



**Recipient Information**

**1. Recipient Name**

Family & Protective Services, Texas Department of  
4900 N. Lamar Blvd

AUSTIN, TEXAS 78751

**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**

PIUAVVCB7Y41

**7. Project Director or Principal Investigator**

Grant Administrator

ausra.benavides@dfps.texas.gov

**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  
Joe.Bock@hhs.acf.gov  
202-205-8594

**Federal Award Information**

**11. Award Number**

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

**13. Statutory Authority**

Public Law 115-123

**14. Federal Award Project Title**

\*See Remarks

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

93.556

**16. CFDA Program Title**

MaryLee Allen Promoting Safe and Stable Families Program

**17. Award Action Type**

Closeout

**18. Is the Award R&D?**

\*See Remarks

**Summary Federal Award**

**Financial Information**

**19. Budget Period Start Date** 10-01-2018

**End Date** 09-30-2019

**20. Total Amount of Federal Funds Obligated by this Action**

(\$625,670)

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

\$425,969

**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**



**Recipient Information**

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4900 N. Lamar Blvd  
AUSTIN, TEXAS 78751

**Employer Identification Number (EIN):** 1742639167A1

**Data Universal Numbering System (DUNS):** 808730360

**Recipient's Unique Entity Identifier:** P1UAVVCB7Y41

**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>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-19-1512	2019,G996480		(\$625,670)	\$425,969		G-1901TXPKIN	Discretionary

**Terms and Conditions**

The grant award is awarded under the Promoting Safe and Stable Families program, Title IV-B, Subpart 2 of the Social Security Act. This award is available for obligation in accordance with your approved application. The grantee must liquidate all obligations incurred under this award and file the final financial report claiming these expenditures no later than 90 days after the end of the funding period.

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533.

The complete electronic Terms and Conditions to support this program will be located on the website at <https://www.acf.hhs.gov/grants/terms-and-conditions>, or can be secured by contacting the Fiscal Specialist assigned to this grant.

Please transmit a copy of this letter to the office authorized to request funds covered by this award notice.

**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: October 31, 2022

In accordance with 2 CFR § 200.344 (Closeout) The Federal agency (or pass-through entity) will close-out the Federal award when it determines that all applicable administrative actions and all required work of the Federal award have been completed by the non-Federal entity. A Notice of Assistance Award indicating final closeout of the grant is attached.

The Department of Health and Human Services regulations require that financial records, supporting documents, statistical records, and all other records pertinent to an HHS grant be retained for a period of three years. The retention period starts from the date of submission of your final Federal Financial Report.

We reserve the right to re-open our files on this grant in the event of a subsequent audit.

Should you need any clarification concerning records retention, please feel free to contact the Office of Grants Management.”

This de-obligation reflects the un-obligated amount, as reported on the Final SF-425 report (Line 10h).