



**Recipient Information**

**1. Recipient Name**

Texas  
PO Box 149030, Mail Code E-654

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**

Kristene Blackstone

Kristene.Blackstone@dfps.state.tx.us

**8. Authorized Official**

\*See Remarks

**Federal Agency Information**

**9. Awarding Agency Contact Information**

George Barnwell  
Grants Management Officer  
george.barnwell@acf.hhs.gov  
6175651403

**10. Program Official Contact Information**

Jerry Milner  
Associate Commissioner  
TBD  
MGM\_Grantor@grantsolutions.gov  
202-205-8618

**Federal Award Information**

**11. Award Number**

2001TXFOST

**12. Unique Federal Award Identification Number (FAIN)**

2001TXFOST

**13. Statutory Authority**

Title IV-E of the Social Security Act

**14. Federal Award Project Title**

\*See Remarks

**15. Catalog of Federal Domestic Assistance (CFDA) Number**

93.658

**16. CFDA Program Title**

Foster Care \_Title IV-E

**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 Action** \$71,772,296

**20. FAIN**

2001TXFOST \$71,772,296

**21. Fiscal Quarter Start Date- 07-01-2020- End Date- 09-30-2020**

**22. Authorized Treatment of Program Income**

\*See Remarks

**23. Grants Management Officer – Signature**

George Barnwell  
Grants Management Officer

**Footnotes**

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award  
Award # 2001TXFOST  
FAIN# 2001TXFOST  
Federal Award Date:

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 this award may not be 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 unused award authority may be carried forward and used in subsequent quarters. Failure to adhere to funds withdrawal and reporting requirements may result in the unobligated portion of your letter-of-credit being revoked.

Grant funds are made available through the HHS Payment Management System (PMS). Questions concerning payments should be directed 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

**Remarks**

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

**Computation of Grant Award**

Complete 2020/4  
 Batch No. 49  
 EIN: 1742639167A1  
 DUNS: 808730360

Foster Care  
 Texas

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 7/2/2020 9:35:44 AM  
 Issued on 07/02/2020

<b>Federal Share of Expenditures (Revision: 0)</b>	<b>Payments</b>	<b>Administration</b>	<b>Training</b>	<b>Non-CCWIS</b>	<b>Total</b>
1. Allowable Grantee Claims					
For Period 01/01/2020 - 03/31/2020					
a. Current Quarter Claims	29,402,865	30,132,374	3,187,488	166,744	62,889,471
b. Prior Quarter Adjustments	(11,956)	(683,151)	18,881	804,055	127,829
c. Reinstatements	0	0	0	0	0
d. Deferrals and Disallowances	0	0	0	0	0
e. Fees and Collections	192,374	0	0	0	192,374
f. Previously Awarded Expenditure	0	0	0	0	0
g. Net Claim ((1a+1b+1c)-(1d+1e+1f))	29,198,535	29,449,223	3,206,369	970,799	62,824,926
2. Funds Advanced to Grantee					
For Period 01/01/2020 - 03/31/2020	27,661,548	29,295,718	2,043,959	0	59,001,225
3. Other Adjustments	0	0	0	0	0
4. Expenditure Awarded this Action (1g-2)+3	1,536,987	153,505	1,162,410	970,799	3,823,701
<b>Federal Share of Estimates (Revision: 0)</b>					
5. Funds being Advanced to Grantee					
For Period 07/01/2020 - 09/30/2020					
a. Next Quarter Estimate	32,034,495	32,738,930	3,203,426	166,744	68,143,595
b. Collections	195,000	0	0	0	195,000
c. Previously Awarded Estimate	0	0	0	0	0
6. Estimate Awarded this Action ((5a-5b)-5c)	31,839,495	32,738,930	3,203,426	166,744	67,948,595
7. Total Certified for Grant Award (4+6)	\$33,376,482	\$32,892,435	\$4,365,836	\$1,137,543	\$71,772,296

**Accounting Data**

<u>Appropriation</u>	<u>CAN</u>	<u>Grant Document</u>	<u>FAIN</u>	<u>Amount</u>
75-20-1545	2020 G994107	2001TXFOST	2001TXFOST	\$71,772,296

**Remarks**