



Recipient Information

- 1. Recipient Name**
FLORIDA DEPARTMENT OF COMMERCE
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)**
1364706134A5
- 5. Data Universal Numbering System (DUNS)**
968930664
- 6. Recipient's Unique Entity Identifier**
WVR6ECT1G9F8
- 7. Project Director or Principal Investigator**
J Alex Kelly

Alex.Kelly@commerce.fl.gov
- 8. Authorized Official**
*See Remarks

Federal Agency Information

- 9. Awarding Agency Contact Information**
Evette Lovelace
Grants Management Specialist
evette.lovelace@acf.hhs.gov
470-351-3023
- 10. Program Official Contact Information**
Jolleen George
Deputy Director
Office of Community Services
jolleen.george@acf.hhs.gov
(202) 401-4830

Federal Award Information

- 11. Award Number**
2301FLCOSD
- 12. Unique Federal Award Identification Number (FAIN)**
2301FLCOSD
- 13. Statutory Authority**
Consolidated Appropriations Act, 2023, (Public Law 117-328)
- 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**
New
- 18. Is the Award R&D?**
*See Remarks

Summary Federal Award

Financial Information

- | | |
|---|----------------------------|
| 19. Budget Period Start Date 10-01-2022 | End Date 09-30-2027 |
| 20. Total Amount of Federal Funds Obligated by this Action | \$500,000.00 |
| 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 | \$500,000.00 |
| 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 10-01-2022 - | End Date 09-30-2027 |
| 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**


Thomas Berry

Footnotes

Grants Management Officer

Funds in this program are allocated based on assessment of need, in three phases. This release represents the Phase 1 award, which is to be used for Initial Planning, Needs Assessment, and Cost Documentation. The obligation period for Phase 1 funds will be from 10/1/2022 through 9/30/2024, and the 90-day liquidation period ends on 12/30/2024. Grant recipients are required to submit their Annual Federal Financial Report (FFR) in the DHHS Payment management System (PMS) by 12/30/2024. The Annual FFR report should account for funding for Phase 1. Phase 1 FFR report (covering Years 1 & 2 of the project period) is due 12/30/2024.

The award is in restricted status pending final resolution of technical issues noted in the review of the State's CSBG Disaster Supplemental plan.



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

Employer Identification Number (EIN): 1364706134A5

Data Universal Numbering System (DUNS): 968930664

Recipient's Unique Entity Identifier: WVR6ECT1G9F8

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>Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-2327-1536	2023,G993131		\$500,000.00	\$500,000.00	2301FLCOSD	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2301FLCOSD

FAIN# 2301FLCOSD

Federal Award Date: September 22, 2023

General Terms and Conditions:

In accordance with The Consolidated Appropriations Act, 2023 (Public Law No: 117-328), and consistent with instructions and requirements outlined in Information Memorandum (IM) 2023-164, 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. The electronic General Terms and Conditions that apply to this program can be found at <https://www.acf.hhs.gov/grants/manage-grant/grant-award/non-discretionary-award-terms>. The applicable terms and conditions for this program may be found on the above website under Office of Community Services and Community Services Block Grant Program.

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. 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.

Consolidation of grant funds (by Territories, if applicable):

For Territories who have an approved consolidation plan, these funds are available for expenditures made in accordance with the plan under Title XX of the Social Security Act.

Reporting requirements:

Disaster Supplemental grant recipients should submit a Federal Financial Report (FFR, the Form SF-425) annually into PMS. The Final FFR, cumulative, covering the entire project period, should be submitted into PMS no later than 90 days after the close of the project period. Recipients are encouraged to submit timely reports in PMS. Recipients need to update their PMS access profile to include the ability to electronically access and complete SF-425 reports in PMS.

In addition to the financial reports, 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 Supplemental 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 will request and provide format for a brief quarterly report with additional informal updates on expenditures or specific program activities and numbers of individuals and households served. OCS may also request additional information as needed 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.

All grant recipients will be required to submit a final program report related to this supplemental award outlining accomplishments and lessons learned.

Please transmit a copy of this Notice of Award (NOA) to the office authorized to request funds covered by this award.

GrantSolutions (GS)

Please be advised that recipients should be able to download NOAs through their GS account, as GrantSolutions system enhancements have been available since 8/15/2022. Non-discretionary recipients can now log into GrantSolutions and find new features, including:

- On-demand access to their Notice of Awards (NOA) and Grant Details
- Ability to quickly locate Grant Project(s)
- View and download the NOA, grant history, grant details, and easily find their Grants Management Officer

Please contact the GrantSolutions helpdesk at help@grantsolutions.gov / 1-866-577-0771 for technical assistance.

Changes in Key Staff:



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2301FLCOSD

FAIN# 2301FLCOSD

Federal Award Date: September 22, 2023

Please report any changes in points of contact, addresses, phone numbers, e-mail addresses etc. to the Grants Management Specialist named on this award notice. This includes changes in Authorized Official (AO), Principal Investigator/Project Director (PI/PD) or Point of Contact (POC) to receive electronic award notification. Changes to points of contact need to be submitted officially through an updated SF-424M form in the On-line Data Collection System (OLDC).

Remarks

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

For questions regarding the programmatic aspects of this award, please contact Roneika Carr, Program Specialist, at Roneika.Carr@acf.hhs.gov. For questions regarding the financial aspects of this award, please contact Evette Lovelace, Grants Management Specialist, at Evette.Lovelace@acf.hhs.gov.