Notice of Award

Award# 2301TXGARD-02 FAIN# 2301TXGARD

Federal Award Date: 03/31/2023

### **Recipient Information**

#### 1. Recipient Name

FAMILY & PROTECTIVE SERVICES, TEXAS DEPARTMENT OF

PO BOX 149030

Mail Code E-654

Austin, TX 78714-9030

512-438-3240

# 2. Congressional District of Recipient

## 3. Payment System Identifier (ID)

1742639167A1

#### 4. Employer Identification Number (EIN) 742639167

#### 5. Data Universal Numbering System (DUNS) 808730360

### 6. Recipient's Unique Entity Identifier (UEI) P1UAVVCB7Y41

#### 7. Project Director or Principal Investigator

Diane Ward

FM@GrantSolutions.gov

512-438-3240

#### 8. Authorized Official

Diane Ward

FM@GrantSolutions.gov

512-438-3240

#### **Federal Agency Information**

ACF/ACYF Office of Mandatory Grants

#### 9. Awarding Agency Contact Information

Mrs. Melinda Burnett

Financial Management Specialist

Melinda.Burnett@acf.hhs.gov

816-426-5983

### 10.Program Official Contact Information

Mr. Joseph Bock

Associate Commissioner

joe.bock@acf.hhs.gov

202-205-8594

#### **Federal Award Information**

#### 11. Award Number

2301TXGARD-02

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

2301TXGARD

#### 13. Statutory Authority

Title IV-E of the Social Security Act -

#### 14. Federal Award Project Title

FY 2023 Guardianship Assistance

#### 15. Assistance Listing Number

#### 16. Assistance Listing Program Title

Guardianship Assistance Program Grant (for States)

#### 17. Award Action Type

Supplement/Change for Expansion

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

### **Summary Federal Award Financial Information**

#### 19. Budget Period Start Date 10/01/2022 - End Date 09/30/2023

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

\$3,524,559.00

20a. Direct Cost Amount 20b. Indirect Cost Amount

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

\$7,598,575.00

\$0.00

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period

\$11,123,134.00

**26.** Period of Perfomance Start Date 10/01/2022 - End Date 09/30/2023

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$11,123,134.00

#### 28. Authorized Treatment of Program Income

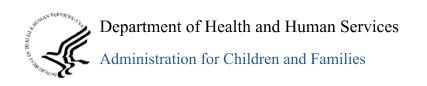
ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Ms. Sona Cook

Grants Management Officer

#### 30. Remarks



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FAMILY & PROTECTIVE SERVICES, TEXAS

DEPARTMENT OF

PO BOX 149030

Mail Code E-654

Austin, TX 78714-9030

512-438-3240 Congressional District of Recipient

**Payment Account Number and Type** 

1742639167A1

**Employer Identification Number (EIN) Data** 

**Universal Numbering System (DUNS)** 

808730360

Recipient's Unique Entity Identifier (UEI)

P1UAVVCB7Y41

#### 31. Assistance Type

Entitlement

32. Type of Award

Mandatory

33.	Appro	vea	Bua	geı
(Ex	cludes	Direc	t Ass	sista

ance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages \$0.00 b. Fringe Benefits \$0.00 c. TotalPersonnelCosts \$0.00 d. Equipment

\$0.00 e. Supplies \$0.00

f. Travel \$0.00

g. Construction \$0.00 h. Other \$11,123,134.00

i. Contractual \$0.00

j. TOTAL DIRECT COSTS \$11,123,134.00 k. INDIRECT COSTS \$0.00

**L. TOTAL APPROVED BUDGET** \$11,123,134.00

m. Federal Share \$11,123,134.00 n. Non-Federal Share \$0.00

#### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-G994101	2301TXGARD	ACFCYF	41.15	93.090	\$3,524,559.00	75-23-1545