Grant Modification / Notice of Award

U.S. DEPARTMENT OF LABOR / EMPLOYMENT AND TRAINING ADMINISTRATION

GRANT MODIFICATION No. 1		PROJECT: WIOA National Dislocated Worker Grants	
		Florida - Hurricane Hermine	Project No. FL-22
GRANT NUMBER: EM-30113-16-60-A-12	EIN: 364706134	EFFECTIVE DATE: 08/02/2017	PAGE 1
GRANTEE: FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY THE CALDWELL BUILDING 107 EAST MADISON STREET, MSC G-229 TALLAHASSEE, FLORIDA 32399-4134		ISSUED BY U.S. DEPARTMENT OF LABOR / ETA DIVISION OF FEDERAL ASSISTANCE 200 CONSTITUTION AVENUE NW - ROOM N-4716 WASHINGTON, DC 20210	

Action:

To approve the fully documented plan.

YEAR / CFDA PROGRAM ACCOUNT ID	Mod 0 CURRENT LEVEL	Mod 1 MODIFICATION	NEW LEVEL	PMS DOC #
FY 17 / 17.277 WIOA DIS WKRS NAT RES - EMERGENCY (ADVANCE) 16-1630-2017-0501741717BD201701740003175DW093A0000AOWI00AOWI00-A90200-410023-ETA-DEFAULT TASK-	\$500,012.00	\$0.00	\$500,012.00	EM301135W0
TOTAL FUND AVAILABILITY	\$500,012.00	\$0.00	\$500,012.00	

Except as modified, all terms and conditions of said grant /agreement remain unchanged and in full effect.

Approved by

Jynn J. Fraga <u>Lynn Fraga</u>

Date Signed

<u>08/04/2017</u>

Grant Officer

Application for Federal Assistance SF-424				
*1. Type of Submission: [] Preapplication [] Application [X] Changed/Corrected Application	*2. Type of Application [X] New [] Continuation [] Revision	* If Revision, select appropriate letter(s) *Other (Specify)		
3. Date Received: 05/08/2017	4. Applicant Identifier:			
5a. Federal Entity Identifier: NDW-FL-ST-16-002.1		*5b. Federal Award Identifier: EM-30113-16-60-A-12		
State Use Only:				
6. Date Received By State:		7. State Application Identifier:		
8. APPLICANT INFORMATION:				
*a. Legal Name: Department of Econo	omic Opportunity			
*b. Employer/Taxpayer Identification I 36-4706134	b. Employer/Taxpayer Identification Number (EIN/TIN): *c. Organizational DUNS: 36-4706134 968930664			
d. Address:				
*Street 1: Street 2: *City: County: *State: Province: *Country: *Zip / Postal Code:	The Caldwell Building 107 East Madison Street Tallahassee Leon FL US 32399-4134	MSC G-229		
e. Organizational Unit:				
Department Name: Workforce Services		Division Name: One Stop and Program Support		
f. Name and contact information of	person to be contacted o	on matters involving this application:		
Prefix: *First Name: Diane Middle Name: *Last Name: Vacca Suffix:				
Title:				
Organizational Affiliation:				
*Telephone Number: (850) 245-7451		Fax Number:		
*Email: diane.vacca@deo.myflorida.c	om			

Application for Federal Assistance SF-424
*9. Type of Application 1: Select Applicant Type: A.
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
*Other (Specify)
*10. Name of Federal Angency: DOL/ETA
11. Catalog of Federal Domestic Assistance Number: 17.277
CFDA Title:
Workforce Investment Act (WIA) National Dislocated Worker Grants
*12. Funding Opportunity Number:
N/A
*Title:
N/A
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
FL-Alachua County, FL-Baker County, FL-Citrus County, FL-Columbia County, FL-Dixie County, FL-Franklin County, FL-Gadsden County, FL-Gilchrist County, FL-Hernando County, FL-Jefferson County, FL-Lafayette County, FL-Leon County, FL-Levy County, FL-Liberty County, FL-Madison County, FL-Manatee County, FL-Marion County, FL-Pasco County, FL-Pinellas County, FL-Sarasota County, FL-Sumter County, FL-Suwannee County, FL-Taylor County, FL-Union County, FL-Wakulla County

