

U.S. Department of Labor

**Office of the Assistant Secretary for
Veterans' Employment and Training
61 Forsyth Street SW, Suite 6T-85
Atlanta, Georgia 30303**



September 18, 2015

MEMORANDUM FOR: CASSANDRA MITCHELL
Grant Officer

FROM: *for Stephen Ely A/DRA*
MAURICE BUCHANAN
Regional Administrator, Atlanta Region

SUBJECT: Mid-Year Modification – Approved
Florida Department of Economic Opportunity (DEO)
DV-26585-15-55-5-12

I have approved the attached modification request to transfer funds between LVER and DVOP budget line items within the same object class categories in 4th Quarter, FY 2015. The realignment of these funds will allow for contingency planning to continue to fund DVOP and LVER positions through November 30, 2015.

VETS 401	Approved	Requested	Difference
DVOP Personnel	\$3,544,852.81	\$3,589,853.00	\$45,000.19
DVOP Fringe	\$1,134,352.62	\$1,134,353.00	\$0.38
DVOP Travel	\$59,161.00	\$59,000.00	(\$161.00)
DVOP Other	\$2,105,000.00	\$2,185,000.00	\$80,000.00
DVOP Indirect	\$581,633.57	\$581,634.00	\$0.43
LVER Personnel	\$1,816,598.53	\$1,816,599.00	\$0.47
LVER Fringe	\$581,311.53	\$581,312.00	\$0.47
LVER Travel	\$29,139.00	\$29,000.00	(\$139.00)
LVER Other	\$1,204,650.00	\$1,079,650.00	(\$125,000)
LVER Indirect	\$309,300.94	\$309,301	\$0.06

If you have any questions concerning the modification please contact my office at (404) 665-4336.

cc: Bernadette Walsh, DVET

U.S. Department of Labor

**Office of the Assistant Secretary for
Veterans' Employment and Training
61 Forsyth Street SW, Suite 6T-85
Atlanta, Georgia 30303**



September 18, 2015

Mr. Jesse Panuccio
Florida Department of Economic Opportunity
107 East Madison Street
Tallahassee, FL 32399-4130

Dear Mr. Panuccio:

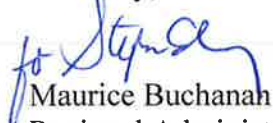
The Jobs for Veterans State Grant (JVSG) funding modification request for FY 2015 from the Florida Department of Economic Opportunity has been reviewed and is approved.

The transfer of funds between Local Veterans Employment Representative (LVER) and Disabled Veterans' Outreach Program (DVOP) programs within the same object class categories, as outlined in the request, may take place effective the date of this letter.

Please note that approval of this modification request does not change the terms of the grant as outlined in the grant provisions and as specified in the State Workforce Agency's (SWA's) five-year plan submitted.

For additional information or questions, please contact your Director for Veterans' Employment and Training.

Sincerely,

 A/DRA
Maurice Buchanan
Regional Administrator

cc: Bernadette Walsh, DVET

U.S. Department of Labor

Office of the Assistant Secretary for
Veterans' Employment and Training Service
The Holland Building
600 S. Calhoun Street, Ste 154
Tallahassee, Florida 32399



September 4, 2015

MEMORANDUM FOR:

Maurice Buchanan
Regional Administrator, Atlanta Region

FROM:


Bernadette Walsh
DVET FL

SUBJECT:

Jobs for Veterans State Grant (JVSG); FY 2016 End of
Year Realignment Request
FY16, Grant DV-26585-15-55-5-12

I have reviewed this JVSG End of Year realignment request for accuracy and completeness. The state has submitted all required documentation. The Transmittal Memo addressed the required areas and ensured the signatory was authorized; additionally, the SWA provides that they will expend all funding prior to December 31, 2015.

The SWA is requesting to move 10% of the available fourth quarter LVER funding to DVOP, thus ensuring that sufficient funds will be available for a two month period should we not receive a timely CR.

