

## **Recipient Information**

1. Recipient Name EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY 50 East State Street Second Floor

TRENTON, NEW JERSEY 08625

2. Congressional District of Recipient \*See Remarks

**3. Payment Account Number and Type** \*See Remarks

**4. Employer Identification Number (EIN)** 1216000928N3

**5. Data Universal Numbering System (DUNS)** 784995503

**6. Recipient's Unique Entity Identifier** S6ZRV3S11Q21

**7. Project Director or Principal Investigator** Nicole Rodriguez

Nicole.Rodriguez@dcf.nj.gov

8. Authorized Official \*See Remarks

Federal Agency Information 9. Awarding Agency Contact Information Angel Chen Grants Management Specialist angel.chen@acf.hhs.gov 646-905-8120

**10. Program Official Contact Information** Rafael Elizalde Program Manager Office of Community Services Rafael.Elizalde@Acf.Hhs.Gov 202-401-5115

## **Federal Award Information**

11. Award Number

2300NJSOSR
12. Unique Federal Award Identification Number (FAIN)
2300NJSOSR
13. Statutory Authority
Title XX-Social Sec Act
14. Federal Award Project Title
\*See Remarks
15. Catalog of Federal Domestic Assistance (CFDA) Number
93.667
16. CFDA Program Title
Social Services Block Grant

17. Award Action Type

Supplement 18. Is the Award R&D? \*See Remarks

# Summary Federal Award Financial Information

19. Budget Period Start Date 10-01-2022	End Date 09-30-2024		
20. Total Amount of Federal Funds Obligated by this	\$11,074,868.00		
Action			
20a. Direct Cost Amount	*See Remarks		
20b. Indirect Cost Amount Administrative Offset	*See Remarks		
21. Authorized Carryover	*See Remarks		
22. Offset	*See Remarks		
23. Total Amount of Federal Funds Obligated this	\$44,299,473.00		
budget period			
24. Total Approved Cost Sharing or Matching, where	*See Remarks		
applicable			
25. Total Federal and Non-Federal Approved	*See Remarks		
26. Project Period Start Date 10-01-2022 -	End Date 09-30-2024		
27. Total Amount of the Federal Award including	*See Remarks		
Approved Cost Sharing or Matching			

28. Authorized Treatment of Program Income
\*See Remarks
29. Grants Management Officer – Signature



Thomas Berry Grants Management Officer

## Footnotes

This grant action awards funding for the 4th Quarter of FY2023 for the SSBG program under Public Law 117-328, Consolidated Appropriations Act, 2023.



## Recipient Information EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY 50 East State Street Second Floor TRENTON, NEW JERSEY 08625 Employer Identification Number (EIN): 1216000928N3 Data Universal Numbering System (DUNS): 784995503 Recipient's Unique Entity Identifier: S6ZRV3S11Q21 Object Class: 41.15

Financial Information							
<u>Appropriation</u>	CAN	<u>Allotment</u>	Award this action	<u>Cumulative Grant</u> <u>Award to Date</u>	Document Number	Funding Type	
75-23-1534	2023,G992342	\$44,299,473.00	\$11,074,868.00	\$44,299,473.00	G-2300NJSOSR	Formula	
75-23-1534	2023,G992342	\$44,299,473.00	\$11,074,868.00	\$44,299,473.00	G-2300NJSOSR	Formula	

## **Terms and Conditions**



Notice of Award Award # 2300NJSOSR FAIN# 2300NJSOSR Federal Award Date: June 30, 2023

#### General Terms and Conditions:

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. The electronic General Terms and Conditions that apply to this program can be found at https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants. The applicable terms and conditions for this program may be found on the above website under Office of Community Services and Social Services Block Grant Program.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533. Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

Consolidation of grant funds (by Territories, if applicable):

For Territories who have an approved consolidation plan, these funds are available for expenditures made in accordance with the plan under Title XX of the Social Security Act.

#### Reporting requirements:

Grants awarded for FY2021 and after, recipients submit annual Federal Financial Reports (FFR) Form SF-425 through the DHHS Payment Management System (PMS). Recipients need to update their PMS access profile to include the ability to electronically access and complet e SF-425 reports in PMS. The Interim FFR should be submitted into PMS no later than 90 days after the close of the Federal Fiscal Year 1 of the project period. The Final FFR should be submitted into PMS no later than 90 days after the close of the project period. Recipients are encouraged to submit timely reports in PMS.

Please transmit a copy of this Notice of Award (NOA) to the office authorized to request funds covered by this award.

#### GrantSolutions (GS)

Please be advised that recipients should be able to download NOAs through their GS account, as GrantSolutions system enhancements have been available since 8/15/2022. Non-discretionary recipients can now log into GrantSolutions and find new features, including:

- On-demand access to their Notice of Awards (NOA) and Grant Details
- Ability to quickly locate Grant Project(s)
- View and download the NOA, grant history, grant details, and easily find their Grants Management Officer

Please contact the GrantSolutions helpdesk at help@grantsolutions.gov / 1-866-577-0771 for technical assistance.

#### Changes in Key Staff:

Please report any changes in points of contact, addresses, phone numbers, e-mail addresses etc. to the Grants Management Specialist named on this award notice. This includes changes in Authorized Official (AO), Principal Investigator/Project Director (PI/PD) or Point of Contact (POC) to receive electronic award notification. Changes to points of contact need to be submitted officially though an updated SF-424M form in the On-line Data Collection System (OLDC).

### Remarks

\* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

For questions concerning programmatic assistance, please contact Rafael J. Elizalde at Rafael.Elizalde@acf.hhs.gov. For questions concerning financial assistance, please contact Erica Crawley at csg-ogm@acf.hhs.gov.