*15. Descriptive Title of Applicant's Project:

FL-Disaster~Florida - Hurricane Hermine

Application for Federal As	sistance SF-424	
16. Congressional District	is Of:	
*a. Applicant: FL District 2, F District 11, FL District 12, FL	FL District 3, FL District 5, FL L District 13	*b. Program/Project: FL District 2, FL District 3, FL District 4. FL District 5, FL District 11, FL District 12, FL District 13, FL District 14, FL District 16, FL District 17
17. Proposed Project:		
*a. Start Date: 10/10/2016		*b. End Date: 09/30/2017
18. Estimated Funding (\$)	:	
*a. Federal:	\$ 500,012	
*b. Applicant:	\$ O	
*c. State:	\$ O	
*d. Local:	\$ O	
*e. Other:	\$ O	
*f. Program Income:	\$ O	
*g. TOTAL:	\$ 500,012	
[X] c. Program is not covere *20. Is the Applicant Deline []Yes [X] No	ed by E.O. 12372. quent On Any Federal Debt? (If	
 [X] c. Program is not covere *20. Is the Applicant Deline [] Yes [X] No 21. *By signing this applicate therein are true, complete ar comply with any resulting te may subject me to criminal, [X] ** I AGREE 	ed by E.O. 12372. quent On Any Federal Debt? (If ion, I certify (1) to the statements accurate to the best of my know mms if I accept an award. I am aw civil, or administrative penalties.	
 [X] c. Program is not covere *20. Is the Applicant Deline [] Yes [X] No 21. *By signing this applicate therein are true, complete an comply with any resulting te may subject me to criminal, [X] ** I AGREE ** The list of certifications an 	ed by E.O. 12372. quent On Any Federal Debt? (If ion, I certify (1) to the statements ad accurate to the best of my know mms if I accept an award. I am aw civil, or administrative penalties.	"Yes", provide explanation.) contained in the list of certifications** and (2) that the statements wledge. I also provide the required assurances** and agree to vare that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001)
 [X] c. Program is not covere *20. Is the Applicant Deline [] Yes [X] No 21. *By signing this applicate herein are true, complete ar comply with any resulting te may subject me to criminal, [X] ** I AGREE ** The list of certifications ar or agency specific instruction 	ed by E.O. 12372. quent On Any Federal Debt? (If ion, I certify (1) to the statements and accurate to the best of my know rms if I accept an award. I am aw civil, or administrative penalties. and assurances, or an internet site is.	"Yes", provide explanation.) contained in the list of certifications** and (2) that the statements wledge. I also provide the required assurances** and agree to vare that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001)
 [X] c. Program is not covere *20. Is the Applicant Deline [] Yes [X] No 21. *By signing this applicate herein are true, complete an comply with any resulting te may subject me to criminal, [X] ** I AGREE ** The list of certifications are or agency specific instruction Authorized Representative Prefix: *First Name: Michael Middle Name: D. *Last Name: Lynch 	ed by E.O. 12372. quent On Any Federal Debt? (If ion, I certify (1) to the statements ad accurate to the best of my know- rms if I accept an award. I am aw civil, or administrative penalties. nd assurances, or an internet site is. e: el	"Yes", provide explanation.) contained in the list of certifications** and (2) that the statements wledge. I also provide the required assurances** and agree to vare that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001)
[X] c. Program is not covere *20. Is the Applicant Deline [] Yes [X] No 21. *By signing this applicate herein are true, complete and comply with any resulting te may subject me to criminal, [X] ** I AGREE ** The list of certifications are or agency specific instruction Authorized Representative Prefix: *First Name: Michael Middle Name: D. *Last Name: Lynch Suffix:	ed by E.O. 12372. quent On Any Federal Debt? (If ion, I certify (1) to the statements ad accurate to the best of my know- rms if I accept an award. I am aw civil, or administrative penalties. nd assurances, or an internet site is. e: el Analysis	"Yes", provide explanation.) contained in the list of certifications** and (2) that the statements wledge. I also provide the required assurances** and agree to vare that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001)
[X] c. Program is not covere *20. Is the Applicant Deline [] Yes [X] No 21. *By signing this applicate herein are true, complete and comply with any resulting te may subject me to criminal, [X] ** I AGREE ** The list of certifications are or agency specific instruction Authorized Representative Prefix: *First Name: Michael Middle Name: D. *Last Name: Lynch Suffix: *Title: Senior Management A	ed by E.O. 12372. quent On Any Federal Debt? (If ion, I certify (1) to the statements ad accurate to the best of my know- rms if I accept an award. I am aw civil, or administrative penalties. and assurances, or an internet site is. e: el Analysis 245-7193	r "Yes", provide explanation.) contained in the list of certifications** and (2) that the statements wledge. I also provide the required assurances** and agree to vare that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001) where you may obtain this list, is contained in the announcemen