There will be no adverse effect to the LVER program by allowing the realignment of these funds and Florida had indicated that all funding will be fully obligated by December 31, 2015. No other realignments, readjustments, or staffing changes have been requested.

I recommend approval of this JVSG End of Year realignment for FY16.

**DVET Review Summary
Interim Modification**

Complete all sections shaded in yellow if they apply to the modification. All cells without shading contain formulas and are locked.

State: FL

Funding Analysis: Data Source-VETS 401

Funding Forecast	DVOP	% of DVOP Funds	DVOP Special Initiatives	% of DVOP Special Initiative Funds	LVER	% of LVER Funds	LVER Special Initiatives	% of LVER Special Initiatives Funds	TAP	% of TAP Funds	Incentives
Personnel	\$3,569,853.00	47.54%	\$0.00		\$1,816,599.00	47.56%	\$0.00		\$0.00		
Fringe Benefits	\$1,134,353.00	15.02%	\$0.00		\$581,312.00	15.22%					
Travel	\$59,000.00	0.78%	\$0.00		\$29,000.00	0.78%					
Equipment	\$0.00		\$0.00		\$0.00						
Supplies	\$2,000.00	0.03%	\$0.00		\$4,000.00	0.10%					
Other	\$2,185,000.00	28.93%	\$0.00		\$1,079,650.00	28.26%					\$113,000.00
Total Direct	\$6,970,206.00	92.30%	\$0.00		\$3,510,561.00	91.90%	\$0.00		\$0.00		\$113,000.00
Total Indirect	\$591,634.00	7.70%	\$0.00		\$309,301.00	8.10%					
Total	\$7,561,840.00	100.00%	\$0.00		\$3,819,862.00	100.00%	\$0.00		\$0.00		\$113,000.00
Rounded Total	\$7,552,000.00		\$0.00		\$3,820,000.00		\$0.00		\$0.00		\$113,000.00
P9+P8 / Total	82.56%				62.77%						0.99%

SF 424 Verification

Cross-Walk to SF 424:	18 a.:	\$11,485,000.00	18 e.:	\$0.00	18 g.:	\$11,485,000.00
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Cost per Position Analysis: Data Source-VETS 601 and VETS 402A/B for current and previous FFYs

<i>Enter staffing numbers from the VETS 601, excluding Multi-time TAP Facilitators and staff funded by Special Initiatives</i>			<i>Enter expenditure and positions paid data from the VETS 402A/B, EDR</i>		
	DVOP	LVER		DVOP	LVER + TAP
# Full-Time Staff	109	53	5th Quarter Expenditures from previous FY 5th Quarter Report (if applicable)	\$312,036.02	\$749,493.01
# Half-Time Staff	0	0	Cumulative Outlays from current FY 2nd Quarter Report	\$3,173,444.74	\$1,125,018.14
# FTE	109	53	YTD Base Positions Paid from current FY 2nd Quarter Report	96.42	50.48
Forecast Cost per Position	\$69,282.94	\$72,072.87	Calculated Annual Cost per Position	\$69,051.65	\$59,420.15
			Cost per Position Deviation	0.32%	17.56%

Cost per TAP Employment Workshop Analysis: Data Source - VETS 601

# TAP Workshops	0
Cost per TAP Workshop	

**JOBS FOR VETERANS STATE GRANT
ADDITIONAL FUNDING MODIFICATION REQUEST
REVIEW CHECKLIST**

INSTRUCTIONS FOR COMPLETION

DVETs: The DVET will complete the DVET Review section of the DVET-RAVET Review Checklist and the DVET Review Summary.

- DVETs will begin by double-clicking on the top or "Header" section on the next page to enter the name of the State and the date of the review. That will automatically fill in the Name and Date sections on all pages. It will also open the Header/Footer toolbar. After entering this information on the first checklist page, click "Close" in the Header toolbar.
- Those DVETs who choose to manually complete the checklist must remember to place the State's name and date at the top of all pages.

RAVETs: The RAVET will complete the RAVET Review section of the DVET-RAVET Review Checklist.

