

FLAIR #: R4410

DEO AGREEMENT ROUTING REVIEW FORM

1. Agreement Manager: Alexa Richardson Program Area (Division): Housing (ODR) Phone No.: 717-8443
 Financial (If Financial, Complete All Sections) Non-Financial (If Non-Financial, Complete Sections 1-4, 8, and 22)

2. Agreement Type: Original Agreement Renewal Number: _____ Amendment Number: _____
 If more than one funding source, show each source with amount of funds and Expansion Option (EO) and Version. If the contract will cross fiscal years, please indicate the amount that will be encumbered in the current fiscal year. If additional space is required, please attach a separate sheet.

3. Department Agreement # ID-014476 4. Begin Date DOE End Date _____ Revised End Date _____ 5. Grant # _____ Mod. # _____
 Until Complete

6. CFDA # _____ CSFA # _____ 7. Contract/Grant Total _____ Increase _____ (Decrease) _____ Revised Contract/Grant Total _____

8. Entity Name/Vendor ID #/Address/Phone # Kimberly T. Williams 9. Method of Payment _____ 10. Vendor Determination Form Received? _____
311 North 18th Street, Fort Pierce, FL 34950 Cost Reimbursement _____ Yes _____
(772) 318-8963 Fixed Price or Fixed Rate _____ No _____
 Other: (please specify) _____

11. FLAIR Fund Code _____ 12. FLAIR Object Code(s) _____ 13. Budget Entity _____ 14. FLAIR Organization Code(s) _____ 15. Appropriation Category _____

16. Expansion Option/Version _____ 17. OCA _____ 18. FCO Year _____ 19. FLAIR Account Code (29-digits) _____

20. Method of Procurement Type: _____ 21. Service Type _____ 22. Agreement Type _____ 23. State Funded Project? _____
 Solicitation #: _____ Vendor Contract _____ Yes _____
 X Recipient/Subrecipient _____ No _____
 Other: (please specify) _____

ADMINISTRATIVE REVIEW

PRE-EXECUTION AND EXECUTION (DocuSign)	
Agreement Manager:	DocuSigned by: <u>Alexa Richardson</u> 52F084B3F262466...
12/21/2020	
Bureau Chief/Manager:	
Division Director:	
Recipient 1:	
Recipient 2 (If Applicable):	