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

SF-424A

	BUDGET	INFORMA	TION - Non-Co	onstruction P	0	opproval no. 0348-004	
		SECTIO	N A - BUDGET SUN	IMARY	OMB A	provarno. 0348-004	
Grant Program Function	Catalog of Federal Domestic Assistance	Estimated Unobligated Funds			New or Revised Budget		
or Activity (a)	Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)	
1.							
2.							
3.							
4.							
5. TOTALS							
			B - BUDGET CAT		NETEX 7 8/87X 7		
6. OBJECT CLASS CAT	EGORIES	(1)	ANT PROGRAM, FU	(3)	(4)	Total (5)	
a. Personnel		\$21,600				\$21,600	
b. Fringe Benefits		\$7,776				\$7,776	
c. Travel		\$2,500				\$2,500	
d. Equipment		\$0				\$0	
e. Supplies		\$1,305				\$1,305	
f. Contractual		\$463,125				\$463,125	
g. Construction		\$0				\$0	
h. Other		\$2,360				\$2,360	
i. Total direct Charges (sum of 6a-6h)	\$498,666				\$498,666	
j. Indirect Charges		\$1,346				\$1,346	
k. TOTALS (sum of 6i a	und 6j)	\$500,012				\$500,012	
7. PROGRAM INCOME							

Prescribed by OMB Circular A-102

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Standard Form 424A (Rev. 7-97)

SECTION C - NON FEDERAL RESOURCES					
(a) Grant Prog	ram	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 -11)					
	SEC	TION D - FORECAS	TED CASH NEEDS		
	Total for 2nd Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non Federal					
15. TOTAL (sum of lines 13 - 14)					
SECTION E - BU	DGET ESTIMATE	S OF FEDERAL FU		ALANCE OF THE P	ROJECT
				PERIODS (YEARS)	
(a) Grant Prog	ram	(b) First	(c) Second	(d) Third	(e) Fourth
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16 -19))				
	SECTI	ON F - OTHER BUD	GET INFORMATION	N	
21. Direct Charges:		22. Indirect Charges:			
23. Remarks					

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Budget Narrative

Budget Information Narratives

Budget Narrative

Personnel: Provide a detailed explanation of the cost components of the planned cost for Personnel.

Personnel Admin Non-Admin

Admin. Support 4,500 5.0% 12 mos. 2,700 GOC II 5,500 4.5% 12 2,970 Account III 5,000 5.0% 12 3,000 Subtotal Personnel (Admin) 8,670 8,670 GOC II 4,500 10.0% 12 5,400 SMAS 5,500 5.5% 12 3,630 IT Staff cost Pool 1,200 1,200 GOC II Monitor 4,500 5.0% 12 2,700 2,700 Sub total 12,930 12,930 Total 21,600 8,670 12,930

Fringe Benefits: Provide a detailed explanation of the cost components of the planned cost for Fringe Benefits.

Admin Non-Admin

Fringe benefits @ 36% personnel (FICA, WC, Retirement, Health) 7,776 3,121 4,655

Travel: Provide a detailed explanation of the cost components of the planned cost for Travel.

travel 10 trips @ \$250 each, to cover, car rental, hotel, gas, and tolls

Supplies: Provide a detailed explanation of the cost components of the planned cost for Supplies.

