



**Recipient Information**

**1. Recipient Name**  
NEW JERSEY  
50 East State Street  
P. O. Box 717  
  
TRENTON, NEW JERSEY 08627 0717

**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**  
Catherine Schafer  
Director  
Catherine.Schafer@dcf.nj.gov

**8. Authorized Official**  
\*See Remarks

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**Federal Agency Information**

**9. Awarding Agency Contact Information**  
Margaret Harrell  
Grants Management Officer  
MGM\_Grantor@grantsolutions.gov  
312-353-4720

**10. Program Official Contact Information**  
Rickeya Franklin  
Supervisory Family Violence Program Specialist  
ACYF - Family and Youth Services Bureau  
MGM\_Grantor@grantsolutions.gov  
202-401-5067

**Federal Award Information**

**11. Award Number**  
2002NJFVPS

**12. Unique Federal Award Identification Number (FAIN)**  
2002NJFVPS

**13. Statutory Authority**  
Fam Viol Prev Svc Act S303

**14. Federal Award Project Title**  
\*See Remarks

**15. Catalog of Federal Domestic Assistance (CFDA) Number**  
93.671

**16. CFDA Program Title**  
Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services

**17. Award Action Type**  
New

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

Summary Federal Award	Financial Information
<b>19. Budget Period Start Date</b> 10-01-2019	<b>End Date</b> 09-30-2021
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$2,735,570.00
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	\$2,735,570.00
<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> 10-01-2019 -	<b>End Date</b> 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**

  
Margaret Harrell

**Footnotes**

Grants Management Officer



**Recipient Information**

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TRENTON, NEW JERSEY 08627 0717  
**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,G991538	\$2,735,570.00	\$2,735,570.00	\$2,735,570.00		G-2002NJFVPS	Formula

**Terms and Conditions**

This grant award is available for expenditures made in accordance with your approved application under the Family Violence Prevention and Services Act (42 USC 10401).

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.

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.