



## Recipient Information

### 1. Recipient Name

California  
744 P Street, MS 8-13-73

SACRAMENTO, CALIFORNIA 95814

### 2. Congressional District of Recipient

\*See Remarks

### 3. Payment Account Number and Type

\*See Remarks

### 4. Employer Identification Number (EIN)

1946001347A7

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

613673185

### 6. Recipient's Unique Entity Identifier

\*See Remarks

### 7. Project Director or Principal Investigator

Valerie Earley

valerie.earley@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  
202-205-8618

## Federal Award Information

### 11. Award Number

2001CAPKIN

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

2001CAPKIN

### 13. Statutory Authority

Public Law 115-123

### 14. Federal Award Project Title

\*See Remarks

### 15. Catalog of Federal Domestic Assistance (CFDA) Number

93.471

### 16. CFDA Program Title

Kinship Navigator

### 17. Award Action Type

New

### 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

\$1,067,103

\*See Remarks

\*See Remarks

\*See Remarks

\*See Remarks

\$1,067,103

\*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



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award # 2001CAPKIN

FAIN# 2001CAPKIN

Federal Award Date: August 10, 2020

**Recipient Information**

California

744 P Street, MS 8-13-73

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>    |                        |                     |
| 75-20-1512           | 2020,G996480 | \$1,067,103      | \$1,067,103              | \$1,067,103             | G-2001CAPKIN           | Formula             |

**Terms and Conditions**

The grant award is awarded under the Promoting Safe and Stable Families program, Title IV-B, Subpart 2 of the Social Security Act. This award is available for obligation in accordance with your approved application. The grantee must liquidate all obligations incurred under this award and file the final financial report claiming these expenditures 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 complete electronic Terms and Conditions to support this program will be located on the website at <https://www.acf.hhs.gov/grants/terms-and-conditions>, or can be secured by contacting the Fiscal Specialist assigned to this grant.

Please transmit a copy of this letter to the office authorized to request funds covered by this award notice.

**Remarks**

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