Office supplies such as pens, pencils, copy paper

Contractual: Provide a detailed explanation for Contractual costs which specifies:

- Estimated amount of the contractual agreement(s)

- Proposed timelines

- Proposed organization, if known
- Nature of the proposed activities

Funds that are passed through to the participating regions. They include project operators costs and are described in detail in the project plan. **Other: Provide a detailed explanation of the cost components of the planned cost for Other.**

This covers the cost of DMS - HR at \$160 shared overhead costs 2,000 risk Management 200 total 2,360

Indirect Charges: Provide an explanation of the cost components of the planned costs for Indirect Charges.

Indirect charge is based on a rate of .2733% applied to: personnel + fringe benefits +flow-through/contractual. See attached indirect cost rate letter.

GRANTEE LEVEL						
Personnel					Admin	Non-Admin
Admin. Support	4,500.00	5.0%	12	2,700		
GOC III	5,500.00	4.5%	12	2,970		
Account III	5,000.00	5.0%	12	3,000		
Subtotal Personnel (Admin)				8,670	8,670	
GOC II	4,500.00	10.0%	12	5,400		
SMAS	5,500.00	5.5%	12	3,630		
IT Staff Cost Pool estimated \$50 per m	nonth			1,200		1,200
GOC II Monitor	4,500.00	5.0%	12	2,700		2,700
Subtotal Personnel				12,930		12,930
Total Personnel				21,600	8,670	12,930
Fringe benefits @ 36% personnel (FIC/	A, WC, Retirement	t, Health)		7,776	3,121	4,655
Travel 10 trips @ \$250				2,500	500	2,000
Supplies \$108.75 per month				1,305	326	979
Other Costs						
DMS - HR (estimated at \$40 per quart	er)			160		
Shared Overhead Costs				2,000		
Risk Management (estimated at \$200	per year)			200		
Total Other Costs				2,360		2,360
SUBGRANTEE LEVEL						
Contractual - Program Operator Exper	nses					
Temporary Jobs 18 @ \$18,000	18,000.00	18		324,000		324,000
Fringe benefits @ 15% (FICA, WC)				48,600		48,600
Supportive Services @50/week x 20 x	39 weeks			31,200		31,200
4 Case managers	34,500.00	0.2		27,600		27,600
Fringe benefits @ 35%				9,660		9,660
Staff Travel 4 case managers x \$50/we	eek x 52 weeks			7,800		7,800
Staff supplies estimated at \$200 per n	nonth			2,400		2,400
Pooled Career Center Costs @ 15% of	staff-related costs	s)		7,119		7,119
Admin Costs @ 10% of staff-related co	osts			4,746	4,746	
Total Contractual				463,125	4,746	458,379
INDIRECT RATE						
Indirect Rate .2733% of Total Personn	el + fringe benefit	s + flow-thro	ugh/contrac	tual		
				1,346	1,346	
TOTAL GRANT			\$	500,012	\$ 18,709	\$ 481,303

Statement of Work

The following application is for a grant modification request. This cover page summarizes what was changed from the last approved application.

Modification Details

Project ID:	FL-22
Descriptive Title:	Florida - Hurricane Hermine
Project Type:	Disaster
Application Number:	NDW-FL-ST-16-002.1
Grant Number:	EM-30113-16-60-A-12

MODIFICATION EXPLANATION	To submit a fully documented modification. In response to request for additional information in original award.
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Modification Type(s)	Fully Documented Modification
Participation	The Total Number of Planned Participants on this application (18) is different from the approved up-to amount for this grant (25). Narrative: We incorrectly put the wrong number in and had to change it.
	The Cost-Per-Participant on this application (\$27,778.44) is different from the approved calculated Cost-Per-Participant for this grant (\$20,000.48).



U.S. Department of Labor Employment and Training Administration OMB Approval No. 1205-0439 Expiration date: 9/30/2019

