ADMINISTRATION FOR CHILDREN \& 2 FAMILIES
Office of Grants Management 300 C Street. SW Washington DC 20201

April 1, 2019
Commissioner
Family \& Protective Services, Texas Department Of
PO BOX 149030
Mail Code E-654
Austin, TX 78714-9030

Re: Notice of Award<br>Guardianship Assistance Program<br>FY 2019

## Dear Grantee

The following amount is being awarded for the Federal share of expenditures for the fiscal quarter indicated for the Guardianship Assistance Program under Title IV-E of the Social Security Act. The enclosed "Computation of Grant Award" explains the calculation of the award amount.

| Award Amount: | $\$ 2,445,028.00$ |
| ---: | :---: |
| Fiscal Quarter: | $04 / 01 / 2019-06 / 30 / 2019$ |

$$
\text { Catalog of Federal Domestic Assistance (CFDA) Program Number. } 93.090
$$

Entity Identification Number (EIN):_____1742639167A1
By accepting this award, you agree to use these funds in accordance with the provisions of the approved title IV-E plan for this program, and to abide by all applicable Federal laws, regulations and policies, financial reporting requirements, and with the 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

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.

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

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 (Internet web site: 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.


Ms danice D Caldwell
Acting Grants Management Officer

## Enclosure



## Computation of Grant Award

Batch No. 12 - Revision. 0
EIN 1742639167A
DUNS. 808730360

## Federal Shares of Expenditure

1. Allowable Grantee Claims For Period 10/01/18-12/31/18 a. Current Claims b. Prior Adjustments
c. Reinstatements
d. Defferals and Disallowances
e. Fees and Collection
f. Previously Awarded Expenditure
g. Net Claims $((1 a+1 b+1 c)-(1 d+1 e+1 f))$
2. Funds Advanced to Grantee For Period 10/01/18-12/31/18
3. Other Adjustments
4. Expenditure Awarded This Action $((1 g-2)+3)$

Federal Shares of Estimate


## Remarks

