



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

dcfaskrfp@dcf.state.nj.us

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
Program Authorizing Official
ACYF - Children's Bureau
Bock.Joseph@acf.hhs.gov
111-111-1111

Federal Award Information

11. Award Number

12. Unique Federal Award Identification Number (FAIN)

13. Statutory Authority

Section 477 of SSA

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.674

16. CFDA Program Title

John H. Chafee Foster Care Program for Successful Transition to Adulthood

17. Award Action Type

Closeout

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2016

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 10-01-2016 -

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

Financial Information

End Date 09-30-2018

\$0

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$2,237,454

*See Remarks

*See Remarks

End Date 09-30-2018

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Sona Cook
Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award #

FAIN#

Federal Award Date: May 5, 2021

Recipient Information

New Jersey

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>			
75-17-1545	2017,G994415		\$0	\$2,237,454		G-1701NJCILP	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award #

FAIN#

Federal Award Date: May 5, 2021

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 E, Section 477, of the Social Security Act (Act). The program is codified at 42 U.S.C. § 677. The program-specific implementing regulations are located at 45 CFR Parts 1355, 1356, and 1357. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR 75. In accordance with 45 CFR § 75.101(e) Applicability, guidance in sub part C (except for section 75.202) does not apply to this program. All other 45 CFR Part 75 subparts apply.

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

The Federal Financial Participation rate, per section 474(a)(4)(A) of the Act, is 80 percent of the amount expended for this program. The States and Tribes are required to contribute the remaining 20 percent of the total expended for this program.

Financial Reporting

This program has a 2-year project/obligation period starting the first day of the Federal Fiscal Year, October 1, for which the funds were awarded and ending the last day of the following Federal Fiscal Year, September 30. In accordance with Section 477(d)(3) of the Act, 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. Such funds shall then be subject to redistribution to other program grantees in accordance with Section 477(d)(5) of the Act. In accordance with 45 CFR § 75.309(b), 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 by December 30 will be recouped by this Department.

The expenditure reporting form is the SF-425 Federal Financial Report. This report is submitted annually and must be submitted no later than December 30, which is 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).

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*](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.

Chafee Independent Living FY 2017 Project Close Out