



Recipient Information

1. Recipient Name

DEPT FAMILY & PROTECTIVE SER
PO BOX 149030
Mail Code E-654
Austin, TX 78714-9030
512-438-3240

2. Congressional District of Recipient
10

3. Payment System Identifier (ID)
1742639167A1

4. Employer Identification Number (EIN)
742639167

5. Data Universal Numbering System (DUNS)
808730360

6. Recipient's Unique Entity Identifier (UEI)
P1UAVVCB7Y41

7. Project Director or Principal Investigator

Diane Ward
FM@GrantSolutions.gov
512-438-3240

8. Authorized Official

Diane Ward
FM@GrantSolutions.gov
512-438-3240

Federal Agency Information

ACF/ACYF Office of Mandatory Grants

9. Awarding Agency Contact Information

Mrs. Melinda Burnett
Financial Management Specialist
Melinda.Burnett@acf.hhs.gov
816-426-5983

10. Program Official Contact Information

Mr. Joseph Bock
Associate Commissioner
joe.bock@acf.hhs.gov
202-205-8594

Federal Award Information

11. Award Number

2601TXGARD-02

12. Unique Federal Award Identification Number (FAIN)

2601TXGARD

13. Statutory Authority

Title IV-E of the Social Security Act -

14. Federal Award Project Title

FY 2026 Guardianship Assistance

15. Assistance Listing Number

93.090

16. Assistance Listing Program Title

Guardianship Assistance Program Grant (for States)

17. Award Action Type

Supplement/Change for Expansion

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	10/01/2025	- End Date	09/30/2026
20. Total Amount of Federal Funds Obligated by this Action	\$2,688,737.00		
20a. Direct Cost Amount			
20b. Indirect Cost Amount			
21. Authorized Carryover			
22. Offset			
23. Total Amount of Federal Funds Obligated this budget period	\$6,783,091.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$9,471,828.00		
26. Period of Performance Start Date	10/01/2025	- End Date	09/30/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$9,471,828.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Sona Cook
Grants Management Officer

30. Remarks



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Congressional District of Recipient 10
Payment Account Number and Type 1742639167A1
Employer Identification Number (EIN) Data 742639167
Universal Numbering System (DUNS) 808730360
Recipient's Unique Entity Identifier (UEI) P1UAVVCB7Y41
31. Assistance Type Entitlement
32. Type of Award Mandatory

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$9,471,828.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$9,471,828.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$9,471,828.00
m. Federal Share	\$9,471,828.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
6-G994101	2601TXGARD	ACFCYF	41.15	93.090	\$2,688,737.00	75-26-1545	