Department of Health and Human Services Administration for Children and Families

Notice of Award
Award \# 1901TXADPT 2001TXADPT
FAIN\# 1901 TXADPT 2001 TXADPT
Federal Award Date: December 30, 2019

## Recipient Information

1. Recipient Name

Texas
PO Box 149030, Mail Code E-654

AUSTIN, TEXAS 787149030
2. Congressional District of Recipient ${ }^{*}$ See Remarks
3. Payment Account Number and Type *See Remarks
4. Employer Identification Number (EIN) XXXXXXXXXXXX
5. Data Universal Numbering System (DUNS) 808730360
6. Recipient's Unique Entity Identifier ${ }^{*}$ See Remarks
7. Project Director or Principal Investigator Kristene Blackstone

Kristene.Blackstone@dfps.state.tx.us
8. Authorized Official
*See Remarks

Federal Agency Information
9. Awarding Agency Contact Information Janice Realeza
Grants Management Officer
MGM_Grantorastantsolutions.gov
2158614007
10. Program Official Contact Information

Jenry Milner
Jerry Miner
Acting Comm, ACYF
Acting
MGM_Grantorasgrantsolutions.gov

## Federal Award Information

11. Award Number

1901TXADPT 2001TXADPT
12. Unique Federal Award Identification Number (FAIN)

1901TXADPT 2001TXADPT
13. Statutery Autherity

Title IV-E of the Social Security Act -
14. Federal Award Project Title
*See Remarks
15. Catalog of Federal Domestic Assistance (CFDA) Number
93.659
16. CFDA Program Title

Adoption Assistance
17. Award Action Type

Supplement
18. Is the Award R\&D?
*See Remarks

| Summary Federal Award | Financial Information |
| :--- | :---: |
| 19.Total Amount of Federal Funds Obligated by this | $\$ 41,071,807$ |
| Action |  |
| 20.FAIN | $\$ 1,699,936$ |
| 1901TXADPT | $\$ 39,371,871$ |
| 2001TXADPT | End Date-03-31-2020 |
| 21. Fiscal Quarter Start Date-01-01-2020- |  |

22. Authorized Treatment of Program Income
${ }^{*}$ See Remarks
23. Grants Management Officer - Signature

## Evocyuta

Janice Realeza
Grants Management Officer

## Footnotes

## Notice of Award

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#### Abstract

By accepting this award, you agree to use these funds in accordance with the provisions of the approved plan for this program, to abide by all applicable Federal laws, regulations and policies, financial reporting requirements, and other terms and conditions governing this program and the use of Federal funds. You also agree to diligently meet the requirement to properly identify, monitor and treat sub recipients of Federal funds as described in the program terms and conditions. Any expenditure made in violation of Federal requirements is subject to disallowance by this agency, including the imposition of interest charges under 45 CFR 30.13 and 30.14 "Computation of Grant Award" explains the calculation of the award amount.

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at https://www.acf.hhs gov/grants/terms-and-conditions

In addition, you agree to comply with the provisions of the Cash Management Improvement Act ( 31 CFR Part 205) that limit the amount and timing of requests to draw Federal funds to only the amount necessary to meet actual and immediate program needs. Funds included in th is award may not b drawn down prior to the first day of the fiscal quarter indicated above; withdrawals may not exceed the total amount authorized in this and previous awards and umused award authonty may be carried forward and used in subsequent quarters. Failure to adhere to funds withdra wal and reporting requirements may result in the unobligated portion of your letter-of-credit being revoled.

Grant funds are made available through the HHS Payment Management System (PMS). Questions concerning payments should be dire cted to: Division of Payment Management, PO Box 6021, Rockville, Maryland 20852 (http://www.dpm.psc.gov) or to the PMS Help Desk at (877) 614-5533. Other questions should be directed to the Regional Grants Officer, Administration for Children and Families


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

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## Remarks

