



**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)**  
1364706134A5
- 5. Data Universal Numbering System (DUNS)**  
968930664
- 6. Recipient's Unique Entity Identifier**  
\*See Remarks
- 7. Project Director or Principal Investigator**  
Debbie Smiley  
  
Debbie.Smiley@Deo.Myflorida.com
- 8. Authorized Official**  
\*See Remarks

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Diane Bragdon  
Grants Management Officer  
diane.bragdon@acf.hhs.gov  
202-401-0933
- 10. Program Official Contact Information**  
Jolleen George  
Deputy Director  
Office of Community Services  
Charisse.Johnson@acf.hhs.gov  
(202) 401-9351

**Federal Award Information**

- 11. Award Number**  
2101FLCOSR
- 12. Unique Federal Award Identification Number (FAIN)**  
2101FLCOSR
- 13. Statutory Authority**  
Public Law 115-245
- 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**

<b>19. Budget Period Start Date</b> 10-01-2020	<b>End Date</b> 09-30-2021
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$5,511,132.00
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	\$5,511,132.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	*See Remarks
<b>25. Total Federal and Non-Federal Approved</b>	*See Remarks
<b>26. Project Period Start Date</b> 10-01-2020 -	<b>End Date</b> 09-30-2022
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

**Footnotes**

Grants Management Officer

This award provides CSBG FY 2021 Quarter 1 funding.



**Recipient Information**

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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>
75-21-1536	2021,G994002	\$5,511,132.00	\$5,511,132.00	\$5,511,132.00	G-2101FLCOSR	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award # 2101FLCOSR

FAIN# 2101FLCOSR

Federal Award Date: November 9, 2020

General 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.

The electronic Terms and Conditions that apply to this program can be found at:

<https://www.acf.hhs.gov/grants/terms-and-conditions>

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:

Beginning in FY 2021, grantees will submit Federal Financial Reports (SF425) through the DHHS Payment Management System (PMS). Grantees will need to update their PMS access profile to include the ability to electronically access and upload their completed SF-425 reports in PMS.

The Annual Federal Financial Report should be submitted into PMS no later than 90 days after the close of the budget period. The Final Federal Financial Report should be submitted into PMS no later than 90 days after the close of the project period. Grantees will need to update their PMS access profile to include the ability to electronically access and upload their completed SF-425 reports in PMS. Grantees are encouraged to submit timely reports in PMS.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Changes in Key Staff:

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.

**Remarks**

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

For questions concerning programmatic aspects of this award, please contact Maxine Maloney, Branch Chief, at [Maxine.Maloney@acf.hhs.gov](mailto:Maxine.Maloney@acf.hhs.gov). For questions concerning financial aspects of this award, please contact Kenneth Holiness, Grants Management Specialist, at [Kenneth.Holiness@acf.hhs.gov](mailto:Kenneth.Holiness@acf.hhs.gov).