



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2201NJFPCV
FAIN# 2201NJFPCV
Federal Award Date: February 25, 2022

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

Grant Administrator

dcf.askrfp@dcf.nj.gov

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Janice Realeza

Grants Management Officer

janice.realeza@acf.hhs.gov

2158614007

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

2201NJFPCV

12. Unique Federal Award Identification Number (FAIN)

2201NJFPCV

13. Statutory Authority

Title IV-B Subpart 2 Soc S

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

New

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2021

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 10-01-2021 -

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

Financial Information

End Date 09-30-2023

\$186,207.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$186,207.00

*See Remarks

*See Remarks

End Date 09-30-2023

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Janice Realeza

Footnotes

Grants Management Officer

This award action reflects the issuance of funds for half of the Promoting Safe and Stable Families - Caseworker Visitation Program.

In addition to the attached Terms and Conditions, also see Program Instruction ACYF-CB-PI-20-13, issued December 17, 2020, which includes additional information describing the requirements for the program.

Updated Terms and Conditions can be found on the ACF website.



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50 East State Street, 7th Floor

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>		
75-22-1512	2022,G996441	\$372,413.00	\$186,207.00	\$186,207.00	G-2201NJFPCV	Formula

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 433(e) and 436(b)(4) of the Social Security Act (Act). The program is codified at 42 U.S.C. §§629c(e) 629f(b)(4). The program-specific implementing regulations are located at 45 CFR Part 1355 and 1357. 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)(2) of the Act, is 75 percent of the amount expended for this program. The States are required to contribute the remaining 25 percent of the total expended for this program. States contribution may be in cash, donated funds, and non-public third party in-kind contributions. Except as provided by Federal statute, other Federal funds may not be used to meet the matching requirement. See 45 CFR §1357.32(d).

This program has a non-supplantation requirement per section 436(b)(4)(B)(ii) of the Act. A state may not use funds to supplant any federal funds paid to the state under title IV-E of the Act that could be used for the same purposes as the title IV-B, subpart 2 Monthly Caseworker Visit grant.

This program has a Maintenance of Effort (MOE) requirement, per 45 CFR §1357.32(f). A State may not use the federal funds under Title IV-B, Subpart 2, to supplant Federal or non-Federal funds for existing family preservation and family support services. For the purpose of implementing this requirement, "non-Federal funds" means State funds.

This program has an Administrative Cost requirement. According to section 434(d) of the Act and 45 CFR §1357.32(h)(1), States must limit administrative costs to no more than 10 percent of the Federal funds. The definition of administrative costs for the purpose of this funding limitation is as provided per 45 CFR §1357.32(h)(2).

Financial Reporting

The expenditure reporting form used is the SF-425 Federal Financial Report. 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. 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), 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 .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/terms-and-conditions>.

Remarks

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