



Recipient Information

- 1. Recipient Name**
DEPT FAMILY & PROTECTIVE SER
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**
PIUAVVCB7Y41
- 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
Associate Commissioner
TBD
joe.bock@acf.hhs.gov
202-205-8594

Federal Award Information

- 11. Award Number**
2501TXFOST
- 12. Unique Federal Award Identification Number (FAIN)**
2501TXFOST
- 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**
93.658
- 16. CFDA Program Title**
Foster Care _Title IV-E
- 17. Award Action Type**
Supplement
- 18. Is the Award R&D?**
*See Remarks

Summary Federal Award Financial Information

19. Total Amount of Federal Funds Obligated by this Action	\$46,893,312
20. FAIN 2501TXFOST	\$46,893,312
21. Fiscal Quarter Start Date- 04-01-2025-	End Date- 06-30-2025

- 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 # 2501TXFOST

FAIN# 2501TXFOST

Federal Award Date: April 1, 2025

Title IV-E: Foster Care, Adoption, Guardianship

By acceptance of awards for these programs, the recipient agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for these programs.

The administration of these programs is authorized under Part E (Sections 470 – 479B) of Title IV of the Social Security Act. These programs are codified at 42 U.S.C. §670 to 679c. The program-specific implementing regulations are located at 45 CFR 1355 and 1356. Additional program requirements include: an approved title IV-E plan, including all approved amendments or revisions, the provisions of the ACF Child Welfare Policy Manual, all other applicable Federal regulations, program policies and instructions.

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101(e) Applicability and 45 CFR §1355.30(i), states operating these programs must comply with 45 CFR Part 75 with the exception of Subpart C (except for §75.202), 75.306, and 75.341. Tribal title IV-E agencies operating these programs must comply with Part 75, except for Subpart C (except for §75.202) and 75.341.

Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

These programs, per Section 474(a) and 479(B)(d) of the Act, utilize the state/tribal federal medical assistance percentage (FMAP) rate to determine the federal share of maintenance or other assistance payments. Expenditures in FMAP rate funded categories must be matched using funds appropriated by the state or tribal legislature specifically for use in these programs. The FMAP rate varies annually for each State and is published in the Federal Register. The FMAP rate for each Tribe can also vary annually and is published by HHS on the ACF website as follows: <https://www.acf.hhs.gov/cb/grant-funding/tribal-federal-medical-assistance-percentage-fmap>.

A 50 percent FFP rate is applicable for administrative costs and a 75 percent FFP rate for certain training costs. The Federal award provides funds for 50 and 75 percent of total costs for those cost categories, respectively.

State recipients are required to provide funding for the remaining 50 percent and 25 percent of total costs for these cost categories, respectively. The State share of funding will, generally, include funds appropriated by the State legislature specifically for use in these programs. Third party in-kind contributions may not be used as any part of the non-Federal share of program expenditures for this program. The State share of funding may also include: funds donated without any conditions or restrictions to the State title IV-E agency; funds transferred from another public agency to the State title IV-E agency; or expenditures made by another public agency within the State on behalf of the State title IV-E agency and must be certified as applicable to the program under the approved title IV-E State plan.

Tribal recipients, per 45 CFR §1356.68, are required to provide funding for the remaining 50 percent and 25 percent of total costs for these cost categories, respectively. The Tribe's share of funding will, generally, include funds identified specifically for use in these programs. Third party in-kind contributions may be used as any part of the non-Federal share of program expenditures for administrative and training costs under this program. The Tribe's share of funding may also include: funds donated without any conditions or restrictions to the Tribe title IV-E agency; funds transferred from another public agency to the Tribe title IV-E agency; or expenditures made by another public agency within the Tribe on behalf of the Tribe title IV-E agency and must be certified as applicable to the program under the approved title IV-E State plan.

The OMB standard Form SF-425 is not used for this program. The following form is used for financial reports: Form CB-496, Title IV-E Programs Quarterly Financial Report (Detailed instructions are contained in ACYF-CB-PI-21-08)

Parts 1. Report the Total and Federal share of funds expended, and children assisted in the designated current quarter and an estimate of the funding required in the designated next quarter.

Part 2. Report prior quarter expenditure adjustments. Applies to the programs identified in this T&C.

Part 3. Report Demonstration Project and Post-Demonstration costs (used only by title IV-E agencies that were previously approved for a Demonstration Project.) Applies to the programs identified in this T&C.

Part 4. Report the methodology used to calculate adoption savings due to the application of differing title IV-E Adoption Assistance eligibility criteria for children designated as an "applicable child" under section 473(e) along with an accounting of the amount of and the expenditure of any such savings in the preceding federal fiscal year (FFY).



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2501TXFOST

FAIN# 2501TXFOST

Federal Award Date: April 1, 2025

The submission schedule of these forms is both Quarterly and Annually. Each quarterly financial report must be submitted no later than 30 days following the end of each fiscal quarter (i.e., no later than January 30, April 30, July 30, and October 30). The Part 4 annual report must be submitted no later than 30 days following the end of the FFY (i.e., no later than October 30) (See 45 CFR §201.5 and 45 CFR §1355.30(n)(1).)

Federal funds awarded under this grant must be expended for the purposes which they were awarded and within the time period allotted.

