



Award# 23A60DW039361-01-03

FAIN# DW393612360A12

Federal Award Date: 04/05/2024

Recipient Information

1. Recipient Name

FLORIDA DEPARTMENT OF COMMERCE
107 E Madison St # msc120
Tallahassee, FL 32399-6545
850-245-7126

2. Congressional District of Recipient

02

3. Payment System Identifier (ID)

1364706134A2

4. Employer Identification Number (EIN)

364706134

5. Data Universal Numbering System (DUNS)

968930664

6. Recipient's Unique Entity Identifier (UEI)

WVR6ECT1G9F8

7. Project Director or Principal Investigator

Ms. Keantha Moore
Bureau Chief, One Stop and Program Support
keantha.moore@commerce.fl.gov
850-245-7413

8. Authorized Official

Ms. Caroline Womack
Chief Financial Officer
caroline.womack@commerce.fl.gov
850-245-7126

Federal Agency Information

ETA Office of Grants Management

9. Awarding Agency Contact Information

Anu Mathew
N/A
Mathew.Anu@dol.gov
202-693-3254

10. Program Official Contact Information

Ms. Latanya Shani Lowery
Federal Project Officer
Employment Training Administration
lowery.latanya@dol.gov
(404) 302-5354

30. Remarks

See Remarks (continuation)

Federal Award Information

11. Award Number

23A60DW039361-01-03

12. Unique Federal Award Identification Number (FAIN)

DW393612360A12

13. Statutory Authority

WIOA Sec. 170, National Dislocated Worker Grants

14. Federal Award Project Title

FL Hurricane Ian Disaster Recovery DWG

15. Assistance Listing Number

17.277

16. Assistance Listing Program Title

WIOA National Dislocated Worker Grants / WIA National Emergency Grants

17. Award Action Type

DOL - Other (Non-Monetary)

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/24/2022	- End Date	09/30/2024
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			(\$20,114.00)
20b. Indirect Cost Amount			\$20,114.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$22,500,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$22,500,000.00
26. Period of Performance Start Date	09/24/2022	- End Date	09/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$22,500,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Jenifer McEnery
Grant Officer



Award# 23A60DW039361-01-03

FAIN# DW393612360A12

Federal Award Date: 04/05/2024

Recipient Information	
Recipient Name FLORIDA DEPARTMENT OF COMMERCE 107 E Madison St # msc120 Tallahassee, FL 32399-6545 850-245-7126	
Congressional District of Recipient 02	
Payment Account Number and Type 1364706134A2	
Employer Identification Number (EIN) Data 364706134	
Universal Numbering System (DUNS) 968930664	
Recipient's Unique Entity Identifier (UEI) WVR6ECTIG9F8	
31. Assistance Type Discretionary Grant	
32. Type of Award Other	

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	\$128,000.00
b. Fringe Benefits	\$48,640.00
c. Total Personnel Costs	\$176,640.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$14,049.00
g. Construction	\$0.00
h. Other	\$17,800.00
i. Contractual	\$22,211,052.00
j. TOTAL DIRECT COSTS	\$22,419,541.00
k. INDIRECT COSTS	\$80,459.00
l. TOTAL APPROVED BUDGET	\$22,500,000.00
m. Federal Share	\$22,500,000.00
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	
0501742223BD202301740003225DW020A0000AOWI00AOWI00	DW39361PL1	ETA	410023	17.277	\$0.00	01742223BD	
0501742324BD202301740003235DW020A0000AOWI00AOWI00	DW39361NTO	ETA	410023	17.277	\$0.00	01742324BD	



Remarks (Continuation)

The amendment request received in full on March 13, 2024 is approved

- to change the designated Point of Contact from Kathryn Nelson to Keantha B. Moore in accordance with Attachment 1;
- to revise the SF-424 in accordance with Attachment 2;
- to realign the budget and budget narrative in accordance with Attachments 3 and 4; and
- to incorporate the current Indirect Cost Rate Agreement in accordance with Attachment 5 of this modification.

