



**Recipient Information**

**1. Recipient Name**

Texas  
Dept. of Family and Protective Services  
P.O. Box 149030; Mail Code: E654

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**

PIUAVVCB7Y41

**7. Project Director or Principal Investigator**

Grant Administrator

ausra.benavides@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  
ACYF - Children's Bureau  
joe.bock@acf.hhs.gov  
202-205-8594

**Federal Award Information**

**11. Award Number**

2201TXCWSS

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

2201TXCWSS

**13. Statutory Authority**

Tit IVB Subpart 1 Soc Sec

**14. Federal Award Project Title**

\*See Remarks

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

93.645

**16. CFDA Program Title**

Stephanie Tubbs Jones Child Welfare Services Program

**17. Award Action Type**

New

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

\*See Remarks

**Summary Federal Award**

**Financial Information**

**19. Budget Period Start Date** 10-01-2021

**End Date** 09-30-2022

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

\$27,796,754.00

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

\$27,796,754.00

**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** 10-01-2021 -

**End Date** 09-30-2022

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

**Footnotes**

Grants Management Officer



**Recipient Information**

Texas  
Dept. of Family and Protective Services  
P.O. Box 149030; Mail Code: E654  
AUSTIN, TEXAS 78714 9030

**Employer Identification Number (EIN):** XXXXXXXXXXXXX

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

**Recipient's Unique Entity Identifier:** PIUAVVCB7Y41

**Object Class:** 41.15

**Financial Information**

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-22-1536	2022,G998000	\$27,796,754.00	\$27,796,754.00	\$27,796,754.00	G-2201TXCWSS	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award # 2201TXXCWSS

FAIN# 2201TXXCWSS

Federal Award Date: May 27, 2022

Stephanie Tubbs Jones Child Welfare Services Program Supplemental Terms and Conditions

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program.

The administration of this program is authorized under Title IV, Part B, Subpart 1, sections 421-425, and section 428 of the Social Security Act (the Act).

The program is codified at 42 U.S.C. §§621-625, 628 and the program-specific implementing regulations are located at 45 CFR Parts 1355 and 1357. As applicable to insular areas identified under 45 CFR §97.11, 45 CFR Part 97 – Consolidation of Grants, applies to this program.

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR Part 75 in its entirety. No exceptions were identified.

Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

The Federal Financial Participation (FFP) rate, per section 424(a) of the Act, is 75 percent of the amount expended for this program. States only. In accordance with Section 424(f) of the Act, the FFP percentage may be reduced based on a determination that the State failed to meet performance standards for caseworker visits with children in foster care. The Children's Bureau will notify the State of any adjustment to the matching requirements.

The States and Tribes are required to contribute the remaining 25 percent of the total expended for this program. States and Tribes contribution may be in cash, donated funds, and non-public third-party in-kind contributions. See 45 CFR §1357.30(e) for States and 45 CFR §1357.40(d)(5)(ii) for Tribes. States only. In accordance with section 424(d) of the Act, any amount of non-federal expenditures exceeding the amount spent under the State plan developed for this subpart in fiscal year 2005 on foster care maintenance payments will not be considered match for Title IV, Part B, Subpart 1 of the Act.

This program has an Administrative Cost requirement. According to sections 422(b)(14) and 424(e) of the Act grantees must limit administrative costs to no more than 10 percent of the Federal funds. Section 422(c)(1) of the Act defines administrative costs.

Funding (project) period and obligation period. In accordance with 45 CFR §1357.30(i) for States and 45 CFR §1357.40(d)(5)(iv) for Tribes, this program has a 2-year project/obligation period starting the first day of the Federal Fiscal Year, October 1, for which funds were awarded and ending the last day of the following Federal Fiscal Year, September 30. Any Federal funds not obligated by the end of the respective obligation period will be recouped by this Department.

Liquidation period: In accordance with 45 CFR §75.309(b), all obligated Federal funds awarded under this grant must be liquidated no later than 90 days after the end of the funding/obligation period. Any Federal funds not liquidated by December 30 will be recouped by this Department.

The expenditure reporting form used is the SF-425 Federal Financial Report. This report is submitted annually and must be submitted no later than December 30, which is 90 days following the end of each Federal Fiscal year. Two SF-425 reports must be submitted for each grant award: an interim report covering year one of the project period and a final report (cumulative) covering the entire project period. These annual reports must be submitted electronically through the HHS Payment Management System (PMS)

In accordance with 45 CFR §§1357.15 and 1357.16, a five-year Child and Family Services Plan, or Annual Progress and Service Report and CFS-101 forms are required no later than June 30 each year. These reports must establish goals and objectives for a five-year period, provide information on accomplishments and progress made during the previous fiscal year, and provide updates on program areas selected for improvement and other activities planned in the next year. These annual reports must be submitted to the appropriate ACF Regional Office.

Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under this grant.

These program-specific Supplemental Terms and Conditions are effective on the date shown in the footer at the bottom of the page and will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation, or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures, or restrictions is amended, revised, altered, or repealed.



**Remarks**

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