These programs are subject to the Two-Year Claiming Time Limit requirement. In accordance with 45 CFR Part 95, Subpart A – Time Limits for States to File Claims, a State may file a claim for reimbursement only within two years after the calendar quarter in which the State made the expenditure. This time limit applies to the reporting of increasing adjustments but does not apply to the reporting of decreasing prior quarter adjustment claims. See 45 CFR §95.19 for a list of exceptions to this rule.

These programs are subject to the Public Assistance Cost Allocation Plan (PACAP) requirements. In accordance with 45 CFR Part 95, Subpart E – Cost Allocation Plans, a State must include all State agency costs (incurred by or allocable to the State agency) that are applicable to this program in their cost allocation plan and amendment submissions to the Director, Division of Cost Allocation (DCA), in the appropriate HHS Regional Office. In addition, per 45 CFR §95.517, a State may claim FFP for costs associated with a program only in accordance with an approved PACAP.

Tribal recipients, per PI-10-13 are required to claim administrative and training costs under these programs in accordance with an approved cost allocation methodology (CAM).

Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under these grants.

Tangible Property Report (SF-428s). The SF-428 Tangible Personal Property forms must be submitted as described in the General Terms and Conditions.

These program-specific Supplemental Terms and Conditions are effective on the date shown in the footer at the bottom of the page and will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures, or restrictions is amended, revised, altered, or repealed.

Remarks

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

Access to your notices of award, at your convenience, is now available through GrantSolutions. You may view a recorded training or access quick training guides on the Grant Recipient Support and Reference page.

If you have any questions about accessing grant notices of award utilizing the Unified Experience, please contact the GrantSolutions Help Desk at help@grantsolutions.gov.

For questions related to this award action, please contact the GMO for your state as follows:

George Barnwell at George.Barnwell@acf.hhs.gov, for the following states:

AL, CT, DC, DE, FL, GA, IA, KS, KY, MA, MD, ME, MO, MS, NC, NE, NH, NJ, NY, PA, PR, RI, SC, TN, VA, VI, VT, WV

Margaret Harrell at Margaret.Harrell@acf.hhs.gov, for the following states:

AK, AR, AS, AZ, CA, CO, GU, HI, ID, IL, IN, LA, MI, MN, MT, ND, NM, NV, OH, OK, OR, SD, TX, UT, WA, WI, WY

Complete 2025/3
Batch No. 19
EIN: 1742639167A1
UEI: P1UAVVCB7Y41

Computation of Grant Award

Foster Care
Texas

93.658 Page 14 of 50
3/31/2025 4:58:17 PM
Issued on 04/01/2025

Federal Share of Expenditures (Revision: 0)	Payments	Administration	Training	Non-CCWIS	Total
1. Allowable Grantee Claims					
For Period 10/01/2024 - 12/31/2024					
a. Current Quarter Claims	13,807,115	28,867,400	2,223,334	432,281	45,330,130
b. Prior Quarter Adjustments	0	(361,946)	(14,859)	221,207	(155,598)
c. Reinstatements	0	0	0	0	0
d. Deferrals and Disallowances	0	0	0	0	0
e. Fees and Collections	37,448	0	0	0	37,448
f. Previously Awarded Expenditure	0	0	0	0	0
g. Net Claim ((1a+1b+1c)-(1d+1e+1f))	13,769,667	28,505,454	2,208,475	653,488	45,137,084
2. Funds Advanced to Grantee					
For Period 10/01/2024 - 12/31/2024	13,256,672	27,975,518	2,182,654	267,258	43,682,102
3. Other Adjustments	0	0	0	0	0
4. Expenditure Awarded this Action (1g-2)+3	512,995	529,936	25,821	386,230	1,454,982
Federal Share of Estimates (Revision: 0)					
5. Funds being Advanced to Grantee					
For Period 04/01/2025 - 06/30/2025					
a. Next Quarter Estimate	13,869,351	28,929,096	2,234,451	432,281	45,465,179
b. Collections	26,849	0	0	0	26,849
c. Previously Awarded Estimate	0	0	0	0	0
6. Estimate Awarded this Action ((5a-5b)-5c)	13,842,502	28,929,096	2,234,451	432,281	45,438,330
7. Total Certified for Grant Award (4+6)	\$14,355,497	\$29,459,032	\$2,260,272	\$818,511	\$46,893,312
Accounting Data					
Appropriation	CAN	Grant Document	FAIN		Amount
75-25-1545	2025 G994107	2501TXFOST	2501TXFOST		\$46,893,312

Remarks

Access to your notices of award, at your convenience, is now available through GrantSolutions. You may view a recorded training or access quick training guides on the Grant Recipient Support and Reference page.

If you have any questions about accessing grant notices of award utilizing the Unified Experience, please contact the GrantSolutions Help Desk at help@grantsolutions.gov.

For questions related to this award action, please contact the GMO for your state as follows:
George Barnwell at George.Barnwell@acf.hhs.gov, for the following states:
AL, CT, DC, DE, FL, GA, IA, KS, KY, MA, MD, ME, MO, MS, NC, NE, NH, NJ, NY, PA, PR, RI, SC, TN, VA, VI, VT, WV

Margaret Harrell at Margaret.Harrell@acf.hhs.gov, for the following states:
AK, AR, AS, AZ, CA, CO, GU, HI, ID, IL, IN, LA, MI, MN, MT, ND, NM, NV, OH, OK, OR, SD, TX, UT, WA, WI, WY