



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP007682-01-00

FAIN# NU58DP007682

Federal Award Date: 09/07/2023

Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF NEW
JERSEY
50 E State St
New Jersey Dept of Children and Families
Trenton, NJ 08608-1715
609-888-7356

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 (UEI)
S6ZRV3S11Q21

7. Project Director or Principal Investigator

Tamika Young
Manager CDR Team
tamika.young@dcf.nj.gov
609-888-7665

8. Authorized Official

Ms. Lambrie Thornton
Program Support Specialist 2, Assistance Programs
lambrie.thornton@dcf.nj.gov
732-882-5102

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Karen Law
Grants Management Specialist
ucp2@cdc.gov
404-498-1360

10. Program Official Contact Information

Carri Cottengim
Health Scientist
DRH MIHB
wsh2@cdc.gov
770-488-4290

Federal Award Information

11. Award Number

1 NU58DP007682-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP007682

13. Statutory Authority

section 301(a) of the Public Health Service Act, [42 U.S.C section 241(a)], as amended

14. Federal Award Project Title

The Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry

15. Assistance Listing Number

93.946

16. Assistance Listing Program Title

Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2023 - **End Date** 09/29/2024

20. Total Amount of Federal Funds Obligated by this Action \$75,000.00

20a. Direct Cost Amount \$75,000.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$75,000.00

26. Period of Performance Start Date 09/30/2023 - **End Date** 09/29/2028

**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$75,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Pamela Render
Grants Management Officer

30. Remarks

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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Payment Account Number and Type

1216000928N3

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

784995503

Recipient's Unique Entity Identifier (UEI)

S6ZRV3S11Q21

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

i. Financial Assistance from the Federal Awarding Agency Only

ii. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$5,000.00
e. Supplies	\$25,000.00
f. Travel	\$5,000.00
g. Construction	\$0.00
h. Other	\$5,000.00
i. Contractual	\$35,000.00
j. TOTAL DIRECT COSTS	\$75,000.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$75,000.00
m. Federal Share	\$75,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939ZRD.L	23NU58DP007682	DP	410Q	93.946	\$75,000.00	75-23-0948



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Award# 1 NU58DP007682-01-00

FAIN# NU58DP007682

Federal Award Date: 09/07/2023

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY

1 NU58DP007682-01-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP23-0006, entitled Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry: Surveillance and Prevention Program, application dated June 1, 2023, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$75,000.00 is approved for the Year 01 budget period, which is September 30, 2023 through September 29, 2024. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	\$ 75,000.00

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

- Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

Budget Revision Requirement: By October 30, 2023 the recipient must submit the information below. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Missing Consultant Elements – The Consultants listed below are approved, however, the recipient must provide the names in GrantSolutions as a Grant Note prior to beginning the consultancy.

CDC, Office of Grants Services,
Karen Law, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Chronic Disease & Injury Prevention
Email: uep2@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.