



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

2001FLCOSA

12. Unique Federal Award Identification Number (FAIN)

2001FLCOSA

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

*See Remarks

18. Is the Award R&D?

*See Remarks

Summary Federal Award

Financial Information

19. Budget Period Start Date 10-01-2019

End Date 09-30-2021

20. Total Amount of Federal Funds Obligated by this Action

\$0

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

\$3,600,807.00

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

Award is amended to reflect a budget period end date of September 30, 2021.



Recipient Information

FLORIDA
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>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-1921-1536	2020,G9908DF		\$0	\$3,600,807.00		2001FLCOSD	Formula

Terms and Conditions

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.



Department of Health and Human Services
Administration for Children and Families

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

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters:

Award action type: \$0.00 supplement award.