All reviewers should pay special attention to any **bold-faced**, *italicized*, CAPITALIZED and/or underlined words and phrases.

Completion instructions: When completed and ready to forward to the next level of review, sign one printed copy of the completed checklist and enter the date signed in the appropriate space. Attach it to your transmittal memorandum addressed to the next review level as indicated on the final block of the DVET and RAVET sections of this review checklist.

State: *FL*

Date: *9/17/2015*

**JOBS FOR VETERANS STATE GRANTS
MID-YEAR OR INTERIM MODIFICATION REQUEST
REVIEW CHECKLIST**

DVET REVIEW – This section of the checklist should be used as a self-help tool to provide technical assistance to the State and to ensure that the Interim Modification Request is submitted in accordance with guidance provided. It should be completed and signed by the DVET after a thorough review of the State’s request. A final copy of this checklist is to be submitted with your recommendation(s) to the RAVET to arrive in time to allow RAVET review and forward to the National Office **by the due date established for the applicable Federal Fiscal Year (FFY) quarter. The package forwarded to the RAVET must contain printed copies of ALL documents marked "Required."**

1. Transmittal Memorandum (Required)

	Enter the name of the person who signed the Transmittal Memorandum:	X			Name: Cissy Proctor – for Jesse Panuccio – Delegation letter on file.
⇒	Does the memorandum contain an assurance that the signatory is authorized to enter into an agreement with the Department of Labor?	X			
⇒	Does the memorandum contain the number of full-time and/or half-time DVOP specialists the funds will support?			X	No changes – N/A
⇒	Does the memorandum list the American Job Centers and/or outstationed locations to be served?			X	
	Does the modification request funding level differ from the amount in the attachment to VPL 01-14?			X	Amount is a realignment between programs.
⇒	If yes , indicate whether it is more or less and the amount?			X	More or Less Amount

2. Annual Budget Plan

A. SF 424M – Application for Federal Assistance

⇒	Is the signed SF 424 free of white-out or pen and ink changes? If it contains any such changes, a new, revised and signed original SF 424 must be submitted free of such changes.	X			
⇒	Item 1a: Is "Other" checked? Is "Additional Funding Modification" inserted in the box?	X			
	Item 1b: Is "Other" checked? Is "Interim Modification" inserted in the box?	X			
	Item 1c: Is "No" checked?	X			
⇒	Item 1d: Is "Revision" checked?	X			
⇒	Item 4b: Is the appropriate grant number for the current FY listed?	X			
⇒	Item 7a - d: Are the State Agency's legal name, Employer or Taxpayer ID number, DUNS number, and complete address listed? NOTE: The county name is optional.	X			

State:

Date:

⇒	Item 7f: Is the State Agency's point of contact (POC) information listed to include his or her first and last name, telephone number, and email address?	x		
⇒	Item 8a: Is "A" entered for all applicants, including the District of Columbia, Puerto Rico, Guam, and the Virgin Islands?	x		
⇒	Item 9: Is "U.S. Department Of Labor/VETS" listed?	x		
⇒	Item 10: Is "17.801 (DVOP)" entered?	x		
⇒	Item 11: Is "Jobs for Veterans State Grant" entered?	x		
⇒	Item 12: Is "Statewide" entered?	x		
⇒	Item 13a: Is the Federal Congressional District Number of the State Agency's central office listed?	x		
⇒	Item 13b: Is "Statewide" entered for all applicants, including the District of Columbia, Puerto Rico, Guam, and the Virgin Islands?	x		
⇒	Item 14a: Is the first day of the FFY in which the funding will be used listed?	x		
⇒	Item 14b: Is the last day of the FFY in which the funding will be used listed?	x		
⇒	Item 15: Is the amount entered rounded to the nearest thousand?	x		
	Item 15: Does the amount reflect the cumulative grant award (initial award plus increase to account for additional funds requested in this mod)?	x		
⇒	Item 15: Does the amount entered match the Total Costs listed on the VETS-401, Line 11, Column (g)?	x		
	Item 16: Does the State maintain a Single Point of Contact (SPOC) for reviewing applications? Current list found at: http://whitehouse.gov/omb/grants/spoc.html Note: This program IS covered by E.O. 12372. Therefore Item 19c "PROGRAM IS NOT COVERED BY E.O. 12372" should not be marked by any entity requesting JVSG funds.	x		
⇒	If yes , has either a date the program was reviewed been entered in Item 19a or has the State indicated that the program has not been selected for review by checking Item 19b?			x
⇒	If no , is Item 19b checked?	x		
⇒	Item 17: Has the State agency marked the "No" box regarding any delinquency? If they marked the "Yes" box, an explanation must be attached.	x		
⇒	Item 18: Is this section completely filled out and signed by an authorized signatory?	x		
	Were any minor corrections made to the SF 424 by the DVET or his/her designee?	x		Duns zeros
⇒	If yes, was the incorrect information lined out, the new information written in and initialed by the reviewer making the change? Annotate the VETS staff person that made the pen and ink change and the State staff person that authorized the change in the Remarks column.			VETS Reviewer that made the change: Billy Miller State staff person that authorized the change: Shawn Forehand
⇒	After a complete review, is the SF 424 complete and accurate?	x		
B. VETS 401 – JVSG Budget Information Summary –				

