SAI NUMBER:

PMS DOCUMENT NUMBER:

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

	NO	OTICE O	F AWARD	)							
1. AWARDING OFFICE:					2. ASSISTANCE TYPE:			3. AWARD NO	IO.: 3a. AMEND. NO.:		
Office of Head Start					Discretionary Grant			02CH3123-03-0	2CH3123-03-03 3		
4. FAIN: 02	2CH3123				•		•			•	
5. TYPE OF AWARD: 6. TY					YPE OF ACTION: 7. AWARD A			UTHORITY	<b>'</b> :		
Service				Close	out by Adminis	trative Request		42 USC 9801	ET SEQ.		
8. BUDGET PERIOD: 9. PROJECT PERIOD:				D:	10. CFDA NO.:						
03/01/2017	THRU 02/28/2018	015 THRU 02	2/29/20:	20 93.600 -	Head Start						
BURLINGTO 718 W Route Burlington, N	NT ORGANIZATION COUNTY COMe 130  J 08016-1276  horizing Official: W	IMUNITY AC						ROJECT / PROG Start and Early H		E:	
13. COUNTY:			14. CONGR.	DIST:	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:				:		
Burlington			03		Ruben Johnson Executive Director						
	16. APPRO	VED BUDGE	T:				17. AV	VARD COMPUTA	ATION:		
Personnel		\$	3,003,14	4.00	A. NON-FEDERAL SHARE \$ 1,427,176.00 20%						
Fringe Benefits \$ 1,318,404.00			4.00	B. FEDERAL SHARE\$ 5,708,701.00 80%					%		
Travel \$ 7,000.00			18. FEDERAL SHARE COMPUTATION: A. TOTAL FEDERAL SHARE\$ 5,708,701.00								
Equipment \$ 130,000,00							5,708,701.00				
Supplies\$ 143,667.00			7.00					157,700.00 5,551,001.00			
Contractual\$		\$	183,000.00		19. AMOUNT AWARDED THIS ACTIO					\$ 0.00	
Facilities/Construction \$		\$			20. FEDERAL \$ AWARDED THIS F					•	
Other\$		\$	923,486.00		PERIOD:					22,450,562.00	
Direct Costs\$		\$	5,708,701.00		21. AUTHORIZED TREATMENT OF PRO		ROGRAM INCO	ME:			
Indirect Costs\$ 0.00				Additional Costs							
In Kind Contributions\$ 0.00			0.00	22. APPLICANT EIN:			3. PAYEE EIN:		24. OBJECT CLASS:		
Total Approved Budget \$ 5,708,701.00			1.00	221804209			1221804209A1 41.51				
				25. F		FINANCIAL INFORMATION:			DUNS	06828475	1
ORGN D	OCUMENT NO. APP		APPROPRIA	PPROPRIATION CA		I NO.		EW AMT.	UNOBLIG		NONFED %
		75-16-1536		6-G024122			\$0.00				
		75-17-15	75-17-1536 7-G024		4120	20 \$0.00					
02CH312303 75-17-1536			7-G024121			\$0.00					
	ent is issued to ac upon data reporte	-	close the grar	nt Docu	ment Number (		er) refle			tion section	in box 25

27. SIGNATURE - ACF GRANTS OFFICER	ISSUE DATE:	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY
Clinton A Mcgrane	01/28/2019	
26 Federal Plaza		
Room 4114		
New York, NY 10278		
Phone: 646-761-0238		
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S	5)	DATE:

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

SAI NUMBER:

PMS DOCUMENT NUMBER:

AWARDING OFFICE:  Office of Head Start			2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 02CH3123-03-03	3a. AMEND. NO.:			
4. FAIN: 02CH3123			, , , , , , , , , , , , , , , , , , , ,					
4. FAIN. UZUNUIZU								
5. TYPE OF AWARD:		6. TYPE	OF ACTION:	7. AWARD AUTHORITY:				
Service		Closeout I	by Administrative Request	42 USC 9801 ET SEQ.				
8. BUDGET PERIOD: 9. PROJECT PERIOD:			10. CFDA NO.:					
03/01/2017 THRU 02/28/2018	2/29/2020	93.600 - Head Start						
11 RECIPIENT ORGANIZATION:								

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED%
	02CH312303	75-15-1536	5-G024122	\$0.00		
	02CH312303	75-17-1536	7-G024125	\$0.00		
	02CH312303	75-17-1536	7-G024122	\$0.00		

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