Project Synopsis Form

National Dislocated Worker Grants Electronic Application System

	Amount of Fun	ding Request \$5	500,012	Amount Approved by DOL \$
	Temporay Jobs	Workforce Development	Total	
a. Federal	\$ 500,012	\$ 0	\$ 500,012	
b. Applicant	\$ 0	\$ 0	\$0	
c. State	\$ 0	\$ 0	\$0	
d. Local	\$0	\$0	\$0	
e. Other	\$0	\$0	\$0	
f. Program Income	\$0	\$0	\$0	
g. Total	\$ 500,012	\$0	\$ 500,012	
Project Name: FL-Disaster~Florida -	Hurricane Hermin	e	•	•
Project Type: Disaster				
Application Type: Full				
(If Emergency) reason:				
Name of Federal Ágency Declaring I Target Groups (check all that apply): <u>X</u> Unemployed due to Disaster <u>X</u> Long-Term Unemployed <u>X</u> Dislocated Workers Evacuees From a Declared Disa			<i>.</i>	
Applicant Contact Person: Isabelle P	otts			
Applicant Contact Person: Isabelle F Street Address 1: The Caldwell Build				
	ling	9		
Street Address 1: The Caldwell Build Street Address 2: 107 East Madison	ling	-		
Street Address 1: The Caldwell Build Street Address 2: 107 East Madison	ling Street MSC G-22	-		
Street Address 1: The Caldwell Build Street Address 2: 107 East Madison City: Tallahassee State: FL Zip	ling Street MSC G-22	-		
Street Address 1: The Caldwell Build Street Address 2: 107 East Madison City: Tallahassee State: FL Zip Telephone: (850) 921-3148 Fax: (850) 921-3826	ling Street MSC G-22 Code: 32399-4134	-		
Street Address 1: The Caldwell Build Street Address 2: 107 East Madison City: Tallahassee State: FL Zip (Telephone: (850) 921-3148	ling Street MSC G-22 Code: 32399-4134	-	Total	
Street Address 1: The Caldwell Build Street Address 2: 107 East Madison City: Tallahassee State: FL Zip Telephone: (850) 921-3148 Fax: (850) 921-3826	ling Street MSC G-229 Code: 32399-4134 .com Temporary	Workforce	Total 18	Planned Entered Employment Rate: 90%
Street Address 1: The Caldwell Build Street Address 2: 107 East Madison City: Tallahassee State: FL Zip (Telephone: (850) 921-3148 Fax: (850) 921-3826 Email: isabelle.potts@deo.myflorida.	ling Street MSC G-229 Code: 32399-4134 .com Temporary Jobs	Workforce Deveoplment		Planned Entered Employment Rate: 90% Actual Cost per Participant in Prior PY: \$0
Street Address 1: The Caldwell Build Street Address 2: 107 East Madison City: Tallahassee State: FL Zip (Telephone: (850) 921-3148 Fax: (850) 921-3826 Email: isabelle.potts@deo.myflorida. Planned Number of Participants:	ling Street MSC G-229 Code: 32399-4134 .com Temporary Jobs 18 \$27778.44	Workforce Deveoplment	18	
Street Address 1: The Caldwell Build Street Address 2: 107 East Madison City: Tallahassee State: FL Zip 0 Telephone: (850) 921-3148 Fax: (850) 921-3826 Email: isabelle.potts@deo.myflorida. Planned Number of Participants: Planned Cost per Participants: Planned Cost per Participants % of Planned Participants Receiving Counties included in Project Service FL-Franklin County, FL-Gadsden Co	ling Street MSC G-229 Code: 32399-4134 .com Temporary Jobs 18 \$27778.44 NRPs: 0 Area: FL-Alachua Jounty, FL-Gilchrist County, FL-Madise	Workforce Deveoplment 0 \$0 County, FL-Bak County, FL-Herr on County, FL-W	18 \$27778.44 er County, FL-C ando County, F lanatee County,	Actual Cost per Participant in Prior PY: \$0 Planned Earnings: 17621 itrus County, FL-Columbia County, FL-Dixie County, L-Jefferson County, FL-Lafayette County, FL-Leon FL-Marion County, FL-Pasco County, FL-Pinellas County

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 113-128 sec 170). Public reporting burden for this collection of information is estimated to average **15** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

ETA 9106 (March 2004)



