

1. DATE ISSUED: 12/07/2015		2. PROGRAM CFDA: 93.110	
3. SUPERSEDES AWARD NOTICE dated: 07/09/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.:	4b. GRANT NO.:	5. FORMER GRANT NO.:	
6 H25MC26232-03-01	H25MC26232		
6. PROJECT PERIOD: FROM: 08/01/2013 THROUGH: 07/31/2016			
7. BUDGET PERIOD: FROM: 08/01/2015 THROUGH: 07/31/2016			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Section 1252, as amended, Public Law 104-166, 42 U.S.C. 300d-52
Social Security Act § 501(a)(2-3), 42 U.S.C. § 701(a)(2-3)
Title V, § 501(a)(3)(c) of the Social Security Act as amended, (42 U.S.C. 701(a)(3)(c))

8. TITLE OF PROJECT (OR PROGRAM): Community-Based Integrated Service Systems (Local/State)	
9. GRANTEE NAME AND ADDRESS: EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY 50 E State St Trenton, NJ 08608-1715 DUNS NUMBER: 784995503	10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Sunday Gustin EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY MailStop Code: CC 200 Division Line: Children & Families 50 E State St Trenton, NJ 08608-1715

11. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$0.00
g. Travel :	\$0.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$0.00
j. Consortium/Contractual Costs :	\$199,833.00
k. Trainee Related Expenses :	\$0.00
l. Trainee Stipends :	\$0.00
m. Trainee Tuition and Fees :	\$0.00
n. Trainee Travel :	\$0.00
o. TOTAL DIRECT COSTS :	\$199,833.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$199,833.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$199,833.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$199,833.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$140,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$59,833.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
	Not applicable

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]
Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached Yes No)
Prior Approval Request Tracking Number PA-00052225. Prior Approval Request Type: Carryover
Electronically signed by Tammy Ponton, Grants Management Officer on : 12/07/2015

17. OBJ. CLASS: 41.51	18. CRS-EIN: 1216000928N3	19. FUTURE RECOMMENDED FUNDING: \$0.00
-----------------------	------------------------------	--

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
14 - 3892050	93.110	15H25MC26232	\$59,833.00	\$0.00	NA	CISS15