



Recipient Information

- 1. Recipient Name**
TEXAS
P.O. 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)**
XXXXXXXXXXXX
- 5. Data Universal Numbering System (DUNS)**
808730360
- 6. Recipient's Unique Entity Identifier**
*See Remarks
- 7. Project Director or Principal Investigator**
Ausra Benaides

ausra.benaides@dfps.state.tx.us
- 8. Authorized Official**
*See Remarks

Federal Agency Information

- 9. Awarding Agency Contact Information**
Janice Realeza
Grants Management Officer
MGM_Grantor@grantsolutions.gov
2158614007
- 10. Program Official Contact Information**
Jerry Milner
Associate Commissioner
ACYF - Children's Bureau
MGM_Grantor@grantsolutions.gov
202-205-8618

Federal Award Information

- 11. Award Number**
2001TXNCAN
- 12. Unique Federal Award Identification Number (FAIN)**
2001TXNCAN
- 13. Statutory Authority**
42 USC 5101, Sec. 106(a)
- 14. Federal Award Project Title**
*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**
93.669
- 16. CFDA Program Title**
Child Abuse and Neglect State Grants
- 17. Award Action Type**
Supplement
- 18. Is the Award R&D?**
*See Remarks

Summary Federal Award

- 19. Budget Period Start Date** 10-01-2019
- 20. Total Amount of Federal Funds Obligated by this Action**
20a. Direct Cost Amount
20b. Indirect Cost Amount Administrative Offset
- 21. Authorized Carryover
- 22. Offset
- 23. Total Amount of Federal Funds Obligated this budget period
- 24. Total Approved Cost Sharing or Matching, where applicable**
- 25. Total Federal and Non-Federal Approved**
- 26. Project Period Start Date** 10-01-2019 -
- 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

- End Date** 09-30-2024
- \$201,231.00
- *See Remarks
- *See Remarks
- *See Remarks
- *See Remarks
- \$8,762,518.00
- *See Remarks
- *See Remarks
- End Date** 09-30-2024
- *See Remarks

- 28. Authorized Treatment of Program Income**
*See Remarks
- 29. Grants Management Officer – Signature**


Janice Realeza

Footnotes

Grants Management Officer

This awards the remainder of the FFY 2020 funds.



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AUSTIN, TEXAS 78714 9030
Employer Identification Number (EIN): XXXXXXXXXXXXX
Data Universal Numbering System (DUNS): 808730360
Recipient's Unique Entity Identifier: *See Remarks
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>			
75-20-1536	2020,G992372	\$8,762,518.00	\$201,231.00	\$8,762,518.00		G-2001TXNCAN	Formula

Terms and Conditions

This grant is hereby awarded for obligations and expenditures made in accordance with your approved application under the Child Abuse Prevention and Treatment Act, as amended (42 U.S.C. 5101). All funds must be liquidated/expended no later than fiscal year end date. A negative grant award will be issued for funds that are not liquidated by that date.

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 electronic Terms and Conditions to support this program can be found on the website at <https://www.acf.hhs.gov/grants/terms-and-conditions>.

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

Remarks

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