Notice of Award

Award# 2301FLTANF-00 FAIN# 2301FLTANF

Federal Award Date: 10/18/2022

# **Recipient Information**

### 1. Recipient Name

FLORIDA DEPARTMENT OF CHILDREN AND **FAMILIES** 

1317 Wi ewood Blvd

Building 2, Room 404

Tall has ee, FL 32399-6570

850-488-3791

- 2. Congressional District of Recipient
- 3. Payment System Identifier (ID) ANALYS STATES
- 4. Employer Identification Number (EIN) 593 58463
- 5. Data Universal Numbering System (DUNS) 604604350
- 6. Recipient's Unique Entity Identifier (UEI) GKB5R3B9JGE4
- 7. Project Director or Principal Investigator

Mr . Lor Singleto

Gra ts M nagemen Specialis

lora.singleton@myflfamilies.com

8507174684

#### 8. Authorized Official

Di e Sunda 1

dia e.su day@myflfamilies.com

8507174740

#### Fe eral Agency Information

ACF/OFA Office of M nda ory ran s

## 9. Awarding Agency Contact Information

Nicole Oliver

404-562-0018

Fi anci l Operations Specialist nicole.oliver@acf.hhs.gov

# 10.Program Official Contact Information

Julie Siegel

Fa Program Speci list

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

## 16. Assistance Listing Program Title

Tempor ry A ista ce for Need Families

#### 17. Award Action Type

New

#### 18. Is the Award R&D?

# ummary Fe ral Award Financial Information

**19. Budget Period** tart Date 10/01/2022 - End Date 09/30/2023

20. Total Amount of Federal Fun s Obligat d 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

\$0.00

24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period

\$144,214,585.49

**26.** Period of Perfomance 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. 9

#### 28. Authorized Treatment of Program Income

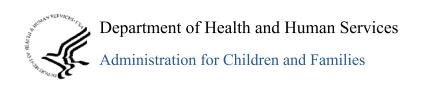
ADDITIONAL COSTS

#### 29. Grants Management Officer - ignature

Mr . Deanne Meyer Grants Officer

## 30. Remarks

See Remarks (co tinu tion)



33.

roved Budget

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Federal Award Date: 10/18/2022

## Reci ient Inf rmation

## **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

**Payment Account Number and Type** 

**Employer Identification Number (EIN) Data** 

**Universal Numbering System (DUNS)** 

604604350

Recipient's Unique Entity Identifier (UEI)

GKB5R3B9JGE4

## 31. Assistance Type

Block grant

32. Type of Award

Mandatory

(Excludes Direct Assistance)					
I. Financial Assistance from the Federal Award ng Agency Only					
II. Total project costs including grant funds and all other financ al part cipation					
a. Salaries and Wages	\$0.00				
b. Fringe Benefits	\$0.00				
c. TotalPersonnelCosts	\$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				

## 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

1. TOTAL APPROVED BUDGET

k. INDIRECT COSTS

m. Federal Share

n. Non-Federal Share

\$0.00

\$0.00

\$144,214,585.49

\$144,214,585.49

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### **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.