



Recipient Information

1. Recipient Name

Texas
Department of Family and Protective Services
P.O. Box 149030 Mail Code: E654

AUSTIN, TEXAS 78714 9030

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1742639167A1

5. Data Universal Numbering System (DUNS)

808730360

6. Recipient's Unique Entity Identifier

*See Remarks

**7. Project Director or Principal Investigator
Grant Administrator**

ausra.benavides@dfps.state.tx.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

12. Unique Federal Award Identification Number (FAIN)

13. Statutory Authority

P.L. 107-133

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.599

16. CFDA Program Title

Chafee Education and Training Vouchers Program (ETV)

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

Financial Information

19. Budget Period Start Date 10-01-2018

End Date 09-30-2020

20. Total Amount of Federal Funds Obligated by this Action

(\$727,933.05)

20a. Direct Cost Amount

*See Remarks

20b. Indirect Cost Amount Administrative Offset

*See Remarks

21. Authorized Carryover

*See Remarks

22. Offset

*See Remarks

23. Total Amount of Federal Funds Obligated this budget period

\$2,352,373.95

24. Total Approved Cost Sharing or Matching, where applicable

*See Remarks

25. Total Federal and Non-Federal Approved

*See Remarks

26. Project Period Start Date 10-01-2018 -

End Date 09-30-2020

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

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Sona Cook
Grants Management Officer

Footnotes

This award action reflects the de-obligation of the un-obligated amount, as reported on the Final SF-425 report (line 10h), submitted in the Payments Management System.



Recipient Information

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P.O. Box 149030 Mail Code: E654
AUSTIN, TEXAS 78714 9030

Employer Identification Number (EIN): XXXXXXXXXXXXX

Data Universal Numbering System (DUNS): 808730360

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>Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-19-1536	2019,G992601	\$3,080,307.00	(\$727,933.05)	\$2,352,373.95	G-1901TXCETV	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award #

FAIN#

Federal Award Date: June 30, 2021

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program.

The administration of this program is 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 Part 75. In accordance with 45 CFR §75.101(e) Applicability, guidance in subpart C (except for 75.202) does not apply to this program. All other 45 CFR Part 75 subparts apply.

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 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. Federal reimbursement ends once the entity expends its allotted amount.

In accordance with Section 477(d)(2) of the Act, the Education and Training Voucher program funds may be used to supplement not supplant any other funds which are available for the same general purposes in the State or tribe.

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. SF-425 reports must be submitted each grant year funds are available: four interim reports covering year one thru four of the project periods 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 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.

Liquidation period. 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.

Program Reporting

In accordance with 45 CFR §§1357.15.16, a five-year Child and Family Services Plan must be submitted following instructions in the applicable Program Instruction and be approved by ACF. Annual Progress and Service Reports and CFS-101 forms are required, no later than June 30 each year. These reports must establish goals and objectives for a five-year period, provide information on accomplishments and progress made during the previous fiscal year, and provides update on program areas selected for improvement and other activities in the next year in accordance with guidance provided in an annual Program Instruction. These annual reports must be submitted for approval to the appropriate ACF Regional Program Office.

States Only: In accordance with Section 477(f) of the Act and federal regulations at 45 CFR §§ 1356.80-.86, states are required to submit data to the National Youth in Transition Database (NYTD), including information on youth who are receiving independent living services and the outcomes of certain youth who are in foster care or who have aged out of foster care. States must submit data files semi-annually, by May 15 and November 14.

Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under this grant.

Points of contact for additional information or questions concerning either the operation of the program or related financial or grant matters may be found on the Notice of Award or email 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.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award #

FAIN#

Federal Award Date: June 30, 2021