



# Department of Health and Human Services

## Administration for Children and Families

### Notice of Award

Award# 2501TXTANF-02

FAIN# 2501TXTANF

Federal Award Date: 11/01/2024

#### 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

Ms. Racheal Kane  
Federal Funds Director  
racheal.kane@hhs.texas.gov  
512-424-6663

##### 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-02

##### 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 09/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$8,104,279.00

20a. Direct Cost Amount

20b. Indirect Cost Amount

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$129,267,305.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$137,371,584.00

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 \$137,371,584.00

##### 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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1742638006A1

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##### 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	\$137,371,584.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$137,371,584.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$137,371,584.00
m. Federal Share	\$137,371,584.00
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
5-G9915TC	2501TXTAN3	ACFOFA	4115	93.558	\$8,104,279.00	75-25-1522



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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 mandatory 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.

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.