



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 5 NU58DP007682-02-00

FAIN# NU58DP007682

Federal Award Date: 08/01/2024

Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF NEW
JERSEY
50 E State St
New Jersey Dept of Children and Families
Trenton, NJ 08608-1715
609-888-7356

2. Congressional District of Recipient
12

3. Payment System Identifier (ID)
1216000928N3

4. Employer Identification Number (EIN)
216000928

5. Data Universal Numbering System (DUNS)
784995503

6. Recipient's Unique Entity Identifier (UEI)
S6ZRV3S11Q21

7. Project Director or Principal Investigator

Tamika Young
Manager CDR Team
tamika.young@dcf.nj.gov
609-888-7665

8. Authorized Official

Ms. Lambrie Thornton
Program Support Specialist 2, Assistance Programs
lambrie.thornton@dcf.nj.gov
732-882-5102

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Reginald Simpson
Grants Management Specialist
sqv8@cdc.gov
678-475-4971

10. Program Official Contact Information

Ms. Renee De Shay
Public Health Advisor
qkg0@cdc.gov
404.498.2115

Federal Award Information

11. Award Number

5 NU58DP007682-02-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP007682

13. Statutory Authority

section 301(a) of the Public Health Service Act, [42 U.S.C section 241(a)], as amended

14. Federal Award Project Title

The Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry

15. Assistance Listing Number

93.946

16. Assistance Listing Program Title

Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2024 - **End Date** 09/29/2025

20. Total Amount of Federal Funds Obligated by this Action \$75,000.00

20a. Direct Cost Amount \$75,000.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$75,000.00

26. Period of Performance Start Date 09/30/2023 - **End Date** 09/29/2028

**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$150,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Pamela Render
Grants Management Officer

30. Remarks



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Payment Account Number and Type

1216000928N3

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

784995503

Recipient's Unique Entity Identifier (UEI)

S6ZRV3S11Q21

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. 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. Equipment	\$0.00
e. Supplies	\$32,021.00
f. Travel	\$6,117.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$36,862.00
j. TOTAL DIRECT COSTS	\$75,000.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$75,000.00
m. Federal Share	\$75,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-939ZRDL	23NU58DP007682	DP	410Q	93.946	\$75,000.00	75-24-0948



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Centers for Disease Control and Prevention

Award# 5 NU58DP007682-02-00

FAIN# NU58DP007682

Federal Award Date: 08/01/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY

5 NU58DP007682-02-00

1. Year 2 Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **CDC-RFA- DP23-0006**, entitled **Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry: Surveillance and Prevention Program**, and application dated **April 19, 2024**, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA.

All future funding is based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contributions when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Approved Component/Project Funding: The NOFO provides for the funding of multiple components under this award. For this NOA, the approved funding level for each component is shown below:

NOFO Component	Amount
Base	\$75,000
Component B	\$0

Financial Assistance Mechanism: Cooperative Agreement

Technical Review: Within 5 days of this Notice of Award's (NOA) issue date, the Technical Review will be accessible to the recipient in GrantSolutions Grant Notes. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow up requirements and timelines set forth therein.

Substantial Involvement by CDC: It is anticipated that CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

- Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

Budget Revision Requirement: By October 29, 2024, the recipient must submit a revised budget with a narrative justification as a “Grant Note”.

Please ensure the budget revisions addresses the following:

Personnel

For each requested position, provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary¹; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification, basis for the annual salary, and describe the scope of responsibility for each position and how it relates to the accomplishment of the program objectives.

1. **In-kind efforts:** Include staff providing in-kind services to an award under *Personnel* costs. Staff must not exceed 100% effort.

Supplies:

Individually list each item requested and provide the following information: 1) the item requested and type or make and model; 2) number needed; 3) unit cost of each item; and 4) total amount requested. If appropriate, general office supplies may be shown by an estimated amount per month times the number of months in the budget category. Also, provide a justification for the use of each item to explain the need and basis for the cost, and relate it to the specific program objectives.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel,

¹ Per CDC General Terms and Conditions: *Cap on Salaries* (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with federal funds.

travel, supplies, and services.

- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed unless the CDC provides written approval to the recipient.
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- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - o publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Indirect Costs: Indirect costs are not requested for this award.

Missing Contractual/Consultant Elements – The contract(s)/consultant(s) listed below is/are **not** approved and the recipient may not begin the contract until *All elements*, are provided via GrantSolutions as a Contractual/Consultant amendment and GMO approval is provided via Notice of Award.

Consultant Names: 22nd Century Technologies, Epidemiologist/Report Writer, and Grant Writer.

The budget request should include a summary of the proposed consultants and costs for each consultancy proposed detailing the seven elements below. :

1. **Nature of Services to Be Rendered:** Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to CDC.
2. **Relevance of Service to the Project:** Describe how the consultant services relate to the accomplishment of specific program objectives.
3. **Expected Rate of Compensation:** Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.
4. **Number of Days of Consultation** (basis for fee): Specify the total number of days, estimated duration of consultation.
5. **Name of Consultant:** Identify the name of the consultant and describe his or her qualifications.
6. **Organizational Affiliation** (if applicable): Identify the organization affiliation of the consultant.
7. **Method of Accountability:** Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.