



Department of Health and Human Services

Administration for Children and Families

Notice of Award

Award# 2501TXTANF-09

FAIN# 2501TXTANF

Federal Award Date: 04/23/2025

Recipient Information

1. Recipient Name

HEALTH & HUMAN SVC COMMN TX
4900 N Lamar Blvd
Austin, TX 78751-2316
[NoPhoneRecord]

2. Congressional District of Recipient

10

3. Payment System Identifier (ID)

1742638006A1

4. Employer Identification Number (EIN)

742638006

5. Data Universal Numbering System (DUNS)

806781373

6. Recipient's Unique Entity Identifier (UEI)

G6JLG3FANUA9

7. Project Director or Principal Investigator

Mr. Chris Traylor
Executive Commissioner
chris.traylor@hhsc.state.tx.us
512-424-6502

8. Authorized Official

Michelle Alletto
Chief Program and Services Officer
michelle.alletto@hhs.texas.gov
512-983-8877

Federal Agency Information

ACF/OFA Office of Mandatory Grants

9. Awarding Agency Contact Information

Ms. Diana Bengson
Grants Management Specialist
diana.bengson@acf.hhs.gov
214-767-8075

10. Program Official Contact Information

Julie Siegel
Fa Program Specialist
julie.siegel@acf.hhs.gov
2023206882

Federal Award Information

11. Award Number

2501TXTANF-09

12. Unique Federal Award Identification Number (FAIN)

2501TXTANF

13. Statutory Authority

PRWORA OF 1996, PL 104-193

14. Federal Award Project Title

2025 TANF

15. Assistance Listing Number

93.558

16. Assistance Listing Program Title

Temporary Assistance for Needy Families

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 10/01/2024 - End Date 09/30/2038

20. Total Amount of Federal Funds Obligated by this Action \$7,209,790.76

20a. Direct Cost Amount

20b. Indirect Cost Amount

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$412,114,752.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$419,324,542.76

26. Period of Performance Start Date 10/01/2024 - End Date 09/30/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$419,324,542.76

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

. Kim Judy
Grants Management Officer

30. Remarks

See Remarks (continuation)



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Payment Account Number and Type

1742638006A1

Employer Identification Number (EIN) Data

742638006

Universal Numbering System (DUNS)

806781373

Recipient's Unique Entity Identifier (UEI)

G6JLG3FANUA9

31. Assistance Type

Block Grant

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	\$419,324,542.76
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$419,324,542.76
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$419,324,542.76
m. Federal Share	\$419,324,542.76
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
5-G996115	2501TXTAN3	ACFOFA	4115	93.558	\$7,209,790.76	75-25-1552



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Remarks (Continuation)

***** Batch Remarks*****With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable program instructions, general and supplemental terms and conditions, departmental regulations, and OMB Circulars. The general terms and conditions governing non-discretionary grant programs and additional program-specific requirements for this program are available at <https://www.acf.hhs.gov/sites/default/files/documents/main/ACF-STANDARD-TERMS-and-CONDITIONS-eff.-10.1.24.pdf>.

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.

The budget period and period of performance shown for this TANF grant represents the fiscal year Appropriation of this grant as there is no established date that represents the budget period or period of performance for this grant. As stated in the terms and conditions for this grant, TANF funds can be obligated and liquidated until expended.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Fiscal reporting questions regarding this grant should be directed to your ACF Grants Management Specialist.

Note: Please remember to renew your UEI registration every year to avoid any delay to your future grant awards. By beginning your renewal process 30 days before your registration expires, you may avoid problems like being assigned an inappropriate replacement UEI number and delays in federal funding. To process your annual renewal of your existing UEI entity registration, visit [SAM.gov](https://sam.gov).