State:

Date:


⇒	Is the State or territory name or abbreviation for the State name, grant number, and date prepared listed in Section A?	x			
⇒	Do the amounts shown in Section B, Lines 3, 4, 5 and 6, for travel, equipment, supplies and other costs appear to be reasonable? If no, the State must provide an explanation to be included with the funding request.	x			
	Was spending for equipment or computer-related equipment (to be used only for equipment with a per unit cost of \$5,000 or more) forecast under DVOP Activities, DVOP Special Initiatives, LVER Activities, or LVER Special Initiatives?			x	
⇒	If yes , did the State include a description of and justification for the equipment in the Transmittal Memorandum? Annotate the costs (by program) and your recommendation for approval or disapproval in the Remarks column.			x	DVOP costs and recommendation: LVER costs and recommendation:
⇒	Are the quarterly allocations in Section C all rounded to the nearest thousand?	x			
⇒	Do the State's quarterly allocations in Section C appear reasonable? If no, the State must provide an explanation.	x			Explanation (if applicable):
⇒	Do the total amounts listed for each column in Section B, Line 10. match the corresponding amounts listed in Section C, Column (5)?	x			
3. VETS 501 – JVSG Staffing Directory					
⇒	Does the VETS 501 contain the State or territory name or abbreviation for the State name, grant number, and date prepared?			x	
⇒	Are the names and addresses of all locations listed where full-time and half-time DVOP specialists and LVER staff are assigned as a primary duty location to include central and sub-State offices?			x	
⇒	Are all staff funded in whole or in part by the grant identified by name, position (DVOP or LVER), and type of appointment (half-time or full-time)?			x	
	Are any positions funded by the grant to provide functional oversight, regional coordination, or other supervisory/managerial responsibilities? If yes, enter their names, titles, and locations in the Remarks Column.			x	Names and Titles:
	Is more than one supervisory/managerial position identified?			x	
⇒	If yes , was a waiver previously approved by the VETS National Office? If not, a waiver request must be submitted with this modification request. Indicate whether you do or not support the waiver request and why in the Remarks column.			x	Recommendation:
⇒	Are all supervisory/managerial positions identified by name and title?			x	
⇒	Are all current/projected vacancies identified?			x	
⇒	Are all positions filled by non-veterans for more than six months identified?			x	

State:

Date:

⇒	Did the State make a separate entry for each staff name or position?			X	
⇒	Did the State provide the date appointed to the current position for each filled position in Column (c)?			X	
⇒	Do columns (d) - (i) contain only "0.5" or "1" in accordance with the instructions provided?			X	
4. Assurances/Certifications Signature Page – If not required, mark "NO" and skip to Item 5.				X	Required only if the Agency administering the grant has changed or been renamed since the last SF 424 was approved
⇒	Does the Signature Page include the State Agency's legal name and address?			X	
	Enter the name of the person that signed the Assurances and Certifications Signature Page:			X	Name:
⇒	Is this the same person that signed the Transmittal Memorandum or has he/she been designated as an authorized signatory?			X	
6. Program Plan Amendments – If not provided, mark "NO" and skip to DVET Analysis.				X	Required only if State is adding to, deleting from, or amending their approved Program Plan
⇒	Did the State identify which document contains the proposed change(s) and list the page number(s) and paragraph(s) affected by the proposed change(s)?			X	
⇒	Do the proposed plan amendments fulfill the criteria listed in the State Planning Guidance for FY 2010 – 2014?			X	

DVET Recommendation and Distribution:

	Given your review of this request and your analysis of grantee quarterly staffing and expenditure reports submitted to date, do you recommend approval of this modified Program Plan and/or Annual Budget Plan?	X			If no, explain:
	After an adequate explanation is provided by the State and/or resolution of all issues identified during your review, sign and date this completed checklist in the Remarks column.	X			DVET Signature:  Date: 9/17/2015
	Prepare a Transmittal Memorandum that summarizes: ▪ The amount of funding requested by Program; ▪ The purposes for each modification request and recommendations for approval or disapproval; and ▪ Any other item of interest that will be useful for the RAVET and National Review Team.	X			
	Upload the completed modification in SharePoint using the naming convention provided.	X			

RAVET REVIEW: This section of the checklist is to be completed and signed by the RAVET only after a thorough review of the DVET's portion of the checklist and recommendation above.

1. Transmittal Memorandum (Required)

⇒	Did the State submit a signed Transmittal Memorandum as required by the applicable VPL?				
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2. SF 424M:

⇒	Is the form completely filled out to include the original signature of an authorized individual?				
	Were any minor corrections made to the SF 424 by the RAVET or his/her designee?				

State:

Date:

⇒	If yes, was the incorrect information lined out, the new information written in and initialed by the reviewer making the change? Annotate the VETS staff person that made the pen and ink change and the State staff person that authorized the change in the Remarks column.				VETS Reviewer that made the change: State staff person that authorized the change:
⇒	Is the SF 424 complete and accurate?				
3. VETS 401:					
⇒	Do the amounts shown in Section B, Lines 3, 4, 5 and 6 for Travel, Equipment, Supplies and Other costs appear to be reasonable?				
⇒	Are the State's quarterly allocations in Section C rounded to the nearest thousand and do they appear reasonable?				
⇒	Does the amount in Section C, Line g, Column (5) match the total listed in Section B, Line 11, Column (g)?				
4. VETS 501:					
⇒	Has the State listed the name and address of all locations where full-time and half-time DVOP specialists and LVER staff are assigned as a primary duty location to include central and sub-State offices?				
⇒	Have all staff funded in whole or in part by the grant been identified by name, position (DVOP or LVER), and type of appointment (half-time or full-time)?				
⇒	Are all staff funded by the grant to provide functional oversight, regional coordination or other supervisory/managerial responsibilities listed by name and title?				
	Is more than one supervisory/managerial position identified?				
⇒	If yes , has the State submitted a justification for a waiver previously or with this modification request? Indicate whether you do or not support the waiver request and why in the Remarks column.				
5. Program Plan Amendments (If applicable)					
	Did the State submit proposed Program Plan amendments?				
⇒	If yes , do the proposed amendments fulfill the criteria listed for the application section in the FY 2010-2014 State Planning Guidance?				

State:

Date:

RAVET Analysis:				
	Did the DVET note any problems or variances that were not corrected or adequately explained when completing his/her review?			
	Are there any changes or problems noted, i.e. are there ANY omissions of required information, discrepancies, math errors, pen & ink changes, etc.?			
	Are there any unresolved discrepancies or issues that may require action or special consideration by the National Office? If so, you must note these in your Transmittal Memorandum.			
Distribution:				
	After an adequate explanation is provided by the State and/or resolution of all issues identified during your review, sign and date this completed checklist in the Remarks column.			RAVET Signature:
	Ensure the Interim Modification Request contains only the most recent versions of all documents - discard previous versions and extraneous documents.			Date:
	Retain one copy of the entire package including this checklist, the DVET Transmittal Memorandum, and your Transmittal Memorandum for your office files. Upload the complete package in SharePoint using the required naming convention.			

