



**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**

Caroline Womack  
Chief, Bureau of Financial Mgt  
Caroline.Womack@deo.myflorida.com  
(850) 245-7126

**8. Authorized Official**

\*See Remarks

**Federal Agency Information**

**9. Awarding Agency Contact Information**

Diane Bragdon  
Supervisory Grants Management Specialist  
MGM\_Grantor@grantsolutions.gov  
202-401-0933

**10. Program Official Contact Information**

Jolleen George  
Acting Deputy Director  
Office of Community Services  
MGM\_Grantor@grantsolutions.gov  
(202) 401-9333

**Federal Award Information**

**11. Award Number**

2001FLCOSD

**12. Unique Federal Award Identification Number (FAIN)**

2001FLCOSD

**13. Statutory Authority**

Additional Supplemental Appropriations for Disaster Relief Act, 2019 (Public Law (P.L.) 116-20)

**14. Federal Award Project Title**

\*See Remarks

**15. Catalog of Federal Domestic Assistance (CFDA) Number**

93.569

**16. CFDA Program Title**

Community Services Block Grant

**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**

\$100,000.00

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

\$100,000.00

**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**

Diane Bragdon  
Supervisory Grants Management Specialist

**Footnotes**

Special Conditions:

Funds in this program are allocated based on assessment of need, in three stages. This amount represents the Stage 1 award, which is to be used for Initial Planning, Needs Assessment, and Cost Documentation. States, territories or tribes who qualify only for Stage 1 funds (because the total share will be less than \$100,000) will not apply for Stage 2 funds, but shall provide an accounting of the expenditure of CSBG supplemental funds spent on administrative and needs assessment costs by the state and eligible entities, as well as an accounting of funds spent by the eligible entities on the direct delivery of local services, and information on the number of and characteristics of CSBG clients based on data collected from the eligible entities.



**Recipient Information**

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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>Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-1921-1536	2020,G9908DF		\$100,000.00	\$100,000.00	2001FLCOSD	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award  
Award # 2001FLCOSD  
FAIN# 2001FLCOSD  
Federal Award Date:

In accordance with The Additional Supplemental Appropriations for Disaster Relief Act, 2019 (Public Law 116-20), you are receiving this Community Services Block Grant (CSBG) disaster supplemental award to address the consequences of a Presidentially-declared disaster.

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

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.

In accordance with Section 678E(a)(2) of the CSBG Act (42 U.S.C. 9917(a)(2) (Accountability and Reporting Requirements), states, territories, tribes and eligible entities must submit a separate CSBG Disaster Annual Report detailing performance. This provides an accounting for the expenditure of funds received through CSBG, including an accounting of administrative costs by the state, territory, tribe, and the eligible entities, and funds spent by the eligible entities on the direct delivery of local services. The format for this report will be the same as the format for the regular CSBG Annual Report, but OCS will provide separate instructions on how to complete the report for the disaster supplemental.

In addition to the routine report described above, OCS may request additional informal updates on expenditures or specific program activities based on inquiries from Congressional offices, the Office of Management and Budget, the Government Accountability Office, or the HHS Office of Inspector General on an as-needed basis.

In addition to the expenditure report outlined in Section 678E(a)(2) of the CSBG Act (42 U.S.C. 9917(a)(2)), states, territories, and tribes must submit a separate Federal Financial Report (SF425) related to this disaster supplemental on a semiannual basis, and a Final Federal Financial Report (SF-425) 90 days after the close of the Project Period. Financial Reports shall be submitted through the Online Data Collection (OLDC).

Financial reporting requirements for this award are as follows: 1st Semiannual report shall cover the period of Jan 1 – Jun 30 due Jul 30; 2nd Semiannual report shall cover the period of Jul 1 - Dec 30 due Jan 30. The Final Federal Financial Report covers the entire project period and is due December 30, 2021.

All grantees will be required to submit a final program report related to this supplemental award outlining accomplishments and lessons learned.

The electronic Terms and Conditions that apply to this program can be found at <https://www.acf.hhs.gov/grants/terms-and-conditions>. 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.