



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@hhsc.state.tx.us
512-424-6502

8. Authorized Official

Ms. Cecile Young
Executive Director
cecile.young@tx.gov
512-424-6500

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-03

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

Supplement/Change for Expansion

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			\$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			\$140,911,230.69
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$149,015,509.69
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			\$149,015,509.69

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Deanne Meyer
Grants Officer

30. Remarks



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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	\$149,015,509.69
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$149,015,509.69
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$149,015,509.69
m. Federal Share	\$149,015,509.69
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-G9915TC	2301TXTAN3	ACFOFA	4115	93.558	\$8,104,279.00	75-23-1522