



**Recipient Information**

**1. Recipient Name**

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES  
1317 Winewood Blvd  
Tallahassee, FL 32399-6570  
850-488-3791

**2. Congressional District of Recipient**  
02

**3. Payment System Identifier (ID)**

XXXXXXXXXXXX

**4. Employer Identification Number (EIN)**

593458463

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

604604350

**6. Recipient's Unique Entity Identifier (UEI)**

GKBSR3B9JGE4

**7. Project Director or Principal Investigator**

Mrs. Lora Singleton  
Grants Management Specialist  
lora.singleton@myflfamilies.com  
8507174684

**8. Authorized Official**

Diane Sunday1  
diane.sunday@myflfamilies.com  
8507174740

**Federal Agency Information**

ACF/OFA Office of Mandatory Grants

**9. Awarding Agency Contact Information**

Nicole Oliver  
Financial Operations Specialist  
nicole.oliver@acf.hhs.gov  
404-562-0018

**10. Program Official Contact Information**

Julie Siegel  
Fa Program Specialist  
julie.siegel@acf.hhs.gov  
2023206882

**Federal Award Information**

**11. Award Number**

2301FLTANF-02

**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**

93.558

**16. Assistance Listing Program Title**

Temporary Assistance for Needy Families

**17. Award Action Type**

Supplement/Change for Expansion

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

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	10/01/2022	<b>- End Date</b>	09/30/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$144,214,585.49
20a. Direct Cost Amount			
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			
<b>22. Offset</b>			
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$288,429,170.98
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$432,643,756.47
<b>26. Period of Performance Start Date</b>	10/01/2022	<b>- End Date</b>	09/30/2023
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$432,643,756.47

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Deanne Meyer  
Grants Officer

**30. Remarks**

See Remarks (continuation)



<b>Recipient Information</b>	
<b>Recipient Name</b> FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES 1317 Winewood Blvd Tallahassee, FL 32399-6570 850-488-3791	
<b>Congressional District of Recipient</b> 02	
<b>Payment Account Number and Type</b> XXXXXXXXXX	
<b>Employer Identification Number (EIN) Data</b> 593458463	
<b>Universal Numbering System (DUNS)</b> 604604350	
<b>Recipient's Unique Entity Identifier (UEI)</b> GKB5R3B9JGE4	
<b>31. Assistance Type</b> Block Grant	
<b>32. Type of Award</b> Mandatory	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$432,643,756.47
i. Contractual	\$0.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$432,643,756.47</b>
<b>k. INDIRECT COSTS</b>	<b>\$0.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$432,643,756.47</b>
<b>m. Federal Share</b>	<b>\$432,643,756.47</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

<b>34. Accounting Classification Codes</b>							
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	



## Department of Health and Human Services

Administration for Children and Families

## Notice of Award

Award# 2301FLTANF-02

FAIN# 2301FLTANF

Federal Award Date: 04/04/2023

### Remarks (Continuation)

\*\*\*\*\* Batch Remarks\*\*\*\*\*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.