



Recipient Information

1. Recipient Name

Texas
Department of Family and Protective Services
P.O. Box 149030

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

Grant Administrator

ausra.benaides@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

2201TXCILP

12. Unique Federal Award Identification Number (FAIN)

2201TXCILP

13. Statutory Authority

Section 477 of SSA

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.674

16. CFDA Program Title

John H. Chafee Foster Care Program for Successful Transition to Adulthood

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

Financial Information

19. Budget Period Start Date 10-01-2021

End Date 09-30-2023

20. Total Amount of Federal Funds Obligated by this Action

\$2,307,183

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

\$4,614,366

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 09-30-2023

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

This award action reflects the issuance of FY 2022, 2nd Quarter funds for the Chafee Independent Living Program.



Recipient Information

Texas
Department of Family and Protective Services
P.O. Box 149030
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>Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-22-1545	2022,G994415	\$9,228,733	\$2,307,183	\$4,614,366	G-2201TXCILP	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2201TXCILP
FAIN# 2201TXCILP
Federal Award Date: March 16, 2022

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.

Applicable Legislation, Statute, Regulations

Authorized under Title IV, Part E, Section 477, of the Social Security Act (Act). The program is codified at 42 U.S.C. § 677. The program-specific implementing regulations are located at 45 CFR Parts 1355, 1356, and 1357. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR 75. In accordance with 45 CFR § 75.101(e) Applicability, guidance in subpart C (except for section 75.202) does not apply to this program. All other 45 CFR Part 75 subparts apply.

Cost Sharing or Matching (Non-Federal Share) of Program Funding

The Federal Financial Participation rate, per section 474(a)(4)(A) of the Act, is 80 percent of the amount expended for this program. The States and Tribes are required to contribute the remaining 20 percent of the total expended for this program.

Financial Reporting

This program has a 2-year project/obligation period starting the first day of the Federal Fiscal Year, October 1, for which the funds were awarded and ending the last day of the following Federal Fiscal Year, September 30. In accordance with Section 477(d)(3) of the Act, 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. Such funds shall then be subject to redistribution to other program grantees in accordance with Section 477(d)(5) of the Act. 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 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).

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 complete Terms and Conditions to support this program can be found on the website at [[*https://www.acf.hhs.gov/grants/terms-and-conditions*](https://www.acf.hhs.gov/grants/terms-and-conditions)].

Remarks

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