This modification addresses conditions of award #1. All conditions are now resolved.

AWARD ATTACHMENTS

FLORIDA DEPARTMENT OF COMMERCE

23A60DW039361-01-03

1. Cover Letter
2. SF424
3. SF424A
4. Budget Narrative
5. NICRA

November 7, 2023

Ms. Jenifer McEnery
Grant Officer
National Dislocated Worker Grants
Employment and Training Administration
Office of Grants Management
United States Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

**Re: Modification of Florida's Hurricane Ian Disaster Recovery Dislocated Worker Grant
DW- 39361-23-60-A-12**

Dear Ms. McEnery

The Florida Department of Commerce is submitting a modification in accordance with the special terms and conditions of the incremental funding issued on September 29, 2023. This modification application provides updated SF-424, SF424A, the current Negotiated Indirect Cost Rate Agreement, and addresses all information requested in Sections 1 through 9 of the Suggested Grant Application for Disaster Recovery DWGs.

Additionally, FloridaCommerce is requesting a change in the Person of Contact from Kathryn Nelson to Keantha B. Moore, Chief, Bureau of One Stop and Program Support

If you have any questions or need further information, please contact me at 850-245-7126 or email Caroline.Womack@Commerce.FL.Gov.

Sincerely,



Caroline Womack
Chief Financial Officer

cc: Enclosures

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text" value=""/> * Other (Specify): <input type="text" value=""/>
* 3. Date Received: <input type="text" value=""/>	4. Applicant Identifier: <input type="text" value=""/>	
5a. Federal Entity Identifier: <input type="text" value=""/>	5b. Federal Award Identifier: <input type="text" value="DW-39361-23-60-A-12"/>	
State Use Only:		
6. Date Received by State: <input type="text" value=""/>	7. State Application Identifier: <input type="text" value=""/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Florida Department of Commerce"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="36-4706134"/>	* c. UEI: <input type="text" value="WVR6ECT1G9F8"/>	
d. Address:		
* Street1: <input type="text" value="107 East Madison Street"/>	Street2: <input type="text" value=""/>	
* City: <input type="text" value="Tallahassee"/>	County/Parish: <input type="text" value=""/>	
* State: <input type="text" value="FL: Florida"/>	Province: <input type="text" value=""/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="32399-6508"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Finance and Administration"/>	Division Name: <input type="text" value="Bureau of Financial Management"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Keantha"/>	
Middle Name: <input type="text" value=""/>	* Last Name: <input type="text" value="Moore"/>	
Suffix: <input type="text" value=""/>	Title: <input type="text" value="Bureau Chief, One Stop and Program Support"/>	
Organizational Affiliation: <input type="text" value="FloridaCommerce"/>		
* Telephone Number: <input type="text" value="850-245-7413"/>	Fax Number: <input type="text" value=""/>	
* Email: <input type="text" value="Keantha.Moore@Commerce.FL.Gov"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Department of Labor/ETA

11. Catalog of Federal Domestic Assistance Number:

17.277

CFDA Title:

Workforce Innovation Opportunity ACT (WIOA) National Dislocated Worker Grants (DWG)

*** 12. Funding Opportunity Number:**

ETA-TEGL-16-21

* Title:

Updated National Dislocated Worker Grant Program Guidance

13. Competition Identification Number:

ETA-TEGL-16-21

Title:

Updated National Dislocated Worker Program

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

FL - Disaster - Hurricane Ian

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="22,500,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="22,500,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:



* Date Signed:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. NDWG - FL - Hurricanes	17.277	\$ <input type="text"/>	\$ <input type="text"/>	\$ 22,500,000.00	\$ <input type="text"/>	\$ 22,500,000.00
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Totals		\$ <input type="text"/>	\$ <input type="text"/>	\$ 22,500,000.00	\$ <input type="text"/>	\$ 22,500,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	NDWG - FL - Hurricanes				
a. Personnel	\$ 128,000.00	\$	\$	\$	\$ 128,000.00
b. Fringe Benefits	48,640.00				48,640.00
c. Travel	14,049.00				14,049.00
d. Equipment					
e. Supplies					
f. Contractual	22,211,052.00				22,211,052.00
g. Construction					
h. Other	17,800.00				17,800.00
i. Total Direct Charges (sum of 6a-6h)	22,419,541.00				\$ 22,419,541.00
j. Indirect Charges	80,459.00				\$ 80,459.00
k. TOTALS (sum of 6i and 6j)	\$ 22,500,000.00	\$	\$	\$	\$ 22,500,000.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. NDWG - FL - Hurricanes	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 15,000,000.00	\$ 3,750,000.00	\$ 3,750,000.00	\$ 3,750,000.00	\$ 3,750,000.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 15,000,000.00	\$ 3,750,000.00	\$ 3,750,000.00	\$ 3,750,000.00	\$ 3,750,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. NDWG - FL - Hurricanes	\$ 15,000,000.00	\$ 7,500,000.00	\$ 0.00	\$ 0.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 15,000,000.00	\$ 7,500,000.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: 22,419,541.00	22. Indirect Charges: Provisional / \$80,460 / \$40,230
23. Remarks: NA	

ATTACHMENT
SECTION 8: Project Budget - Budget Narrative

A. Personnel – List all staff positions by job title. For each staff position, identify the annual salary, the percentage of time devoted to the project, the salary amount funded by the grant, and the total cost for the full period of performance.

	Staff Position/Job Title	Annual Salary	%FTE	Total Annual Salary Funded by Grant	No. of Grant Years	Total
a)	Government Operations Consultant II	\$50,000.00	50%	\$25,000.00	2	\$50,000.00
b)	Government Operations Consultant II	\$50,000.00	50%	\$25,000.00	2	\$50,000.00
c)	Senior Management Analyst Supervisor	\$70,000.00	20%	\$14,000.00	2	\$28,000.00
Total Costs						\$128,000.00
First Increment Estimated Total						\$3,184.00

Narrative - Provide a brief description (no more than 250 words) to justify budget costs provided above.

State level personnel will direct charge time to this grant based upon benefits received; i.e., based upon actual time worked on this grant). This is our normal state level personnel time charging process for all of our Federal grants such as WIOA, Disaster Recovery DWGs, and other Discretionary Grants. The budgeted costs will cover personnel costs related to grant administration at the state level as well as oversight, monitoring, and grant reporting, etc., as with all of our Federal Awards. The budgeted Personnel Costs are \$128,000.00.

B. Fringe Benefits – Provide the overall fringe benefit percentage which reflects the recipient’s organizational fringe. Provide the fringe benefit calculation for each staff position listed under the Personnel line item. In the Narrative, list the component benefits, such as health insurance, FICA, retirement, etc.

	Fringe Benefit for Each Staff Position	Fringe Benefit Percentage	Fringe Benefit Calculation	Total
a)	Government Operations Consultant II	38%	\$50,000 x 38%	\$19,000.00
b)	Government Operations Consultant II	38%	\$50,000 x 38%	\$19,000.00
c)	Senior Management Analyst Supervisor	38%	\$28,000 x 38%	\$10,640.00
Total Costs				\$48,640.00
First Increment Estimated Total				\$1,502.00

Narrative - Provide a brief description (no more than 250 words) to justify budget costs provided above.

Total Fringe Benefit is calculated at 38% of salary, and includes the usual payroll taxes, retirement, insurance, etc.

C. Travel - Specify the type and purpose of travel related costs. Include applicable cost breakdowns to calculate the final total for each line item. For example, include number of travelers, approximate mileage, per diem rates, estimated number of trips, and other associated travel costs as applicable.

Travel Purpose and Type	No. of Trips	No. of Travelers	Cost (per mile, daily, per diem)	Units (nights, mileage, etc.)	Total
Mileage @ 0.455 per mile	9	1	0.445	1,000	\$4,005.00
Hotel @ 2 nights	9	2	150	2	\$5,400.00
Meals @ \$36 per day x 3 days	9	2	36	3	\$1,944.00
Rentals/Fuel/Tolls	9	1	100	3	\$2,700.00
Total Costs					\$14,049.00
First Increment Estimated Total					\$1,290.00

Narrative - Provide a brief description (no more than 250 words) to justify budget costs provided above.

