



Recipient Information

1. Recipient Name

Texas
P.O. Box 149030
M. C. 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)

1742639167A1

5. Data Universal Numbering System (DUNS)

808730360

6. Recipient's Unique Entity Identifier

*See Remarks

7. Project Director or Principal Investigator

Jenny Baldwin

jenny.baldwin@dfps.state.tx.us

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Margaret Harrell
Grants Management Officer
MGM_Grantor@grantsolutions.gov
312-353-4720

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

2001TXBCAP

12. Unique Federal Award Identification Number (FAIN)

2001TXBCAP

13. Statutory Authority

Chld Abs Prev & Trtmnt Act

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.590

16. CFDA Program Title

Community-Based Child Abuse Prevention Grants

17. Award Action Type

New

18. Is the Award R&D?

*See Remarks

Summary Federal Award

Financial Information

19. Budget Period Start Date 10-01-2019

End Date 09-30-2022

20. Total Amount of Federal Funds Obligated by this Action

\$4,904,214.00

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

\$4,904,214.00

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 09-30-2022

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

Margaret Harrell

Footnotes

Grants Management Officer



Recipient Information

Texas
P.O. Box 149030
M. C. E-654
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,G994551	\$4,904,214.00	\$4,904,214.00	\$4,904,214.00		G-2001TXBCAP	Formula

Terms and Conditions

This grant award is available for expenditures made in accordance with Sections 201 through 209 of Title II of the Child Abuse Prevention and Treatment Act (Community-Based Family Resource and Support Grants). The grantee must liquidate all obligations incurred under this award no later than 90 days after the end of the funding period. A negative grant award will be issued for any unobligated balances or unliquidated obligations reported at that time.

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. Terms and conditions can be found at: www.acf.hhs.gov/grants/terms-and-conditions. 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.

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.