



**Recipient Information**

- 1. Recipient Name**  
Texas  
PO Box 149030, Mail Code 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**  
Tamela Griffin  
  
dfpscashmanagement@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  
Program Authorizing Official  
TBD  
Bock.Joseph@acf.hhs.gov  
111-111-1111

**Federal Award Information**

- 11. Award Number**  
2101TXADPT
- 12. Unique Federal Award Identification Number (FAIN)**  
2101TXADPT
- 13. Statutory Authority**  
Title IV-E of the Social Security Act -
- 14. Federal Award Project Title**  
\*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**  
93.659
- 16. CFDA Program Title**  
Adoption Assistance
- 17. Award Action Type**  
Supplement
- 18. Is the Award R&D?**  
\*See Remarks

**Summary Federal Award Financial Information**

<b>19. Total Amount of Federal Funds Obligated by this Action</b>	\$414,078
<b>20. FAIN</b> 2101TXADPT	\$414,078
<b>21. Fiscal Quarter Start Date- 10-01-2021-</b>	<b>End Date- 12-31-2021</b>

- 22. Authorized Treatment of Program Income**  
\*See Remarks
- 23. Grants Management Officer – Signature**

Sona Cook  
Grants Management Officer

**Footnotes**

**Terms and Conditions**



**Department of Health and Human Services**  
**Administration for Children and Families**

**Notice of Award**

Award # 2101TXADPT

FAIN# 2101TXADPT

Federal Award Date: October 21, 2021

By accepting this award, you agree to use these funds in accordance with the provisions of the approved plan for this program, to abide by all applicable Federal laws, regulations and policies, financial reporting requirements, and other terms and conditions governing this program and the use of Federal funds. You also agree to diligently meet the requirement to properly identify, monitor and treat sub recipients of Federal funds as described in the program terms and conditions. Any expenditure made in violation of Federal requirements is subject to disallowance by this agency, including the imposition of interest charges under 45 CFR 30.13 and 30.14. "Computation of Grant Award" explains the calculation of the award amount.

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at <https://www.acf.hhs.gov/grants/terms-and-conditions>.

In addition, you agree to comply with the provisions of the Cash Management Improvement Act (31 CFR Part 205) that limit the amount and timing of requests to draw Federal funds to only the amount necessary to meet actual and immediate program needs. Funds included in this award may not be drawn down prior to the first day of the fiscal quarter indicated above; withdrawals may not exceed the total amount authorized in this and previous awards and unused award authority may be carried forward and used in subsequent quarters. Failure to adhere to funds withdrawal and reporting requirements may result in the unobligated portion of your letter-of-credit being revoked.

Grant funds are made available through the HHS Payment Management System (PMS). Questions concerning payments should be directed to: Division of Payment Management, PO Box 6021, Rockville, Maryland 20852 (<http://www.dpm.psc.gov>) or to the PMS Help Desk at (877) 614-5533. Other questions should be directed to the Regional Grants Officer, Administration for Children and Families

**Remarks**

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