



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# [6 NU58DP007682-03-01](#)

FAIN# [NU58DP007682](#)

Federal Award Date: 01/20/2026

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@def.nj.gov
609-888-7665

8. Authorized Official

Ms. Lambrie Thornton
Program Support Specialist 2, Assistance Programs
lambrie.thornton@def.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

[6 NU58DP007682-03-01](#)

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

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date [09/30/2025](#) - **End Date** [09/29/2026](#)**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

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

\$75,000.00

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**

\$225,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Robyn Bryant

Grants Management Specialist

30. Remarks

Revised budget-approved



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Congressional District of Recipient

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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	\$9,651.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$9,651.00
d. Equipment	\$0.00
e. Supplies	\$26,750.00
f. Travel	\$8,290.00
g. Construction	\$0.00
h. Other	\$7,060.00
i. Contractual	\$23,249.00
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	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
5-939ZRDL	23NU58DP007682	DP	410Q	93.946	\$0.00	75-25-0948



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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

6 NU58DP007682-03-01

1. Terms & Conditions

ADDITIONAL TERMS AND CONDITIONS

Revised Budget / Redirection: The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated October 30, 2025. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

PLEASE INCLUDE AWARD NUMBER ON ALL CORRESPONDENCE