



Recipient Information

1. Recipient Name

HEALTH AND HUMAN SERVICES
COMMISSION, TEXAS
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@hhs.state.tx.us
512-424-6502

8. Authorized Official

Mrs. Van T Vuong
Accountant
van.vuong02@hhs.texas.gov
512-424-6650

Federal Agency Information

ACF/OFA Office of Mandatory Grants

9. Awarding Agency Contact Information

Anjal Coleman
Anjal.Coleman@Acf.Hhs.Gov
214-767-1875

10. Program Official Contact Information

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

Federal Award Information

11. Award Number

2301TXTANF-00

12. Unique Federal Award Identification Number (FAIN)

2301TXTANF

13. Statutory Authority

PRWORA OF 1996, PL 104-193

14. Federal Award Project Title

2023 TANF

15. Assistance Listing Number

93.558

16. Assistance Listing Program Title

Temporary Assistance for Needy Families

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	10/01/2022	- End Date	09/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$124,702,672.69
20a. Direct Cost Amount			
20b. Indirect Cost Amount			
21. Authorized Carryover			
22. Offset			
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$124,702,672.69
26. Period of Performance Start Date	10/01/2022	- End Date	09/30/2023
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$124,702,672.69

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Deanne Meyer
Grants Officer

30. Remarks

See Remarks (continuation)



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Congressional District of Recipient 10
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	\$124,702,672.69
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$124,702,672.69
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$124,702,672.69
m. Federal Share	\$124,702,672.69
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-G996115	2301TXTANF	ACFOFA	4115	93.558	\$124,702,672.69	75-23-1552



Department of Health and Human Services

Administration for Children and Families

Notice of Award

Award# 2301TXTANF-00

FAIN# 2301TXTANF

Federal Award Date: 10/19/2022

Remarks (Continuation)

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable program instructions, terms and conditions, departmental regulations, and OMB Circulars. This award is also subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

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/mandatory-formula-block-and-entitlement-grants> .

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.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533. Fiscal reporting questions regarding this grant should be directed to your ACF Grants Management Specialist.