2401NJGARD-00

12. Unique Federal Award Identification Number (FAIN)

2401NJGARD

13. Statutory Authority

Title IV-E of the Social Security Act -

14. Federal Award Project Title

FY 2024 Guardianship Assistance

15. Assistance Listing Number

93.090

16. Assistance Listing Program Title

Guardianship Assistance Program Grant (for States)

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 10/01/2023 - **End Date** 09/30/2024

20. Total Amount of Federal Funds Obligated by this Action \$1,711,250.00

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 \$1,711,250.00

26. Period of Performance Start Date 10/01/2023 - **End Date** 09/30/2024

**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$1,711,250.00

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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Recipient Information		33. Approved Budget (Excludes Direct Assistance)				
Recipient Name EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY 50 E STATE ST TRENTON, NJ 08625-1715 609-888-7356		I. Financial Assistance from the Federal Awarding Agency Only				
Congressional District of Recipient 12		II. Total project costs including grant funds and all other financial participation				
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 Entitlement		a. Salaries and Wages \$0.00				
32. Type of Award Mandatory		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 \$1,711,250.00				
		i. Contractual \$0.00				
		j. TOTAL DIRECT COSTS \$1,711,250.00				
		k. INDIRECT COSTS \$0.00				
		l. TOTAL APPROVED BUDGET \$1,711,250.00				
		m. Federal Share \$1,711,250.00				
		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
4-G994101	2401NJGARD	ACFCYF	41.15	93.090	\$1,711,250.00	75-24-1545