



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)**
XXXXXXXXXXXX
- 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) 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**
New
- 18. Is the Award R&D?**
*See Remarks

Summary Federal Award

Financial Information

- | | |
|--|----------------------------|
| 19. Budget Period Start Date 10-01-2019 | End Date 09-30-2020 |
| 20. Total Amount of Federal Funds Obligated by this Action | \$85,233,383.00 |
| 20a. Direct Cost Amount | *See Remarks |
| 20b. Indirect Cost Amount Administrative Offset | *See Remarks |
| 21. Authorized Carryover | *See Remarks |
| 22. Offset | *See Remarks |
| 23. Total Amount of Federal Funds Obligated this budget period | \$85,233,383.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable | *See Remarks |
| 25. Total Federal and Non-Federal Approved | *See Remarks |
| 26. Project Period Start Date 10-01-2019 - | End Date 09-30-2021 |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching | *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.



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FLORIDA
107 E. MADISON STREET, MSC 400
TALLAHASSEE, FLORIDA 32399
Employer Identification Number (EIN): XXXXXXXXXXXXX
Data Universal Numbering System (DUNS): 968930664
Recipient's Unique Entity Identifier: *See Remarks
Object Class: 41.15

Financial Information

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

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: