



Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Notice of Award
FAIN# H79SM086171
Federal Award Date
01/14/2026

Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF
NEW JERSEY
50 E STATE ST
TRENTON, NJ 08608

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

S6ZRV3S11Q21

7. Project Director or Principal Investigator

Sue Ricigliano

sue.ricigliano@dcf.nj.gov
609-888-7730

8. Authorized Official

Lambrie Thornton
Lambrie.Thornton@dcf.nj.gov
609-888-7730

Federal Agency Information

9. Awarding Agency Contact Information

Sarah Dayhoff
Grants Specialist
Sarah.Dayhoff@samhsa.hhs.gov
(240) 276-1688

10. Program Official Contact Information

Elizabeth Flashner
Program Official
elizabeth.flashner@samhsa.hhs.gov
(240) 276-1943

Federal Award Information

11. Award Number

5H79SM086171-04 Revision 2 (Terminated - Departmental Authority)

12. Unique Federal Award Identification Number (FAIN)

H79SM086171

13. Statutory Authority

Section 561-565 of the PHS & Sec. 10001 21st Century Cures Act

14. Federal Award Project Title

NJ-PROMISE will provide outreach and intervention for youth and young adults at clinical high risk for psychosis.

15. Assistance Listing Number

93.243

16. Assistance Listing Program Title

Substance Abuse and Mental Health Services_Projects of Regional and National Significance

17. Award Action Type

Non-Competing Continuation (REVISED)

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2025 – End Date 01/13/2026

20. Total Amount of Federal Funds Obligated by this Action	\$0
20a. Direct Cost Amount	\$0
20b. Indirect Cost Amount	\$0

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$400,000

24. Total Approved Cost Sharing or Matching, where applicable \$473,220

25. Total Federal and Non-Federal Approved this Budget Period \$873,220

26. Project Period Start Date 09/30/2022 – End Date 01/13/2026

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$2,863,306

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Lesley Schrier

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



CHRP-22
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 01/14/2026

Center for Mental Health Services

Award Number: 5H79SM086171-04 Revision 2

FAIN: H79SM086171

Program Director: Sue Ricigliano

Project Title: NJ-PROMISE will provide outreach and intervention for youth and young adults at clinical high risk for psychosis.

Organization Name: EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY

Authorized Official: Lambrie Thornton

Authorized Official e-mail address: Lambrie.Thornton@dcf.nj.gov

Budget Period: 09/30/2025 – 01/13/2026

Project Period: 09/30/2022 – 01/13/2026

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY in support of the above referenced project. This award is pursuant to the authority of Section 561-565 of the PHS & Sec. 10001 21st Century Cures Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Lesley Schrier
Grants Management Officer
Division of Grants Management
lesley.schrier@samhsa.hhs.gov
See additional information below

SECTION I – AWARD DATA – 5H79SM086171-04 REVISED**Award Calculation (U.S. Dollars)**

Contractual	\$400,000
Direct Cost	\$400,000
Approved Budget	\$873,220
Federal Share	\$400,000
Non-Federal Share	\$473,220
Cumulative Prior Awards for this Budget Period	\$400,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
4	\$400,000

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
EIN: 1216000928N3
Document Number: 22SM86171A
Fiscal Year: 2025

IC	CAN	Amount
SM	C96J545	\$400,000

IC	CAN	2025
SM	C96J545	\$400,000

SM Administrative Data:

PCC: CHRP-22 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79SM086171-04 REVISED

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 5H79SM086171-04 REVISED

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- 45 CFR Part 75 as applicable.
- The HHS Grants Policy Statement.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 5H79SM086171-04 REVISED**REMARKS****2 CFR 200 Termination**

This Notice of Award constitutes a notice of termination.

Please reference the eRA correspondence sent January 13, 2026, titled "Notification Letter to Recipient for Termination of Federal Award for Non-Alignment with Substance Abuse and Mental Health Services Administration (SAMHSA) Priorities" for additional information.

This award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, by accepting a SAMHSA award, the recipient agrees that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and may also otherwise be terminated, to the extent authorized by law, if the agency determines that the award no longer effectuates the program goals or agency priorities, in line with 2 CFR 200.340(a)(4).

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR 200.472 or as may be provided in further instruction from the agency. Nothing in this notice excuses either SAMHSA or you from complying with the closeout obligations imposed by 2 CFR 200.344-200.345. Consistent with 2 CFR 200.344, you will have 120 days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Staff Contacts:

Elizabeth Flashner, Program Official

Phone: (240) 276-1943 **Email:** elizabeth.flashner@samhsa.hhs.gov

Sarah Dayhoff, Grants Specialist

Phone: (240) 276-1688 **Email:** Sarah.Dayhoff@samhsa.hhs.gov **Fax:** (240) 276-1420