



Recipient Information

- 1. Recipient Name**
New Jersey
50 East State Street, 7th 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)**
XXXXXXXXXXXX
- 5. Data Universal Numbering System (DUNS)**
784995503
- 6. Recipient's Unique Entity Identifier**
*See Remarks
- 7. Project Director or Principal Investigator**
Doris Windle

DCF.Budget-Contracting@dcf.nj.gov
- 8. Authorized Official**
*See Remarks

Federal Agency Information

- 9. Awarding Agency Contact Information**
Janice Realeza
Grants Management Officer
MGM_Grantor@grantsolutions.gov
2158614007
- 10. Program Official Contact Information**
Jerry Milner
Associate Commissioner
ACYF - Children's Bureau
MGM_Grantor@grantsolutions.gov
202-205-8618

Federal Award Information

- 11. Award Number**
2002NJCWSS
- 12. Unique Federal Award Identification Number (FAIN)**
2002NJCWSS
- 13. Statutory Authority**
Tit IVB Subpart 1 Soc Sec
- 14. Federal Award Project Title**
*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**
93.645
- 16. CFDA Program Title**
Child Welfare Services_State Grants
- 17. Award Action Type**
Supplement
- 18. Is the Award R&D?**
*See Remarks

Summary Federal Award

Financial Information

19. Budget Period Start Date 10-01-2019	End Date 09-30-2021
20. Total Amount of Federal Funds Obligated by this Action	\$52,645.00
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 budget period	\$5,257,669.00
24. Total Approved Cost Sharing or Matching, where applicable	*See Remarks
25. Total Federal and Non-Federal Approved	*See Remarks
26. Project Period Start Date 10-01-2019 -	End Date 09-30-2021
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching	*See Remarks

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


Janice Realeza

Footnotes

Grants Management Officer

The contact information contained in Item #7 of this Notice of Award (NOA) is under review and may not reflect the current Project Director or Principal Investigator of this award. Please note that the NOA was electronically emailed to the address provided on the FY 2020 CFS-101 forms in the Child and Family Services Plan.



Recipient Information

New Jersey
50 East State Street, 7th Floor
TRENTON, NEW JERSEY 08625

Employer Identification Number (EIN): XXXXXXXXXXXXX

Data Universal Numbering System (DUNS): 784995503

Recipient's Unique Entity Identifier: *See Remarks

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>		<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-20-1536	2020,G998000	\$5,257,669.00	\$52,645.00	\$5,257,669.00		G-2002NJCWSS	Formula

Terms and Conditions

The grant award listed below is available for obligation in accordance with your approved application under the Child Welfare Social Service program of Title IV-B, Subpart 1, of the Social Security Act. The grantee must liquidate all obligations incurred under this award and file the final financial report claiming these expenditures no later than 90 days after the end of the funding period.

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. 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.

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.

The electronic Terms and Conditions to support this program can be found on the website at <https://www.acf.hhs.gov/grants/terms-and-conditions>.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Remarks

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