



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2100NJNCAN
FAIN# 2100NJNCAN
Federal Award Date: March 11, 2021

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

dcfaskrfrp@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

2100NJNCAN

12. Unique Federal Award Identification Number (FAIN)

2100NJNCAN

13. Statutory Authority

42 USC 5101, Sec. 106(a)

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.669

16. CFDA Program Title

Child Abuse and Neglect State Grants

17. Award Action Type

New

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2020

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2020 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2025

\$2,291,814.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$2,291,814.00

*See Remarks

*See Remarks

End Date 09-30-2025

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Janice Realeza

Footnotes

Grants Management Officer

Box #7 is the standard name "Grant Administrator" that will be on all Notice of Award (NOA) Actions.

The email address is where this NOA was sent.



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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>		
75-21-1536	2021,G992372	\$2,291,814.00	\$2,291,814.00	\$2,291,814.00	G-2100NJNCAN	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

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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 I, Section 106, of the Child Abuse Prevention and Treatment Act (CAPTA). The program is codified at 42 U.S.C. §5101 et. seq. and does not have program-specific implementing regulations. See Program Instructions ACYF- CB-PI-11-06, issued April 28, 2011, and annual Program Instruction ACYF-CB-PI-20-02, issued February 4, 2020 describing the requirements for the program. As applicable to insular areas identified under 45 CFR §97.11, the 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.

This program has no matching or Maintenance of Effort (MOE) requirements.

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. SF-425 reports must be submitted each grant year funds are available: four interim reports covering year one thru four of the project period and a final report (cumulative) covering the entire project period. These annual reports must be submitted electronically through the HHS Payment Management System (PMS).

Funding (project) period and obligation period. In accordance with the Federal Account Closing statute's five-year rule, these funds remain available for states to obligate for a period of five years.

Liquidation period. All obligated Federal funds awarded under this grant must be liquidated no later than 90 days past the end of the funding/obligation period. Any Federal funds not liquidated by December 30 will be recouped by this Department.

As required by section 108(e) of CAPTA, each state receiving the grant must prepare an annual report describing how funds were used to address the purposes and achieve the objectives of the grant. This annual update is to be submitted by June 30 in conjunction with the state's Child and Family Services Plan or Annual Progress and Services Report (see 45 CFR §§ 1357.15 and .16). These OMB approved 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 or email FPRG-OGM@acf.hhs.gov.

Remarks

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