



Recipient Information

1. Recipient Name

Texas
Department 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)

XXXXXXXXXXXX

5. Data Universal Numbering System (DUNS)

808730360

6. Recipient's Unique Entity Identifier

*See Remarks

7. Project Director or Principal Investigator

Ausra Benavides

ausra.benavides@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

2001TXCETV

12. Unique Federal Award Identification Number (FAIN)

2001TXCETV

13. Statutory Authority

P.L. 107-133

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.599

16. CFDA Program Title

Chafee Education and Training Vouchers Program (ETV)

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

Financial Information

19. Budget Period Start Date 10-01-2019

End Date 09-30-2021

20. Total Amount of Federal Funds Obligated by this Action

\$32,106.00

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

\$3,210,541.00

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 10-01-2019 -

End Date 09-30-2021

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

Janice Realeza

Footnotes

Grants Management Officer



Recipient Information

Texas
Department 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: *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,G992601	\$3,210,541.00	\$32,106.00	\$3,210,541.00		G-2001TXCETV	Formula

Terms and Conditions

This grant is hereby awarded in accordance with your approved application under the Educational and Training Vouchers (ETV) Program under Title IV-E of the Social Security Act, (42 U.S.C. 677 et. seq.). The grantee must liquidate all obligations incurred under this award 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 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.