



STATE OF FLORIDA

# **DIVISION OF EMERGENCY MANAGEMENT**

RICK SCOTT  
Governor

BRYAN KOON  
Director

## **GRANT AWARD**

**SUB-RECIPIENT:** \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

**FEDERAL GRANT PD:** \_\_\_\_\_

**AWARD TOTAL:** \_\_\_\_\_

**FEDERAL GRANT NO:** \_\_\_\_\_

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In accordance with the provisions of Federal Fiscal Year 2015 State Homeland Security Grant Program (HSGP), the Florida Division of Emergency Management (FDEM) who serves as the State Administrative Agency (SAA) hereby awards to the foregoing Sub-recipient a grant in the amount shown above.

**Payment of Funds:** The Award Letter must be signed by the Official Authorized to Sign in the space below and the original returned to the FDEM before execution of your agreement. The sub-recipient should not expend any funds until a fully executed agreement has been received from FDEM and all Special Conditions are satisfied. Grant funds will be disbursed to sub-recipients (according to the approved project budget) upon receipt of evidence that items have been invoiced, deliverables have been received and that funds have been expended (i.e., invoices, contracts, itemized expenses, canceled checks, etc.).

**Non-Supplanting Requirement:** Requires that sub-recipients provide assurance that sub-grant funds will not be used to supplant or replace local or state funds that have been budgeted for the same purpose through non-federal sources. In compliance with that mandate, I certify that the receipt of federal funds through FDEM shall in no way supplant or replace state or local funds or other resources that would have been made available for homeland security activities.

**Conditions:** I certify that I understand and agree that funds will only be expended for those projects outlined in the funding amounts as listed above. I also certify that I understand and agree to comply with the general and fiscal terms and conditions of the grant including special conditions; to comply with provisions governing these funds and all other federal laws; that all information is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit the applicant to these requirements; and that all agencies involved with this project understand that all federal funds are limited to the period of performance end date stipulated in the funding agreement.

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**Conditions continued:** I certify that I understand and agree that once grant funding agreement has been sent to sub-recipient, the funding agreement will be executed within six (6) months of the letter date. I understand if the funding agreement is not executed in that time frame, the awarded amount is considered declined and funds will expended on behalf of locals by the SAA.

**Deployable Capabilities:** It is also understood that all assets and capabilities achieved or sustained with HSGP grant funds are deployable and shareable at the direction of the SAA, with cost potentially reimbursable in conformance with Emergency Management Assistance Compacts (EMAC) or other Statewide Mutual Aid/Assistance (SMAA) agreements. Assets should be available to utilize in multiple jurisdictions, regions, and the Nation; any asset that is physically mobile can be used anywhere in the United States and territories via EMAC or other mutual aid/assistance agreements.

**ACCEPTANCE FOR THE SUB-RECIPIENT:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Authorized to Sign  
for Recipient

\_\_\_\_\_  
Signature of Director, Division of  
Emergency Management, SAA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**POINT OF CONTACT INFORMATION**

Point of Contact (POC) Name: \_\_\_\_\_

Physical Address of Sub-Recipient: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

POC Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**GRANT AWARD NOTICE: THIS AWARD IS SUBJECT TO THE GRANT SPECIAL CONDITIONS AND FINAL APPROVAL OF SUB-RECIPIENT'S PROPOSED BUDGET BY FLORIDA DIVISION OF EMERGENCY MANAGEMENT.**