U.S. Department of Labor Employment and Training Administration

Project Operator Data Form

National Dislocated Worker Grants Electronic Application System

Project Operator: CareerSource Capital Region							
Street Address 1: 2601 Blair Stone Road							
Street Address 2: Building C, Suite 200							
City: Tallahassee	Fallahassee State: FL Zip Code: 32301						
Contact Person: Jim McShane							
Telephone: (850) 617-4601							
FAX: (850) 410-2595							
Email: jim.mcshane@careersourcecapitalregion.com							
Duration of Project Operator Agreement:	n of Project Operator Agreement: Start: 10/10/2016 End: 09/30/2017						
	Temporary Jobs	Workforce Development	Total				
Funding Level:	\$463,125	\$0	\$463,125				
Number of Participants:	18	0	18				
Counties included in Project Operator Service Area: FL-Citrus County, FL-Leon County, FL-Pasco County, FL-Pinellas County							

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 113-128 sec 170). Public reporting burden for this collection of information is estimated to average **15** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

ETA 9107 (March 2004)



U.S. Department of Labor Employment and Training Administration OMB Approval No. 1205-0439 Expiration date: 9/30/2019

Planning Form (Disaster - Temp. Jobs)

National Dislocated Worker Grants Electronic Application System

All guarterly entries are CUMULATIVE over all previous guarters.

PERFORMANCE FACTOR		PROGRAM YEAR QUARTER				
	ADMIN	PROGRAM		QTR2 03/31/2017	QTR3 06/30/2017	QTR4 09/30/2017
PLANNED PARTICIPANTS						
Employed In Temporary Disaster Relief Assistance			0	9	14	18
Receiving Intensive Services			0	0	0	0
Receiving Supportive Services			0	9	14	18
Completed NDWG Services			0	9	14	18
Employed at Completion of NDWG Services			0	8	13	16
Total Planned Participants			0	9	14	18
Planned Grantee Expenditures		•		•	•	
Administrative	13,963		0	4,000	9,000	13,963
Other*		22,924	0	7,000	14,000	22,924
Total: Program Management And Oversight	13,963	22,924	0	11,000	23,000	36,887
Indirect* (This line does not add into the subtotal)	1,346	0	0	450	900	1,346
Total Expenditures: Grantee Level	13,963	22,924	0	11,000	23,000	36,887
Planned Project Operator Expenditures	•			•	•	
Participant Wages		324,000	0	100,000	200,000	324,000
Participant Fringe Benefits		48,600	0	15,000	30,000	48,600
Career Services		0	0	0	0	0
Supportive Services		31,200	0	10,000	20,000	31,200
Other*		54,579	0	17,000	35,000	54,579
Administrative	4,746		0	1,500	3,000	4,746
NRP Processing*	0		0	0	0	0
Total: Program Management And Oversight	4,746	458,379	0	143,500	288,000	463,125
Total Expenditures: Project Operator Level	4,746	458,379	0	143,500	288,000	463,125
Total Expenditures: Grantee And Project Operator Level	18,709	481,303	0	154,500	311,000	500,012

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 113-128 sec 170). Public reporting burden for this collection of information is estimated to average **15** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

ETA 9103-2a (March 2004)

Narrative Statements

Project Type: Disaster

GENERAL EXPLANATION: Please enter any information that would benefit the reviewers who will approve or deny this application. Use this area to explain items and concepts that you feel need additional information, items that need DOL specialist attention during the review process, or any information on how the program is meeting demand-driven goals.

This project will provide temporary jobs to assist with long-term humanitarian and clean-up recovery activities to the counties affected by Hurricane Hermine. Clean-up may include debris removal and sanitation of facilities.

The grant funds will be used to provide temporary jobs to storm-affected and other dislocated workers for needed recovery activities (related mostly to long-term recovery efforts).

It is anticipated that 18 individuals will be placed in temporary positions (for a total of 11 FTEs, allowing for some turnover). These positions will be housed in Leon, Citrus, Pasco, and Pinellas Counties.

Eligible temporary workers will be engaged exclusively in recovery work assisting individuals affected by Hurricane Hermine who filed claims with FEMA and/or the State for disaster assistance. The temporary workers will contact these individuals to assess whether they have received all services and resources to which they are entitled. The temporary workers will also assist disaster-affected individuals who have not yet received all the assistance that they require and still have unmet needs to help them access available resources to address their recovery needs.

The temporary positions will last less than 2,000 hours. However, as the positions have an average wage of \$19 (ranging from \$17 to \$20), the average cost of temporary wages, benefits, and agency fees for each position through the end of the grant period is estimated at \$34,808.

