



**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**

Catherine Schafer

catherine.schafer@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  
202-205-7747

**Federal Award Information**

**11. Award Number**

2001NJCILP

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

2001NJCILP

**13. Statutory Authority**

Section 477 of SSA

**14. Federal Award Project Title**

\*See Remarks

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

93.674

**16. CFDA Program Title**

Chafee Foster Care Independent Living

**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**

\$1,148,924

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

\$2,297,848

**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



**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>			
75-20-1545	2020,G994415	\$2,297,848	\$1,148,924	\$2,297,848		G-2001NJCILP	Formula

**Terms and Conditions**

This grant is hereby awarded in accordance with your approved application under the John H. Chafee Foster Care Independence (CHAFEE (ILP) Program under Title IV-E of the Social Security Act, (42 U.S.C. 677 et. seq.). The grantee must liquidate all obligations incurred under this award 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.