Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award \# 2101TXFOST
FAIN\# 2101TXFOST
Federal Award Date: March 31, 2021

## 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)

1742639167A1
5. Data Untversal Numbering System (DUNS)

808730360
6. Recipient's Unique Entity Identifier *See Remarks
7. Project Director or Principal Investigator

Tamela Griffin
dfpscashmanagement@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.hbs.gov 6175651403
10. Program Official Contact Information Joseph Bock
Program Authorizing Official TBD
Bock.Joseph@acf:hhs.gov
111-111-1111

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 \# 2101TXFOST
FAIN\# 2101TXFOST
Federal Award Date: March 31, 2021

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 progr am 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 progrann terms and conditions. Any expenditure made in violation of Federal requirements is subject to disallowance by this ageney, 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 withdra wal 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.

Complete 2021/3
Batch No. 19
EIN: 1742639167A1
DUNS: 808730360

## Federal Share of Expenditures (Revision: 0)

1. Allowable Grantee Claims

For Period 10/01/2020-12/31/2020
a. Current Quarter Claims
b. Prior Quarter Adjustments
c. Reinstatements
d. Deferrals and Disallowances
e. Fees and Collections
f. Previously Awarded Expenditure
g. Net Claim ((1a+1b+1c)-(1d+1e+1f)
2. Funds Advanced to Grantee

For Period 10/01/2020-12/31/2020
3. Other Adjustments
4. Expenditure Awarded this Action (1g-2)+3

Federal Share of Estimates (Revision: 0)
5. Funds being Advanced to Grantee For Period 04/01/2021-06/30/2021
a. Next Quarter Estimate
b. Collections
c. Previously Awarded Estimate
6. Estimate Awarded this Action ((5a-5b)-5c)
7. Total Certified for Grant Award (4+6)

## Accounting Data

| Appropriation | CAN | Grant |
| :--- | :--- | :--- |
| 75-21-1545 | 2021 G994107 | $\frac{\text { Document }}{2101 \text { TXFOST }}$ |

2021 G994107

## Remarks

