



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2001CACILP
FAIN# 2001CACILP
Federal Award Date: April 1, 2020

Recipient Information

1. Recipient Name

California
744 P Street

SACRAMENTO, CALIFORNIA 95814

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)

613673185

6. Recipient's Unique Entity Identifier

*See Remarks

7. Project Director or Principal Investigator

Yiping Hu

yiping.hu@dss.ca.gov

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

202-205-7747

Federal Award Information

11. Award Number

2001CACILP

12. Unique Federal Award Identification Number (FAIN)

2001CACILP

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

Chafee Foster Care Independent Living

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2019

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2019 -

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

Financial Information

End Date 09-30-2021

\$8,277,419

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$16,313,168

*See Remarks

*See Remarks

End Date 09-30-2021

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Janice Realeza

Footnotes

Grants Management Officer

The allotment amount on this Notice of Award (NOA) is higher than the amount reflected on the last NOA dated February 12, 2020. This represents your final allotment amount.



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California

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SACRAMENTO, CALIFORNIA 95814

Employer Identification Number (EIN): XXXXXXXXXXXXX

Data Universal Numbering System (DUNS): 613673185

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>		
75-20-1545	2020,G994415	\$16,313,168	\$8,277,419	\$16,313,168	G-2001CACILP	Formula

Terms and Conditions

This grant is hereby awarded in accordance with your approved application under the John H. Chafee Foster Care Independence (CHAFEE (ILP) 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.