Worksite agreements will limit the work of these positions to recovery activities for Hurricane Hermine and will incorporate the award requirements. Ongoing monitoring will take place to ensure that grant funds are only being used in accordance with the Dislocated Worker Grant requirements.

Planned monitoring and oversight activities are carried out in accordance with DEO's monitoring plan. The purpose of the programmatic monitoring reviews is to assess whether the State's 24 LWDBs are complying with applicable laws, regulations, state plans, and all contract and agreement terms in administering their workforce programs. As such, DEO, in consultation with CareerSource Florida (CSF), annually develops and implements a process for monitoring RWBs and for follow-up of findings which require corrective action.

DEO annually conducts both programmatic and financial monitoring of the LWDBs. DEO's Division of Workforce Services, Bureau of One-Stop and Program Support, carries out programmatic monitoring and DEO's Division of Finance and Administration, Financial Monitoring & Accountability carries out financial monitoring.

Grant Modifications

Modification Explanation:

To submit a fully documented modification. In response to request for additional information in original award.

Grant Modification: Please provide explanation for change in number of participants

We incorrectly put the wrong number in and had to change it.

Project Plan

Please delineate the cost components of the planned cost in Admin. Excluding NRP Processing - Program Management and Oversight (Grantee Level).

see budget narrative

Please explain the basis of providing a value in Other-Program Management and Oversight (Grantee Level).

see budget narrative

Please explain the basis of providing a value in Other (Project Operator Level).

see budget narrative

Please delineate the cost components of the planned cost in Admin. Excluding NRP Processing (Project Operator Level).

see budget narrative

Please explain the basis for providing a value in Indirect.

see Indirect Letter attachment.

County	Employer Worksite	Title	Duties	1st Award	
TBD	TBD	Recovery Construction Supervisor	Supervises & coordinates disaster relief restoration projects for individuals eligible for weatherization assistance.	2	
TBD	TBD	Recovery Construction Worker	Removal of debris and repair of damage due to Hurricane Hermine on property occupied by individuals eligible for weatherization assistance.	10)
Leon	CareerSource Volusia Flagler	Disaster Relief Case Manager	Intake, assessment, and placement of eligible individuals in temporary positions under the Hurricane Hermine NDWG.	1	
Leon	Division of Emergency Management	•	Assesses unmet needs of individuals who filed claims related to damage caused by Hurricane Hermine.	3	•
Leon	Division of Emergency Management	•	Assists individuals with unmet needs related to damage caused by Hurricane Hermine access available resources.	2	<u>'</u>

Indirect Cost Rate

NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) STATE DEPARTMENT/AGENCY

DEPARTMENT/AGENCY: EIN: 36-4706134 State of Florida Department of Economic Opportunity (DEO) Caldwell Building, 107 East Madison Street Tallahassee, Florida 32399-4120 **DATE**: October 31, 2016 **FILE REF**: This replaces the agreement dated November 6, 2015

The indirect cost rate(s) contained herein are for use on grants and contracts with the Federal Government. 2 CFR Part 200, Subpart E applies subject to the limitations contained in Section II, A, below. The rate(s) were negotiated between the State of Florida, Department of Economic Opportunity (DEO) and the U. S. Department of Labor in accordance with the authority contained in 2 CFR Part 200, Appendix VII, D.1.

SECTION I: RATES

EFFEC	TIVE PER	IOD			
TYPE	FROM	<u>TO</u>	RATE*	LOCATION	APPLICABLE TO
Final	7/1/15	6/30/16	12.7425% (a)	All	UC
Final	7/1/15	6/30/16	.4224% (b)	All	HCP
Final	7/1/15	6/30/16	.2770% (b)	All	WIA
Final	7/1/15	6/30/16	.5330% (b)	All	WTS/FSET
Final	7/1/15	6/30/16	12.4202% (a)	All	OP
·		A. Daniel			
Provisional	7/1/16	6/30/18	13.0828% (a)	All	UC
Provisional	7/1/16	6/30/18	.4258% (b)	All	HCP
Provisional	7/1/16	6/30/18	.2733% (b)	All	WIA
Provisional	7/1/16	6/30/18	.5997% (b)	All	WTS/FSET
Provisional	7/1/16	6/30/18	12.8237% (a)	All	OP

See the Special Remarks section for abbreviation explanations and additional information.

