



Grant Modification / Notice of Award

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

GRANT MODIFICATION		No. 1		PROJECT: Dislocated Worker Grants	
GRANT NUMBER: DW-31163-17-60-A-12	EIN: 364706134	EFFECTIVE DATE: 09/28/2017	PAGE 1		
GRANTEE: STATE OF FLORIDA, DEPARTMENT OF ECONOMIC OPPORTUNITY 107 EAST MADISON STREET MSC 120 CALDWELL BUILDING TALLAHASSEE, FLORIDA 32399-4130			ISSUED BY U.S. DEPARTMENT OF LABOR / ETA DIVISION OF FEDERAL ASSISTANCE 200 CONSTITUTION AVENUE NW - ROOM N-4716 WASHINGTON, DC 20210		

Action:

The modification request of September 28, 2017 for incremental funding of \$2,191,292 is approved.

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

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) IRMA 17-1630-2017-0501741717BD201701740003175DW093A0000AOWI00AOWI00-AIRMA0-410023-ETA-DEFAULT TASK-	\$379,245.00	\$0.00	\$379,245.00	DW31163DM0
PY 17 / 17.277 WIOA DIS WKRS NAT RES EMERGENCY-IRMA 17-1630-2017-0501741718BD201701740003175DW020A0000AOWI00AOWI00-AIRMA0-410023-ETA-DEFAULT TASK-	\$6,620,755.00	\$2,191,292.00	\$8,812,047.00	DW31163DK0
TOTAL FUND AVAILABILITY	\$7,000,000.00	\$2,191,292.00	\$9,191,292.00	

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

Approved by

Lynn Fraga

Grant Officer

Date Signed

09/29/2017

Close

Print

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

*** If Revision, select appropriate letter(s):**

A: Increase Award

*** Other (Specify):**

*** 3. Date Received:**

09/28/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

DW-31163-17-60-A-12

State Use Only:

6. Date Received by State:

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:**

9689306640000

d. Address:

*** Street1:**

107 East Madison Street

Street2:

Caldwell Building MSC85

*** 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:

Workforce Services

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Isabelle

Middle Name:

*** Last Name:**

Potts

Suffix:

Title:

Supervisor, Program Development and Research

Organizational Affiliation:

*** Telephone Number:**

850-921-3148

Fax Number:

*** Email:**

isabelle.potts@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/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:**

N/A

*** Title:**

N/A

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:**

FL-Disaster~Hurricane IRMA

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="9,191,292.00"/>
* 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="9,191,292.00"/>

*** 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:

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 humanitarian aid, clean-up, and restoration activities to the affected counties, as authorized pursuant to FEMA's Public Assistance Declaration DR-4337 issued September 5, 2017.

The rain and storm surge associated with this storm caused coastal and inland flooding. The many canals, lakes, and rivers crested and the full extent of the damage will only be known once the water levels return to normal. The coastal roads were, in areas, washed away. Many roads and bridges were closed, citizens have been left homeless and in need of basic aid. Potentially hazardous public areas are in need of clean-up.

The bulk of DWG funds will be used to provide temporary jobs to storm-affected and other dislocated workers for needed public clean-up and humanitarian efforts.

To address immediate needs, it is estimated that approximately 700 full-time temporary workers will be paid an anticipated \$10 - \$20 per hour for approximately 12 months or as needed. This number of temporary positions will be reassessed in the course of the grant.

Support services will be available for transportation, childcare, and supplies as needed by temporary workers.

Please see attachment for more detail about current sub-awards and planned use of funds.

For additional information:

- WIOA Section 170 and TEGL 2-15
- Eligible Participants (section 166 (c), section 170 (d)(2) and section 3 (15)
- Participant Wages section 181(a)(1)(A)
- Limit on temporary jobs duration is 12 months or 2,080 hours