Rick Scott
GOVERNOR



Jesse Panuccio
EXECUTIVE DIRECTOR

August 31, 2015

Ms. Bernadette Walsh, Director
Veterans' Employment and Training Service
600 Calhoun Street, Suite 154
Holland Building
Tallahassee, Florida 32399

Dear Ms. Walsh:

Florida is requesting to move ten percent of the FY15 Q4 Local Veterans' Employment Representative's (LVER) funds to the Disabled Veterans' Outreach Program (DVOP) budget. The realigned funding will be used to support the higher number of DVOP staff thru the first two months of FY15 Q5.

All funds will be fully utilized by December 31, 2015, and will not have an adverse effect on the LVER budget which has sufficient funding for any contingencies that may arise.

If you have any questions please call Jay RiveraAcosta at (850) 717-0763, or via email at Jay.RiveraAcosta@deo.myflorida.com, and/or Shawn Forehand at (850) 717-0760, or via email at Shawn.Forehand@deo.myflorida.com.

Sincerely,



Jesse Panuccio

LAS/jra

Enclosures

cc: Mr. Tom Clendenning
Mr. Michael Lynch
Ms. Trina Travis
Mr. Shawn Forehand
Ms. Carolyn Cain

Florida Department of Economic Opportunity | Caldwell Building | 107 E. Madison Street | Tallahassee, FL 32399
866.FLA.2345 | 850.245.7105 | 850.921.3223 Fax
www.floridajobs.org | www.twitter.com/FLDEO | www.facebook.com/FLDEO

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

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): E: Other (specify) _____ * Other (Specify): Budget Realignment _____		
* 3. Date Received: 08/13/2015			4. Applicant Identifier: _____					
5a. Federal Entity Identifier: 364706134			5b. Federal Award Identifier: DV-26585-15-55-5-12					
State Use Only:								
6. Date Received by State: 08/13/2015			7. State Application Identifier: _____					
8. APPLICANT INFORMATION:								
* a. Legal Name: Florida Department of Economic Opportunity								
* b. Employer/Taxpayer Identification Number (EIN/TIN): 36-4706134			* c. Organizational DUNS: 9689360040000					
d. Address:								
* Street1: 107 East Madison Street								
Street2: _____								
* City: Tallahassee								
County/Parish: Leon								
* State: FL: Florida								
Province: _____								
* Country: USA: UNITED STATES								
* Zip / Postal Code: 32399-4130								
e. Organizational Unit:								
Department Name: Dept. of Economic Opportunity			Division Name: Bureau of Budget Management					
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix: Ms.		* First Name: Caroline						
Middle Name: B		_____						
* Last Name: Womack		_____						
Suffix: _____		_____						
Title: Revenue Program Administrator								
Organizational Affiliation: _____								
* Telephone Number: 850-245-7126			Fax Number: 850-921-3142					
* Email: caroline.womack@deo.myflorida.com								

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/VETS

11. Catalog of Federal Domestic Assistance Number:

17.801/17.804

CFDA Title:

Disabled Veterans' Outreach Program (DVOP)/Local Veterans' Employment Representative (LVER)

*** 12. Funding Opportunity Number:**

VPL 05-14

* Title:

Jobs for Veterans State Grant for Fiscal Years 2015-2019

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Jobs for Veterans State Grant Program

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="11,485,000.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="11,485,000.00"/>

*** 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 218, 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:



**JOBS FOR VETERANS STATE GRANTS
BUDGET INFORMATION SUMMARY**

OMB Control Number: 1293-0009
Expiration Date: 01/29/2016

SECTION A - GRANTEE IDENTIFICATION INFORMATION

State: Florida

Grant Number: DV-26585-15-55-5-12

Date Prepared:

