

Notice of Award FAIN# X1050331

Federal Award Date: 02/07/2025

## **Recipient Information**

1. Recipient Name
Family & Protective Services, Texas Department of PO BOX 149030
Austin, TX 78714

2. Congressional District of Recipient 35

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 P1UAVVCB7Y41

7. Project Director or Principal Investigator
Claire Hall
MIECHV Project Director
claire.hall01@hhs.texas.gov
(512)466-5846

8. Authorized Official
Sarah Abrahams
sarah.abrahams@dfps.texas.gov
(512)840-7811

### **Federal Agency Information**

9. Awarding Agency Contact Information
Tynise Kee
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
tkee@hrsa.gov
(301) 945-3944

10. Program Official Contact Information
Laura D Wolfgang
project officer
Maternal and Child Health Bureau (MCHB)
LWolfgang@hrsa.gov
(240) 498-5697

## **Federal Award Information**

**11. Award Number** 6 X10MC50331-01-05

12. Unique Federal Award Identification Number (FAIN) X1050331

13. Statutory Authority 42 U.S.C. § 711(c)

14. Federal Award Project Title

Maternal, Infant and Early Childhood Homevisiting Grant Program

15. Assistance Listing Number 93.870

16. Assistance Listing Program Title

Maternal, Infant and Early Childhood Homevisiting Grant Program

17. Award Action Type
Administrative

18. Is the Award R&D?

Summary Federal Award Financial Information					
19. Budget Period Start Date 09/30/2023 - End Date 09/30/2024					
20. Total Amount of Federal Funds Obligated by this Action	(\$25,734,621.00)				
20a. Direct Cost Amount					
20b. Indirect Cost Amount	\$0.00				
21. Authorized Carryover	\$0.00				
22. Offset	\$0.00				
23. Total Amount of Federal Funds Obligated this budget period	\$1,509,969.00				
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00				
25. Total Federal and Non-Federal Approved this Budget Period	\$1,509,969.00				
26. Project Period Start Date 09/30/2023 - End Date 09/30/2024					
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,509,969.00				

- 28. Authorized Treatment of Program Income Addition
- 29. Grants Management Officer Signature LaShawna Smith on 02/07/2025

30. Remarks

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Maternal and Child Health Bureau (MCHB)

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31. /	31. APPROVED BUDGET: (Excludes Direct Assistance)			
D	(] Grant Funds Only			
[	] Total project costs including grant funds and all other financi	al participation		
a.	Salaries and Wages:	\$0.00		
b.	Fringe Benefits:	\$0.00		
c.	Total Personnel Costs:	\$0.00		
d.	Consultant Costs:	\$0.00		
e.	Equipment:	\$0.00		
f.	Supplies:	\$0.00		
g.	Travel:	\$0.00		
h.	Construction/Alteration and Renovation:	\$0.00		
i.	Other:	\$0.00		
j.	Consortium/Contractual Costs:	\$0.00		
k.	Trainee Related Expenses:	\$0.00		
I.	Trainee Stipends:	\$0.00		
m.	Trainee Tuition and Fees:	\$0.00		
n.	Trainee Travel:	\$0.00		
0.	TOTAL DIRECT COSTS:	\$1,509,969.00		
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00		
	i. Indirect Cost Federal Share:	\$0.00		
	ii. Indirect Cost Non-Federal Share:	\$0.00		
q.	TOTAL APPROVED BUDGET:	\$1,509,969.00		
	i. Less Non-Federal Share:	\$0.00		
	ii. Federal Share:	\$1,509,969.00		
32. <i>A</i>	WARD COMPUTATION FOR FINANCIAL ASSISTANCE:			
a.	Authorized Financial Assistance This Period	\$1,509,969.00		
b.	Less Unobligated Balance from Prior Budget Periods			
	i. Additional Authority	\$0.00		
	ii. Offset	\$0.00		
c.	Unawarded Balance of Current Year's Funds	\$0.00		
d.	Less Cumulative Prior Award(s) This Budget Period	\$27,244,590.00		
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	(\$25,734,621.00)		

### 33. RECOMMENDED FUTURE SUPPORT:

(Subject to the availability of funds and satisfactory progress of project)

YEAR TOTAL COSTS					
Not applicable					
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)					
a. Amount of Direct Assistance \$0					
b. Less Unawarded Ba	\$0.00				
c. Less Cumulative Pric	\$0.00				
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION					
35. FORMER GRANT NUMBER					
36. OBJECT CLASS 41.51					
37. BHCMIS#					

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

### 39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 38923G1	93.870	23X10MC50331	(\$25,734,621.00)	\$0.00	N/A	23X10MC50331

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# HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit

https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## **Terms and Conditions**

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

## **Grant Specific Term(s)**

1. This Notice of Award acknowledges a change of grantee institution from Department of Family and Protective Services to Health and Human Services Commission. Funds in the amount of \$25,734,621 is being deobligated with this Notice of Award and will be reobligated under the new grant number, X10MC54742.

All prior terms and conditions remain in effect unless specifically removed.

#### Contacts

# NoA Email Address(es):

lame Role		Email	
Claire Hall	Program Director, Point of Contact	claire.hall01@hhs.texas.gov, claire.hall@dfps.texas.gov	
Sarah Abrahams	Authorizing Official	sarah.abrahams@dfps.texas.gov	

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).