The costs include travel for two staff members to provide technical assistance and other grant oversight activities.

D. Equipment – Identify each item of equipment to be purchased which has an estimated acquisition cost of \$5,000 or more per unit and a useful lifetime of more than one year. Equipment includes information technology systems. List the quantity and unit cost per item. Items with a unit cost of less than \$5,000 are considered supplies.

Item	Useful Life	Per Unit Cost	No. of Units	Total
N/A				
Total Costs				\$0.00
First Increment Estimated Total				\$0.00

Narrative - Provide a brief description (no more than 250 words) to justify budget costs provided above.

N/A

E. Supplies – Identify supply categories (e.g., office supplies, cell phones, personal tools for disaster cleanup, etc.) List the cost and unit quantity associated with each supply category. Supplies include all tangible personal property other than equipment that have a per unit cost of less than \$5,000.

Item	Useful Life	Per Unit Cost	No. of Units	Total
N/A				
Total Costs				\$0.00
First Increment Estimated Total				\$0.00

Narrative - Provide a brief description (no more than 250 words) to justify budget costs provided above.

N/A

F. Contractual – Under the Contractual line item, list all subrecipients and contractors. Subrecipients are entities that receive a subaward to carry out the project or program under a federal award. In accordance with 2 CFR 200.22, a subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract. Contractors are entities providing goods or services to the grant recipient in a procurement transaction. All subrecipients

Subrecipient Name	Description of Project or Program Activities and Services to be Provided	Total
Workforce Development Board of Flagler and Volusia County	Project operator in charge of implementing disaster recovery employment and career and training services	\$635,000.00
Central Florida Regional Workforce Development Board	Project operator in charge of implementing disaster recovery employment and career and training services	\$2,750,000.00
Polk County Workforce Development Board	Project operator in charge of implementing disaster recovery employment and career and training services	\$90,000.00
Suncoast Workforce Board, Inc.	Project operator in charge of implementing disaster recovery employment and career and training services	\$1,860,000.00
Heartland Workforce Investment Board, Inc.	Project operator in charge of implementing disaster recovery employment and career and training services	\$460,000.00
Southwest Florida Workforce Development Board, Inc.	Project operator in charge of implementing disaster recovery employment and career and training services	\$8,962,393.00
Brevard Workforce Development Board, Inc.	Project operator in charge of implementing disaster recovery employment and career and training services	\$6,398,150.00
Workforce Development Board of the Treasure Coast	Project operator in charge of implementing disaster recovery employment and career and training services	\$245,850.00
CareerSource Broward	Project operator in charge of implementing disaster recovery employment and career and training services	\$809,659.00
Contractor Name	Description of Services and/or Goods to be Provided	
N/A		
Total Costs		\$22,211,052.00
First Increment Estimated Total		\$14,422,097.00

Narrative - Provide a brief description (no more than 250 words) to justify budget costs provided above.

Program Operator Expenses: Temporary disaster relief wages, fringe benefits, and sub-contract for staffing agency fees; equipment rental; training and career services; supportive services; 15 case managers/worksite developers and eight (8) supervisors at .25 FTE for two years with fringe benefits; supplies and travel for staff; pooled career center costs; and administrative costs not to exceed 10%.

G. Construction – Construction costs are not allowed, and this line must reflect zero costs.

H. Other –List each item in sufficient detail for the Department to determine whether the costs are reasonable or allowable. Direct costs included under Other should not fit into any other line-item category. For example, costs for subscription services, leases, and contributions to infrastructure costs for one-stop partners. Disaster-relief employment and employment and training services, including career and support services, that are not sub-awarded should also be listed under Other. As a reminder, if charging rent, utilities, or expenses typically considered indirect costs, the proportional cost must be calculated based on the benefit to the proposed DWG project and the methodology used to calculate the proportional cost clearly described in the Narrative.

Item	Per Unit Cost	No. of Units	Total
Shared Agency Overhead Costs	13,566.00	1	\$13,566.00
Risk Management Insurance	4,232.00	1	\$4,234.00
Total Costs			\$17,800.00
First Increment Estimated Total			\$102.00

Narrative - Provide a brief description (no more than 250 words) to justify budget costs provided above.

Shared Agency Overhead Costs also includes cost allocation for rent, utilities, internet, and data processing. Risk Management Insurance made up of automobile insurance, general liability insurance, workers compensation insurance and civil rights insurance. The charge is based on amount of FTEs accruing grant time. Neither of these charges is included in the approved indirect rate.

I. Indirect Charges - If charging indirect costs to the grant, this line item must be populated. Include the current provisional or approved Negotiated Indirect Cost Rate Agreement (NICRA) or Cost Allocation Plan (CAP), signed by the Federal cognizant agency, as an attachment to the grant application. Any costs not supported by a current NICRA or CAP must be limited to 10 percent the Modified Total Direct Cost until an approved NICRA or CAP covering the applicable program period is submitted.

Type of Rate	Period From:	Period To:	Rate	Base Total	Total
Provisional	7/1/2023	6/30/2024	45.55%	176,640	\$80,459.00
Total Costs					\$80,459.00
First Increment Estimated Total					\$2,134.00

Narrative - Provide a brief description (no more than 250 words) to justify budget costs provided above.

The indirect charges are estimated for the two-year length of this award at the current provisional rate (45.55%) of wages and benefits.

\$288,948.00
Grantee Total
\$22,211,052.00
Subgrantee Total
\$22,500,000.00
TOTAL

NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA)

NON-FEDERAL ENTITY

FloridaCommerce
 Caldwell Building
 107 E. Madison Street
 Tallahassee, FL 32399

UEI: WVR6ECT1G9F8
EIN: 36-4706134

DATE: 2/5/2024
FILE REF.: This replaces the agreement dated 1/24/2023

The indirect cost rate(s) contained in this Agreement are for use on grants, contracts, and other agreements with the Federal Government. This Agreement was negotiated by **FloridaCommerce** (non-Federal entity) and the **U.S. Department of Labor** in accordance with the authority contained in the Federal Acquisition Regulation (FAR) for commercial entities, or Title 2 of the Code of Federal Regulations, Part 200 for nonprofit and state/local entities. This Agreement is subject to the limitations in Section II, A, below.

When applicable, the rates presented in this Agreement may only be applied to: (1) cost-reimbursement contracts and (2) actual costs for materials in time-and-materials (T&M) contracts. Any indirect rates for labor costs in T&M, labor-hour and fixed-price contracts must be negotiated with the Contracting Officer during pre-award in accordance with FAR Part 15.404-1(c).

SECTION I: RATES

<u>TYPE</u>	<u>APPROVAL</u>	<u>FROM</u>	<u>TO</u>	<u>RATE</u>	<u>BASE</u>	<u>LOCATION</u>	<u>APPLY TO</u>
Indirect	Final	07/01/2022	06/30/2023	29.33%	SW-1	Loc-1	AP-2
Indirect	Final	07/01/2022	06/30/2023	48.32%	SW-1	Loc-1	AP-3
Indirect	Final	07/01/2022	06/30/2023	7.49%	SW-1	Loc-1	AP-4
Indirect	Provisional	07/01/2023	06/30/2025	34.31%	SW-1	Loc-1	AP-2
Indirect	Provisional	07/01/2023	06/30/2025	46.77%	SW-1	Loc-1	AP-3
Indirect	Provisional	07/01/2023	06/30/2025	9.60%	SW-1	Loc-1	AP-4

(SEE SPECIAL REMARKS)

BASE

SW-1: Total direct salaries and wages including vacation, holiday, sick pay, other paid absences, and all applicable fringe benefits.

LOCATION

Loc-1: All Locations

APPLY TO

AP-2: DEO In-House programs
 AP-3: DEO Oversight
 AP-4: Workforce Jointly-Managed Programs

TREATMENT OF FRINGE BENEFITS: Fringe benefits are specifically identified to each employee and/or are charged individually as direct or indirect cost (as applicable). See Special Remarks section of this Agreement for more details.

TREATMENT OF PAID ABSENCES: Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

SECTION II: GENERAL

A. LIMITATIONS

Use of the rate(s) contained in the Agreement is subject to all statutory or administrative limitations and is applicable to a given Federal award or contract only to the extent that funds are available. Acceptance of the rate(s) agreed to herein is predicated upon the following conditions:

1. No costs other than those incurred by the non-Federal entity or contractor were included in its indirect cost pool as finally accepted and that such incurred costs are legal obligations of the non-Federal entity and allowable under the governing cost principles.
2. The same costs that have been treated as indirect costs have not been claimed as direct costs.
3. Similar types of costs have been accorded consistent treatment.
4. The information provided by the non-Federal entity or contractor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate by the Federal government. In such situations, the rate(s) may be subject to renegotiation at the discretion of the Federal government.
5. The rates cited in this Agreement are subject to audit.
6. Indirect costs charged to Federal grants/contracts by means other than the rate(s) cited in this Agreement should be adjusted to the applicable rate(s) cited herein and be applied to the appropriate base to identify the proper amount of indirect costs allocable to the program.
7. Contracts/grants providing for ceilings as to the indirect cost rate(s) or amount(s) which are indicated in Section I above, will be subject to the ceilings stipulated in the contract or grant agreements. The ceiling rate or the rate(s) cited in this Agreement, whichever is lower, will be used to determine the maximum allowable indirect cost on the contract or grant agreement.
8. Administrative costs consist of all Direct and Indirect costs associated with the management of a non-Federal entity's programs. Non-Federal entities should refer to their contracts/grants terms and specific program legislation for the applicable definition of Administrative Costs and any related limitations.

B. ACCOUNTING CHANGES

This agreement is based on the accounting system purported by the non-Federal entity or contractor to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval from the Cost & Price Determination Division (CPDD). Such changes include, but are not limited to changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. NOTIFICATION TO FEDERAL AGENCIES

A copy of this document (original, and revised (if applicable)) is to be provided by the non-Federal entity or contractor to other Federal funding sources as a means of notifying them of the Agreement contained herein.

D. DEFINITION OF RATES

1. Final rate means an indirect cost rate applicable to a specified past period which is based on the actual costs of the period. A final rate is not subject to adjustment.
2. Provisional rate or billing rate means a temporary indirect cost rate applicable to a specified period which is used for funding, interim reimbursement, and reporting indirect costs on Federal awards pending the establishment of a final rate for the period.
3. Predetermined rate means an indirect cost rate, applicable to a specified current or future period, usually the organization's fiscal year. The rate is based on an estimate of the costs to be incurred during the period. A predetermined rate is not subject to adjustment.
4. Fixed rate means an indirect cost rate which has the same characteristics as a predetermined rate, except that the difference between the estimated costs and the actual costs of the period covered by the rate is carried forward as an adjustment to the rate computation of a subsequent period.

The Special Remarks section of this agreement may include a carry forward amount(s) for the applicable fiscal year(s).

5. G&A rate – If published in Section I, it is the acronym for “General and Administrative” type of indirect expenses. G&A means any management, financial, and other expense which is incurred by, or allocated to, a business unit and which is for the general management and administration of the business unit as a whole.

E. SPECIAL REMARKS

1. Provisional/Final Rate approval and impact to closeout adjustments:

When seeking initial reimbursement of indirect costs using the provisional/final rate methodology,

a provisional proposal must be submitted within 90 days of receiving a Federal award (financial assistance, grants, cooperative agreements, and cost reimbursable contracts) that requires accounting for actual costs incurred. The non-Federal entity or contractor must submit an indirect cost rate proposal within six (6) months after the end of their fiscal year to establish a final rate.

