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

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) S6ZRV3S11O21
- 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

16. Assistance Listing Program Title

Guardianship Assistance Program Grant (for States)

17. Award Action Type

New

18. Is the Award R&D?

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

\$0.00

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period \$1,711,250.00

26. Period of Perfomance 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

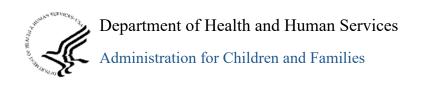
ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Sona Cook

Grants Management Officer

30. Remarks



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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

Entitlement

32. Type of Award

Mandatory

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

 c. 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

33. Approved Budget

(Excludes Direct Assistance)