### SAI NUMBER:

### DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

PMS DOCUMENT NUMBER:

AWARDING OFFICE:  Office of Head Start							AWARD NO.: 2CH3123-02-02			MEND. NO.
5. TYPE OF AWARD:	E OF ACTION:  7. AWARD AUTHORS									
Service	-					_	_			
8. BUDGET PERIOD:				ut by budget period 42 USC 9801 ET SEQ.  ECT PERIOD: 10. CAT NO.:						
03/01/2016 THRU 02/28.	/2017	03/01/		THRU 02/2	9/2020		93.600	· · · ·		
11. RECIPIENT ORGANIZATION: BURLINGTON COUNTY COMMUNITY 718 W Route 130 Burlington, NJ 08016-1276 Grantee Authorizing Official: William P						T / PROG and Early I				
13. COUNTY:	14. CONG	R. DIST:		15. PRINCIPA	AL INV	/ESTIG/	TOR OR	PROGI	RAM D	RECTOR:
Burlington			Ruben Johi	nson		Ex	xecutiv	e Dire	ctor	
16. APPROVED BUDG	SET:			1	7. AW	VARD C	OMPUTAT	TION:		
Personnel	\$ 3,029,2	231.00	A. NON-F	EDERAL SHAR	RE	\$	1,3	381,01	9.00	20%
Fringe Benefits	\$ 1,385,2		B. FEDERAL SHARE\$ 5,524,068.0						8.00	80%
Travel	1,000,2		18. FEDERAL SHARE COMPUTAT					UTATIO	ON:	
				A. TOTAL FEDERAL SHARE\$ 5,524,068.00						
Equipment	\$	0.00	B. UNOBLIGATED BALANCE FEDERAL SHARE				\$	;	0.00	
Supplies	\$ 106,6	630.00	C. FED. SHARE AWARDED THIS BUDGET PERIOD\$ 5,524,06					5,524,068.00		
Contractual	\$ 216,	504.00	19. AMOUNT AWARDED THIS ACTION: \$					0.00		
Facilities/Construction\$ 0.			20. FEDERAL \$ AWARDED THIS PROJECT							
Other	\$ 771,4	465.00	PERIOD:					\$	1	6,502,536.00
Direct Costs	\$ 5,524,0	068.00	21 ALITU		TMEN	IT OF DI	POGRAM	INCOM	16.	
Indirect Costs At % of \$	\$	0.00	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:  Additional Costs							
In Kind Contributions	\$	0.00	22. APPL	ICANT EIN:		23. P	AYEE EIN	l:	24. OB	JECT CLASS:
Total Approved Budget	\$ 5,524,0	068.00	221804209 1221804209A1				\1	41.51	I	
		25. FIN	ANCIAL IN	FORMATION:			D	UNS	06828	4751
ORGN DOCUMENT NO.	APPROPRIA	TION	CAN	NO.	N	EW AM	г. и	INOBL	G.	NONFED %
02CH312302	75-16-1	536	6-G02	4120		•	00.00			
02CH312302	75-16-1		6-G02			•	00.00			
02CH312302	75-16-1	536	6-G02	4122		\$	0.00			

26. REMARKS: (Continued on separate sheets)

This is a Budget Period Closeout action.

27. SIGNATURE - ACF GRANTS OFFICER	DATE:	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY					
Clinton A Mcgrane	08/30/2017	Mr. Omar Barrett	08/29/2017				
29. SIGNATURE AND TITLE - PROGRAM OFF	CIAL(S)	DATE:					
Ms. Carolyn S Baker - Regional Program Ma	anager	08/29/2017					

SAI NUMBER:

## DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start			2. ASSISTANCE TYPE: Discretionary Grant				<b>ARD NO.:</b> CH3123-02-02	<b>4. AMEND. NO.</b> 2	
			OF ACTION: ut by budget period			7. AWARD AUTHORITY: 42 USC 9801 ET SEQ.			
8. BUDGET PERIO 03/01/2016	D: THRU	02/28/2017		<b>IECT PERIO</b> 1/2015	DD: THRU	02/29/20	20	<b>10. CAT NO.:</b> 93.600	

#### 11. RECIPIENT ORGANIZATION:

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

١	ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED%
		02CH312302	75-16-1536	6-G024125	\$0.00		

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SAI NUMBER:

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start			2. ASSISTANCE TYPE: Discretionary Grant				<b>ARD NO.:</b> CH3123-02-02	<b>4. AMEND. NO.</b> 2
			E OF ACTION: ut by budget period			7. AWARD AUTHORITY: 42 USC 9801 ET SEQ.		
<b>8. BUDGET PERIOD:</b> 03/01/2016 THRU	02/28/2017		ECT PERIOI /2015	D: THRU	02/29/202	20	<b>10. CAT NO.:</b> 93.600	

#### 11. RECIPIENT ORGANIZATION:

**BURLINGTON COUNTY COMMUNITY ACTION PROGRAM** 

#### STANDARD TERMS

Paid by DHHS Payment Management System (PMS), see attached for payment information. This
award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) thatare
applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II (available at http://www.hhs.gov/grants/grants/policies-regulations/index.html of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements of Section 106 (g) of the trafficking VictimsProtection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements.

This award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements. This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to http://www.acf.hhs.gov/discretionary-post-award-requirements.

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuityviolations potentially affecting the federal award. Subrecipients must disclose, in a timelymanner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violationspotentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND

U.S. Department of Health and Human ServicesOffice of Inspector GeneralATTN: Mandatory Grant Disclosures, Intake Coordinator330 Independence Avenue, SW, Cohen BuildingRoom 5527Washington, DC 20201Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180& 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

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# **AWARD ATTACHMENTS**

# BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

02CH3123-02-02

1. Remarks

This award is issued to close out the budget period based on the final Federal Financial Report (SF-425) dated 6/13/2017. The reported unobligated balance of Federal funds in the amount of \$130,000 has been applied as follows:

\$130,000 has been reprogrammed to grant award No. 02CH3123-03-02.

These funds are no longer available for your agency's use. The requirements of this grant have been satisfied for the budget period above. If the audit report for the period including Grant No. 02CH3123/02 reflects a lower federal fund balance, it will be the responsibility of the grantee to cover any difference with non-federal funds. We reserve the right to re-open our files in the event of a subsequent audit and to recover any disallowed costs that are identified.