Once a final rate is negotiated, billings and charges to Federal awards must be adjusted if the final rate varies from the provisional rate. If the final rate is greater than the provisional rate and there are no funds available to cover the additional indirect costs, the non-Federal entity or contractor may not recover all indirect costs. Conversely, if the final rate is less than the provisional rate, the non-Federal entity or contractor will be required to reimburse the funding agency for the excess billings.

Non-Federal entities or contractors receiving a Federal cost reimbursable contract(s) - Must adhere with FAR 52.216-7(d)(2)(v), to settle final indirect cost rates typically on an annual basis:

“The contractor shall update the billings on all contracts to reflect the final settled rates and update the schedule of cumulative direct and indirect costs claimed and billed, as required in paragraph (d)(2)(iii)(I) of this sections, within 60 days after settlement of final indirect cost rates.”

In addition, the contractor shall provide to the Contracting Officer the noted cumulative costs schedule within 60 days of the execution of this agreement.

If the non-Federal entity or contractor has completed performance under any of the contracts covered by this Agreement, a final invoice or voucher must be submitted no later than 120 days from the date on which this Agreement is executed, following guidance from FAR 52.216-7(d)(5) and FAR 52.216-7(h).

Non-Federal entities receiving Federal awards (financial assistance, grants, and cooperative agreements) – Note that even if Federal awards are administratively closed prior to the settlement of final indirect cost rates, non-Federal entities still must comply with the following 2 CFR Part 200 clauses stating, in part:

§200.344 Post-closeout adjustments and continuing responsibilities

(a) The closeout of a Federal award does not affect any of the following:

- (1) The right of the Federal awarding agency or pass-through entity to disallow costs and recover funds on the basis of a later audit or other review. The Federal awarding agency or pass-through entity must make any cost disallowance determination and notify the non-Federal entity within the record retention period.
- (2) The obligation of the non-Federal entity to return any funds due as a result of later refunds, corrections, or other transactions including final indirect cost rate adjustments.

§200.345 Collection of amounts due

- (a) Any funds paid to the non-Federal entity in excess of the amount to which the non-Federal entity is finally determined to be entitled under the terms of the Federal award constitute a debt to the Federal Government.
 - (b) Except where otherwise provided by statutes or regulations, the Federal awarding agency will charge interest on an overdue debt in accordance with the Federal Claims Collection Standards (31 CFR parts 900 through 999). The date from which interest is computed is not extended by litigation or the filing of any form of appeal.
2. Fringe benefits include the following: Retirement, Social Security, Group Health Insurance, Life Insurance, Senior Management Disability Insurance, and Pre-Tax Benefits.
 3. Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition. The capitalization threshold for equipment is \$5,000.

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4. The indirect salaries approved as part of the Rate/CAP in Section I comply with the applicable ETA TEGL 5-06 and/or Job Corps salary and bonus restrictions.

ACCEPTANCE

BY THE NON-FEDERAL ENTITY

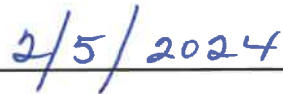
FloridaCommerce
Caldwell Building
107 E. Madison Street
Tallahassee, FL 32399

(Non-Federal Entity)


(Signature)

Caroline (Tisha) B. Womack
(Name)

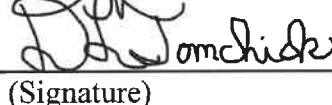
Chief Financial Officer
(Title)


(Date)

**BY THE COGNIZANT AGENCY FOR
INDIRECT COSTS, ON BEHALF OF THE
U.S. FEDERAL GOVERNMENT**

U.S. Department of Labor
Cost & Price Determination Division
200 Constitution Ave., N.W., C-4511
Washington, DC 20210

(U.S. Federal Government Agency)


(Signature)

for
Victor M. López
(Name)

Chief, Cost & Price Determination Division
(Title)

2/5/2024
(Date)

Negotiated By: Damon Tomchick
Office Phone: (240) 475-2786
Email: tomchick.damon@dol.gov

(Proposal #: 00002266)