



Recipient Information

1. Recipient Name

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
1317 Winewood Blvd
Building 2, Room 404
Tallahassee, FL 32399-6570
850-488-3791

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1596001874A9

4. Employer Identification Number (EIN)
593458463

5. Data Universal Numbering System (DUNS)
604604350

6. Recipient's Unique Entity Identifier (UEI)
GKB5R3B9JGE4

7. Project Director or Principal Investigator

Mrs. Lora Singleton
Grants Management Specialist
lora.singleton@myflfamilies.com
8507174684

8. Authorized Official

Diane Sunday1
diane.sunday@myflfamilies.com
8507174740

Federal Agency Information

ACF/OFA Office of Mandatory Grants

9. Awarding Agency Contact Information

Nicole Oliver
Financial Operations Specialist
nicole.oliver@acf.hhs.gov
404-562-0018

10. Program Official Contact Information

Julie Siegel
Fa Program Specialist
julie.siegel@acf.hhs.gov
2023206882

Federal Award Information

11. Award Number

2301FLTANF-00

12. Unique Federal Award Identification Number (FAIN)

2301FLTANF

13. Statutory Authority

PRWORA OF 1996, PL 104-193

14. Federal Award Project Title

2023 TANF

15. Assistance Listing Number

93.558

16. Assistance Listing Program Title

Temporary Assistance for Needy Families

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	10/01/2022	- End Date	09/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$144,214,585.49
20a. Direct Cost Amount			
20b. Indirect Cost Amount			
21. Authorized Carryover			
22. Offset			
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$144,214,585.49
26. Period of Performance Start Date	10/01/2022	- End Date	09/30/2023
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$144,214,585.49

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Deanne Meyer
Grants Officer

30. Remarks

See Remarks (continuation)



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Recipient Name FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES 1317 Winewood Blvd Building 2, Room 404 Tallahassee, FL 32399-6570 850-488-3791 Congressional District of Recipient 05 Payment Account Number and Type 1596001874A9 Employer Identification Number (EIN) Data 593458463 Universal Numbering System (DUNS) 604604350 Recipient's Unique Entity Identifier (UEI) GKB5R3B9JGE4
31. Assistance Type Block grant 32. Type of Award Mandatory

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$144,214,585.49
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$144,214,585.49
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$144,214,585.49
m. Federal Share	\$144,214,585.49
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-G996115	2301FLTANF	ACFOFA	4115	93.558	\$144,214,585.49	75-23-1552



Department of Health and Human Services

Administration for Children and Families

Notice of Award

Award# 2301FLTANF-00

FAIN# 2301FLTANF

Federal Award Date: 10/18/2022

Remarks (Continuation)

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. This award is also subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

The general terms and conditions governing mandatory grant programs and additional program-specific requirements for this program are available at <https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants> .

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. Fiscal reporting questions regarding this grant should be directed to your ACF Grants Management Specialist.