8/12/2015

**SECTION B - BUDGET SUMMARY BY CATEGORY
U.S. DEPARTMENT OF LABOR FUNDS**

Object Class Categories	(a) DVOP Activities	(b) DVOP Special Initiatives	(c) LVER Activities	(d) LVER Special Initiatives	(e) TAP	(f) Incentives	(g) Total
1. Personnel	\$3,589,853.00		\$1,816,599.00				\$5,406,452.00
2. Fringe Benefits	\$1,134,353.00		\$581,312.00				\$1,715,665.00
3. Travel	\$59,000.00		\$29,000.00				\$88,000.00
4. Equipment	\$0.00		\$0.00				\$0.00
5. Supplies	\$2,000.00		\$4,000.00				\$6,000.00
6. Other	\$2,185,000.00		\$1,079,650.00				\$3,264,650.00
7. Total Direct Costs (Lines 1-6)	\$6,970,206.00	\$0.00	\$3,510,561.00	\$0.00	\$0.00	\$113,000.00	\$10,593,767.00
8. Indirect Costs	\$581,634.00		\$309,301.00				\$890,935.00
9. Total Costs (Lines 8-9)	\$7,551,840.00	\$0.00	\$3,819,862.00	\$0.00	\$0.00	\$113,000.00	\$11,484,702.00
10. Total Costs (Rounded)	\$7,552,000.00	\$0.00	\$3,820,000.00	\$0.00	\$0.00	\$113,000.00	\$11,485,000.00
11. Total Costs (By Program)	\$7,552,000.00		\$3,933,000.00				\$11,485,000.00

SECTION C - FORECAST FEDERAL FUNDING NEEDS

Program Activity	(1) 1 st Quarter	(2) 2 nd Quarter	(3) 3 rd Quarter	(4) 4 th Quarter	(5) Total
a. DVOP Activities	\$1,692,000	\$1,861,000	\$1,877,000	\$2,122,000	\$7,552,000
b. DVOP Special Initiatives					\$0
c. LVER Activities	\$331,000	\$1,192,000	\$1,176,000	\$1,121,000	\$3,820,000
d. LVER Special Initiatives					\$0
e. TAP					\$0
f. Incentives				\$113,000	\$113,000
g. Total	\$2,023,000	\$3,053,000	\$3,053,000	\$3,356,000	\$11,485,000



RICK SCOTT
GOVERNOR

February 22, 2013

Jesse Panuccio, Executive Director
Department of Economic Opportunity
Caldwell Building
107 East Madison Street, Suite 212
Tallahassee, Florida 32399-4120

Re: Delegation of Authority

Dear Mr. Panuccio:

I hereby delegate to you, as the Executive Director of the Department of Economic Opportunity, the authority to take all appropriate action pursuant to the authority granted under Sections 1201 and 1202 of the Social Security Act. All authority hereby delegated shall be exercised in accordance with applicable laws, rules, regulations, administrative directives, and budget allocations, and shall be effective as of February 8, 2013.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Scott".

Rick Scott
Governor

The facsimile signature of Jesse Panuccio appears below.

A facsimile signature of Jesse Panuccio, consisting of a stylized signature above a horizontal line.

Jesse Panuccio, Executive Director
Department of Economic Opportunity

Rick Scott
GOVERNOR



Jesse Panuccio
EXECUTIVE DIRECTOR

SUBJECT: Delegation of Authority

NUMBER: 2013-01

PURPOSE/SCOPE: Delegation to Chief of Staff

Pursuant to the authority vested in me by sections 20.05(1)(b) and 20.60, Florida Statutes, I hereby delegate the power and authority to act on behalf of the Executive Director in all matters except those explicitly required by law to be non-delegable. This delegation includes the authority to sign contracts and agreements.

In exercising this authority, you shall comply with all applicable laws, rules, and department directives. This delegation shall remain in effect until superseded or rescinded.

Effective March 27, 2013.



Jesse Panuccio, Executive Director
Department of Economic Opportunity