



Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF
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

S6ZRV3S11Q21

7. Project Director or Principal Investigator

Grant Administrator

BudgetOffice@dcf.nj.gov

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Sona Cook
Grants Management Officer
sona.cook@acf.hhs.gov
214-767-2973

10. Program Official Contact Information

Joseph Bock
Associate Commissioner
ACYF - Children's Bureau
joe.bock@acf.hhs.gov
202-205-8594

Federal Award Information

11. Award Number

2502NJCWSS

12. Unique Federal Award Identification Number (FAIN)

2502NJCWSS

13. Statutory Authority

Tit IVB Subpart 1 Soc Sec

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.645

16. Assistance Listing 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

19. Budget Period Start Date 10-01-2024

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 10-01-2024 -

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

Financial Information

End Date 09-30-2026

(\$1,079.00)

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$5,786,373.00

*See Remarks

*See Remarks

End Date 09-30-2026

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Sona Cook
Grants Management Officer

Footnotes

This transaction de-obligates funds to meet the apportionment level identified in the President's budget.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2502NJCWSS

FAIN# 2502NJCWSS

Federal Award Date: September 25, 2025

Recipient Information

EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY

50 East State Street

7th Floor

TRENTON, NEW JERSEY 08625

Employer Identification Number (EIN): 1216000928N3

Data Universal Numbering System (DUNS): 784995503

Recipient's Unique Entity Identifier: S6ZRV3S11Q21

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>		
75-25-1536	2025,G998000	\$5,786,373.00	(\$1,079.00)	\$5,786,373.00	G-2502NJCWSS	Formula

Terms and Conditions

Terms and Conditions for this program can be found on the Administration for Children & Families website.

The link to the website is listed below:

<https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants>

Remarks

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