*BASE

(a) Total direct salaries and wages including all applicable fringe benefits.

(b) Total direct salaries and wages including all applicable fringe benefits plus flow-through funding.

TREATMENT OF FRINGE BENEFITS: Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed in the Special Remarks Section of this Agreement.

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 for the cost of these paid absences are not made.

- A. **<u>LIMITATIONS</u>**: 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) that 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) that the same costs that have been treated as indirect costs have not been claimed as direct costs,
 - (3) that similar types of costs have been accorded consistent treatment, and
 - (4) that 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.
- B. <u>ACCOUNTING CHANGES</u>: 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 of the Division of Cost Determination. Such changes include, but are not limited, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.
- C. <u>NOTIFICATION TO FEDERAL AGENCIES</u>: A copy of this document 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. <u>PROVISIONAL-FINAL RATES AND ADJUSTMENTS</u>: When seeking initial reimbursement of indirect costs using the provisional/rate methodology, provisional rates must be in established within 90 days of receiving a Federal award (financial assistance, grants, cooperative agreements, and cost reimbursable contracts) requiring to account 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 <u>greater</u> 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 <u>less</u> than the provisional rate, the non-Federal entity or contractor will be required to reimburse the funding agency for the excess billings.

<u>Non-Federal entities or contractors receiving a Federal cost reimbursable contract(s)</u> -Must adhere with FAR 52.216-7(d)(2)(v), to settle final indirect cost rates typically on 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 <u>60</u> 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).

<u>Non-Federal entities receiving Federal awards (financial assistance, grants, and</u> <u>cooperative agreements</u>) – 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 <u>does not</u> 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 <u>including final</u> <u>indirect cost rate adjustments</u>.

§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.

E. <u>SPECIAL REMARKS</u>:

- 1. Indirect costs charged to Federal grants/contracts by means other than the rate(s) cited in the Agreement should be adjusted to the applicable rate cited herein and be applied to the appropriate base to identify the proper amount of indirect costs allocable to the program.
- 2. Contracts/grants providing for ceilings as to the indirect cost rates(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.
- 3. The indirect cost pool consists of allowable, allocable expenses of the following:
 - Director's OfficeClGeneral CounselInBudget ManagementFiHuman Resources ManagementGaShared CostsInTerminal LeaveUaFinancial Monitoring & AccountabilityState-wide Cost Allocation Plan Costs

Chief Financial Officer Inspector General Financial Management General Services Information Technology Services UC Benefits

4. Fringe benefits other than paid absences consist of the following:

Retirement Group Health Ins Senior Mgt. Disab. Ins Social Security Life Ins Pre-Tax Benefits

5. Explanations of the abbreviations used in Section I, above, are as follows:

UC = Unemployment Compensation Programs
 HCP = Housing & Community Programs
 WIA = Workforce Investment Act Programs
 WTS/FSET = Welfare Transition Programs & Food Stamp Employment and Training
 OP = Other Programs (all agency programs not included in another rate entity)

6. The Florida Department of Economic Opportunity maintains and operates a number of state/federal-owned facilities acquired with various sources of federal and state funds. Maintenance and operating costs associated with these facilities are directly billed to users. Billing rates are designed to recover anticipated service costs on a breakeven basis. Direct billings made in accordance with the agency's "Facilities Services Rate Plan" are hereby approved.

ACCEPTANCE

BY THE ORGANIZATION:

State of Florida Department of Economic Opportunity (DEO) Caldwell Building – MSC 120 107 East Madison Street Tallahassee, Florida 32399

(Grantee/Contractor)

(Signature)

Damon Steffens (Name)

Chief Financial Officer (Title)

(Date)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

U.S. DEPARTMENT OF LABOR Division of Cost Determination 224 Westbridge Place Mount Airy, NC 27030

(Government Agency)

(Signature)

Victor M. Lopez

(Name)

Chief, Division of Cost Determination (Title)

October 31, 2016 (Date)

Negotiated By: Damon L Tomchick Telephone No.: 240-475-2786