



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

**Notice of Award**  
FAIN# H79SM081191  
**Federal Award Date**  
08-10-2022

**Recipient Information**

**1. Recipient Name**

EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY  
50 E STATE ST  
  
TRENTON, 08625

**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  
609-888-7029

**8. Authorized Official**  
Catherine Schafer  
catherine.schafer@dcf.nj.gov  
609-888-7730

**Federal Agency Information**

**9. Awarding Agency Contact Information**  
Sarah Dayhoff

Center for Mental Health Services  
Sarah.Dayhoff@samhsa.hhs.gov  
(240) 276-1688

**10. Program Official Contact Information**  
Emily Lichvar

Center for Mental Health Services  
Emily.Lichvar@samhsa.hhs.gov  
(240) 276-1859

**Federal Award Information**

**11. Award Number**  
6H79SM081191-03M002

**12. Unique Federal Award Identification Number (FAIN)**  
H79SM081191

**13. Statutory Authority**  
Part E of Title V Section 561 (290-ff) of the PHS Act

**14. Federal Award Project Title**  
NJ Promise- Prevention, Resilience, Optimism, Mastery, Insight, Support and Education

**15. Assistance Listing Number**  
93.243

**16. Assistance Listing Program Title**  
Substance Abuse and Mental Health Services\_Prospects of Regional and National Significance

**17. Award Action Type**  
Amendment

**18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date 09-30-2020 – End Date 09-29-2021**

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

**21. Authorized Carryover** \$0

**22. Offset** \$0

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

**24. Total Approved Cost Sharing or Matching, where applicable** \$134,232

**25. Total Federal and Non-Federal Approved this Budget Period** \$534,232

**26. Project Period Start Date 09-30-2018 – End Date 09-29-2022**

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$1,600,898

**28. Authorized Treatment of Program Income**  
Additional Costs

**29. Grants Management Officer - Signature**  
Sarah Dayhoff

**30. Remarks**

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

Notice of Award

**Issue Date:** 08-10-2022

**Award Number:** 6H79SM081191-03M002

**FAIN:** H79SM081191

**Program Director:** Sue Ricigliano

**Project Title:** NJ Promise- Prevention, Resilience, Optimism, Mastery, Insight, Support and Education

**Organization Name:** EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY

**Authorized Official:** Catherine Schafer

**Authorized Official e-mail address:** catherine.schafer@dcf.nj.gov

**Budget Period:** 09-30-2020 – 09-29-2021

**Project Period:** 09-30-2018 – 09-29-2022

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$0 (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 Part E of Title V Section 561 (290-ff) of the PHS Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment requests:

- Budget Revision (6H79SM081191-03L003)

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://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,  
Sarah Dayhoff  
Grants Management Officer  
Division of Grants Management

See additional information below

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**SECTION I – AWARD DATA – 6H79SM081191-03M002****Award Calculation (U.S. Dollars)**

Contractual	\$400,000
Direct Cost	\$400,000
<b>Approved Budget</b>	<b>\$534,232</b>
Federal Share	\$400,000
Non-Federal Share	\$134,232
Cumulative Prior Awards for this Budget Period	\$400,000
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$0</b>

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
3	\$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: 18SM81191A  
Fiscal Year: 2020

IC	CAN	Amount
SM	C96J545	\$0

IC	CAN	2020
SM	C96J545	\$0

**SM Administrative Data:**

PCC: CHRP / OC: 4145

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 6H79SM081191-03M002**

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.

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**SECTION III – TERMS AND CONDITIONS – 6H79SM081191-03M002**

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:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. 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.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

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**SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 6H79SM081191-03M002**

**REMARKS**

**Post Award Amendment: Budget Revision - Administrative Change**

- 1) This Notice of Award (NoA) formally approves the post award amendment budget revision request submitted on **June 22, 2021** for the year 03 budget period.
  - o The amendment request administratively approves the reduction of the non-federal match amount for the year 03 budget period to reflect **\$134,232**. This reduced amount still meets the 1:3 match requirement for the year 03 budget period.
- 2) This is a post-award amendment, therefore this NoA reflects the current budget year only.

**STANDARD TERMS OF AWARD:**

**Compliance with Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.3 71, REMEDIES FOR NONCOMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

**All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer**

**Staff Contacts:**

Emily Lichvar, Program Official

**Phone:** (240) 276-1859 **Email:** Emily.Lichvar@samhsa.hhs.gov

Sarah Dayhoff, Grants Specialist

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