



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

Tamela Griffin

dfpscashmanagement@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
Associate Commissioner
TBD
joe.bock@acf.hhs.gov
202-205-8594

Federal Award Information

11. Award Number

2201TXFOST

12. Unique Federal Award Identification Number (FAIN)

2201TXFOST

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	\$29,377,005
20. FAIN	\$29,377,005
21. Fiscal Quarter Start Date- 04-01-2022-	End Date- 06-30-2022

22. Authorized Treatment of Program Income

*See Remarks

23. Grants Management Officer – Signature

Sona Cook
Grants Management Officer

Footnotes

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2201TXFOST
FAIN# 2201TXFOST
Federal Award Date: March 31, 2022

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.