U.S. DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION			NOTIFICATION OF AWARD
Under the authority of the Workforce Investment Act , this grant or agreement is entered into between the above named Grantor Agency and the following named Awardee , for a project entitled - PROGRAM YEAR (PY) 2014 DISLOCATED WORKER NATIONAL RESERVE FUNDS FOR WIOA IMPLEMENTATION ACTIVITIES.			
Name & Address of Awardee: STATE OF FLORIDA, DEPARTMENT OF ECONOMIC OPPORTUNITY 107 EAST MADISON STREET MSC 85 CALDWELL BUILDING TALLAHASSEE, FLORIDA 32399			
 The Period of Performance shall be from July 01, 2015 thru June 30, 2018. Total Government's Financial Obligation is \$404,145.00 (unless other wise amended). Payments will be made under the Payments Management System, and can be automatically drawn down by the awardee on an as needed basis covering a forty-eight (48) hour period. In performing its responsibilities under this grant agreement, the awardee hereby certifies and assures that it will fully comply with the following regulations and cost principles, including any subsequent amendments: <u>Uniform Administrative Requirements, Cost Principles, and Audit Requirements:</u> 2 CFR Part 200: Uniform Administrative Requirements, Cost Principles, and Audit Requirements; Final Rule 2 CFR Part 200: DOL Exceptions to 2 CFR Part 200 48 CFR Part 31 <u>Other Requirements (As Applicable):</u> 29 CFR Part 93, Lobbying Certification 29 CFR Part 93, Lobbying Certification 29 CFR Part 98, Debarment and Suspension; Drug Free Workplace 20 CFR Part 98, Debarment and Suspension; Drug Free Workplace 20 CFR Part 652 et al., Workforce Investment Act Wagner-Peyser Act Grant Award Documents, and attachments 			
The awardee's signature below certifies full compliance with all terms and conditions as well as the above stated grant regulations and certifications, and that this document has not been altered.			

Signature of Approving Official - AWARDEE

Signature of Approving Official - DOL / ETA

See SF-424 for Signature

(Signature / Date)

No Additional Signature Required

(Type Name and Title)

attfasteter

LATIFA JETER_____June 23, 2015 Grant Officer

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