



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award # 2101NJFPSS

FAIN# 2101NJFPSS

Federal Award Date: March 25, 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**

Grants Administrator

dcfaskrfp@dcf.state.nj.us

**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

Program Authorizing Official

ACYF - Children's Bureau

Bock.Joseph@acf.hhs.gov

111-111-1111

**Federal Award Information**

**11. Award Number**

2101NJFPSS

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

2101NJFPSS

**13. Statutory Authority**

Tit IV-B Subpart 2 Soc Sec

**14. Federal Award Project Title**

\*See Remarks

**15. Catalog of Federal Domestic Assistance (CFDA) Number**

93.556

**16. CFDA Program Title**

MaryLee Allen Promoting Safe and Stable Families Program

**17. Award Action Type**

Supplement

**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** 09-30-2022

\$2,853,753.00

\*See Remarks

\*See Remarks

\*See Remarks

\*See Remarks

\$3,392,755.00

\*See Remarks

\*See Remarks

**End Date** 09-30-2022

\*See Remarks

**28. Authorized Treatment of Program Income**

\*See Remarks

**29. Grants Management Officer – Signature**

Sona Cook

**Footnotes**

Grants Management Officer

Box #7

The standard name "Grant Administrator" that is on all Notice of Awards (NOA) actions.

The email address is where this NOA was sent.



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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>		
75-21-1512	2021,G996439	\$4,689,187.00	\$2,344,594.00	\$2,623,738.00	G-2101NJFPSS	Formula
75-21-1512	2021,G996470	\$1,018,318.00	\$509,159.00	\$769,017.00	G-2101NJFPSS	Discretionary

**Terms and Conditions**



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With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, Terms and Conditions, Departmental regulations, and OMB Circulars. Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

Applicable Legislation, Statute, Regulations

Authorized under Title IV, Part B, Subpart 2, sections 430 to 437, of the Social Security Act (Act). The program is codified at 42 USC §629 et. seq. The program-specific implementing regulations are located at 45 CFR Parts 1355 and 1357. Additionally, 45 CFR 97.11 as applicable to the Consolidation of Grants to the insular areas. 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.

Cost Sharing or Matching (Non-Federal Share) of Program Funding

The Federal Financial Participation (FFP) rate, per section 434(a)(1) of the Act, is 75 percent of the amount expended for this program. The States and Tribes are required to contribute the remaining 25 percent of the total expended for this program. States and Tribes contribution may be in cash, donated funds, and non-public third party in-kind contributions. Federal funds may not be used to meet the matching requirement. See section 434(b)(1), 45 CFR §1357.32(d) for States and 45 CFR §1357.50(g) for Tribes.

States only. This program has a Maintenance of Effort (MOE) requirement, per section 432(a)(7) of the Act. A State must assure that the federal funds under Title IV-B, Subpart 2, will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of this grant. The state must also furnish information on state and local share expenditure amounts to demonstrate compliance with this requirement.

States only. According to section 432(a)(4) and 434(d) of the Act, States must limit administrative costs to no more than 10 percent of the total expenditures of the State during the fiscal year under the State plan.

Financial Reporting

The OMB approved Financial Reporting form for this program is the Financial Status Report SF-425. The SF-425 is due annually and no later than December 30, which is 90 days after the end of each project period. Financial Reporting form and submission. a) The expenditure reporting form used is the SF-425 Federal Financial Report. b) This report is submitted annually and must be submitted no later than December 30 - 90 days following the end of each Federal Fiscal year. Two SF-425 reports must be submitted for each grant award: an interim report covering year one of the project period and a final report (cumulative) covering the entire project period. c) These annual reports must be submitted electronically through the HHS Payment Management System (PMS)

Funding (project) period and obligation period. In accordance with 45 CFR §1357.32(g) for States and 45 CFR §1357.50(h) for Tribes, this program has a 2 year project/obligation period starting the first day of the Federal Fiscal Year, October 1, for which funds were awarded and ending the last day of the following Federal Fiscal Year, September 30. Any Federal funds not obligated by the end of the respective obligation period will be recouped by this Department.

Liquidation period. In accordance with 45 CFR §§75.309 and §75.381(a), all obligated Federal funds awarded under this grant must be liquidated no later than 90 days after the end of the funding/obligation period. Any Federal funds not liquidated within the 90 days will be recouped by this Department.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533.

The complete Terms and Conditions to support this program can be found on the website at: <https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants> or request a copy at [FPRG-OGM@acf.hhs.gov](mailto: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.



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