Notice of Award Award # 2002FLLIEA FAIN# 2002FLLIEA Federal Award Date:

Recipient Information

1. Recipient Name

FLORIDA

107 E. MADISON STREET, MSC 400

TALLAHASSEE, FLORIDA 32399

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

XXXXXXXXXXX

5. Data Universal Numbering System (DUNS)

968930664

6. Recipient's Unique Entity Identifier

*See Remarks

7. Project Director or Principal Investigator

Azhar Mahboob

Azhar, Mahboob@deo.myflorida.com

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Timothy Chappelle

Grants Management Officer tim.chappelle@acf.hhs.gov

N/A

10. Program Official Contact Information

Janelle George Acting Deputy Director Office of Community Services MGM Grantor@grantsolutions.gov $(202) \overline{401} - 9351$

Federal Award Information

11. Award Number

2002FLLIEA

12. Unique Federal Award Identification Number (FAIN)

2002FLLIEA

13. Statutory Authority

Tit XXVI OBRA 1981 S2601

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.568

16. CFDA Program Title

Low-Income Home Energy Assistance

17. Award Action Type

18. Is the Award R&D?

*See Remarks

Financial Information

19. Budget Period Start Date 10-01-2019

20. Total Amount of Federal Funds Obligated by this

Summary Federal Award

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this

budget period

24. Total Approved Cost Sharing or Matching, where

applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2019 -

27. Total Amount of the Federal Award including

Approved Cost Sharing or Matching

End Date 09-30-2020

\$85,233,383.00

*See Remarks *See Remarks

*See Remarks

*See Remarks

\$85,233,383.00

*See Remarks

*See Remarks

End Date 09-30-2021

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

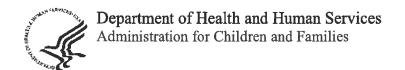
29. Grants Management Officer - Signature

Timothy Chappelle Grants Management Officer

Footnotes

*This award represents 90 percent of the funding available for your FY 2020 LIHEAP under the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019, P.L. 116-59.

**This Notice of Award is being sent in via USPS mail and by email notification. Please confirm that both the physical address and email addresses are accurate as this may cause a delay in important grant information. Corrections can be emailed to Daniel Jackson@acf.hhs.gov.



Notice of Award Award # 2002FLLIEA FAIN# 2002FLLIEA Federal Award Date:

Recipient Information

FLORIDA 107 E. MADISON STREET, MSC 400 TALLAHASSEE, FLORIDA 32399

Employer Identification Number (EIN): XXXXXXXXXXXXXX Data Universal Numbering System (DUNS): 968930664 Recipient's Unique Entity Identifier: *See Remarks

Object Class: 41.15

Financial Information

Appropriation	CAN	Allotment	Award this action	Award to Date	Document Number	Funding Type	
75-20-1502	2020,G992201	\$85,233,383.00	\$85,233,383.00	\$85,233,383.00	G-2002FLLIEA	Formula	

Cumulativa Cuant

Terms and Conditions

This grant award represents the allocation for the Low Income Home Energy Assistance program. Funds must be expended in accordance with Title XXVI of Public Law 97-35, as amended, your assurances and plan submitted in accordance with 45 CFR Part 96 and 31 CFR Part 205, which implements the Cash Management Improvement Act of 1990, and procedures applicable to the expenditure of your revenues. Section 2605(d) of P.L. 97-35 requires the recipient to expend funds in accordance with the recipients Plan. Determinations as to whether the recipient has complied with these requirements may be made as the result of the audit required by Section 2605(e) of P.L. 97-35 and the Single Audit Act of 1984, or as the result of reviews conducted under Section 2608 of P.L. 97-35. Sec. 2607 of P.L. 97-35, as amended requires that at least 90 percent of the amount payable to you must be obligated no later than end of the Fiscal Year.

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.

The electronic Terms and Conditions that apply to this program can be found at https://www.acf.hhs.gov/grants/post-award-requirements.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Remarks

^{*} This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters: