

## Department of Health and Human Services Administration for Children and Families

Notice of Award Award # 2001FLCOSR FAIN# 2001FLCOSR Federal Award Date: February 24, 2020

### **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) XXXXXXXXXXXXX

**5. Data Universal Numbering System (DUNS)** 968930664

6. Recipient's Unique Entity Identifier \*See Remarks

**7. Project Director or Principal Investigator** Gerald Durbin

gerald.durbin@deo.myflorida.com

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** Janelle George Acting Deputy Director Office of Community Services MGM\_Grantor@grantsolutions.gov (202) 401-9351

### **Federal Award Information**

#### 11. Award Number

2001FLCOSR
12. Unique Federal Award Identification Number (FAIN)
2001FLCOSR
13. Statutory Authority
Public Law 115-245
14. Federal Award Project Title

14. Federal Award Project 1

\*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number 93.569

16. CFDA Program Title

Community Services Block Grant

17. Award Action Type

Supplement 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	\$15,964,721.00	
Action		
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	\$21,213,683.00	
budget period		
24. Total Approved Cost Sharing or Matching, where	*See Remarks	
applicable		
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	*See Remarks	
Approved Cost Sharing or Matching		

# 28. Authorized Treatment of Program Income \*See Remarks 29. Grants Management Officer – Signature



#### Footnotes

Supervisory Grants Management Specialist

\*This action represents the Balance of Funds for CSBG FFY 2020



# **Recipient Information**

FLORIDA 107 E. MADISON STREET, MSC 400 TALLAHASSEE, FLORIDA 32399

Employer Identification Number (EIN): XXXXXXXXXX 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>	Award this action	<u>Cumulative Grant</u> <u>Award to Date</u>	<u>Document Number</u>	Funding Type	
75-20-1536	2020,G994002	\$21,213,683.00	\$15,964,721.00	\$21,213,683.00	G-2001FLCOSR	Formula	

## **Terms and Conditions**

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.

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.

### Remarks

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