



**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)**  
1216000928N3
- 5. Data Universal Numbering System (DUNS)**  
784995503
- 6. Recipient's Unique Entity Identifier**  
\*See Remarks
- 7. Project Director or Principal Investigator**  
Grant Administrator  
  
dcfaskrfp@dcf.state.nj.us
- 8. Authorized Official**  
\*See Remarks

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Janice Realeza  
Grants Management Officer  
janice.realeza@acf.hhs.gov  
2158614007
- 10. Program Official Contact Information**  
Joseph Bock  
Program Authorizing Official  
ACYF - Children's Bureau  
Bock.Joseph@acf.hhs.gov  
111-111-1111

**Federal Award Information**

- 11. Award Number**  
2102NJCWSS
- 12. Unique Federal Award Identification Number (FAIN)**  
2102NJCWSS
- 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**  
Stephanie Tubbs Jones Child Welfare Services Program
- 17. Award Action Type**  
Supplement
- 18. Is the Award R&D?**  
\*See Remarks

**Summary Federal Award**

**Financial Information**

<b>19. Budget Period Start Date</b> 10-01-2020	<b>End Date</b> 09-30-2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,296,228.00
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	\$3,888,685.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	*See Remarks
<b>25. Total Federal and Non-Federal Approved</b>	*See Remarks
<b>26. Project Period Start Date</b> 10-01-2020 -	<b>End Date</b> 09-30-2022
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

Box #7

Contains the standard name "Grant Administrator" that will be on all Notice of Award (NOA) Actions for FFY 2021.

The email address is where this NOA was sent.



**Recipient Information**

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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 Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-21-1536	2021,G998000	\$5,184,913.00	\$1,296,228.00	\$3,888,685.00	G-2102NJCWSS	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award  
Award # 2102NJCWSS  
FAIN# 2102NJCWSS  
Federal Award Date: March 29, 2021

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program.

The administration of this program is authorized under Title IV, Part B, Subpart 1, sections 421-425 and section 428 of the Social Security Act (the Act). The program is codified at 42 U.S.C. §§621-625, 628 and program-specific implementing regulations are located at 45 CFR Parts 1355 and 1357.

As applicable to insular areas identified under 45 CFR §97.11, 45 CFR Part 97 – Consolidation of Grants, applies to this program.

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR Part 75 in its entirety. No exceptions were identified.

Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

The Federal Financial Participation (FFP) rate, per section 424(a) of the Act, is 75 percent of the amount expended for this program. States only: In accordance with Section 424(f) of the Act, the FFP percentage may be reduced based on a determination that the State failed to meet performance standards for caseworker visits with children in foster care. The Children’s Bureau will notify the State of any adjustment to the matching requirements.

The States and Tribes are required to contribute the remaining 25 percent of the total expended for this program. States and Tribes contribution may be in cash, donated funds, and non-public third party in-kind contributions. See 45 CFR §1357.30(e) for States and 45 CFR §1357.40(d)(5)(ii) for Tribes. States only: In accordance with section 424(d) of the Act, any amount of non-federal expenditures exceeding the amount spent under the State plan developed for this subpart in fiscal year 2005 on foster care maintenance payments will not be considered match for Title IV, Part B, Subpart 1 of the Act.

This program has an Administrative Cost requirement. According to sections 422(b)(14) and 424(e) of the Act grantees must limit administrative costs to no more than 10 percent of the Federal funds. Section 422(c)(1) of the Act defines administrative costs.

Funding (project) period and obligation period. In accordance with 45 CFR §1357.30(i) for States and 45 CFR §1357.40(d)(5)(iv) for Tribes, this program has a 2-year project/obligation period starting the first day of the Federal Fiscal Year, October 1, for which funds were awarded and ending the last day of the following Federal Fiscal Year, September 30. Any Federal funds not obligated by the end of the respective obligation period will be recouped by this Department.

Liquidation period: In accordance with 45 CFR §75.309(b), all obligated Federal funds awarded under this grant must be liquidated no later than 90 days after the end of the funding/obligation period. Any Federal funds not liquidated by December 30 will be recouped by this Department.

Financial Reporting form and submission. The expenditure reporting form used is the SF-425 Federal Financial Report. This report is submitted annually and must be submitted no later than December 30- 90 days following the end of each Federal Fiscal year. Two SF-425 reports must be submitted for each grant award: (1) an interim report covering year one of the project period and (2) a final report (cumulative) covering the entire project period. These annual reports must be submitted electronically through the HHS Payment Management System (PMS)

In accordance with 45 CFR §§1357.15 and 1357.16, a five-year Child and Family Services Plan, or Annual Progress and Service Report and CFS-101, forms are required no later than June 30 each year. These reports must establish goals and objectives for a five-year period, provide information on accomplishments and progress made during the previous fiscal year, and provide updates on program areas selected for improvement and other activities in the next year. These annual reports must be submitted to the appropriate ACF Regional Office.

Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under this grant.

Points of contact for additional information or questions concerning either the operation of the program or related financial or grant matters may be found on the Notice of Award.ound on the Notice of Award.d.

**Remarks**

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