



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

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

2024010933

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

Com Svc Blk Grnt S672-680

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

19. Budget Period Start Date 10-01-2019

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2019 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2020

\$2,999,407.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$2,999,407.00

*See Remarks

*See Remarks

End Date 09-30-2020

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Diane Bragdon

Supervisory Grants Management Specialist

Footnotes

*This award provides funding for the period October 1, 2019 - November 21, 2019. Additional funding will be awarded pending Congressional appropriations.

**This Notice of Award is being sent in via USPS mail and by email notification. Please confirm that both the physical address and email addresses are accurate as this may cause a delay in important grant information. Corrections can be emailed to Daniel.Jackson@acf.hhs.gov.



Notice of Award

Award # 2001FLCOSR
FAIN# 2001FLCOSR
Federal Award Date: November 14, 2019

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 Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-20-1536	2020,G994002	\$20,995,846.00	\$2,999,407.00	\$2,999,407.00	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: