


# Lake Worth Beach Public Library

**Project Title:** Literacy City

## A. Applicant Information Page 1 of 11

### Applicant Information

- a. **Organization Name:** Lake Worth Beach Public Library 
- b. **FEID:** 59-6000358
- c. **Phone number:** 561.533.7354
- d. **Principal Address:** 15 North M Street Lake Worth Beach, 33460
- e. **Mailing Address:** 15 North M Street Lake Worth Beach, 33460
- f. **Website:**
- g. **Organization Type:** Municipal Government
- h. **Organization Category:** Library
- i. **County:** Palm Beach
- j. **DUNS number:** 126412519
- k. **Fiscal Year End Date:** 09/30

### 1. Applicant Director \*

**First Name**

Cindy

**Last Name**

Ansell

**Phone**

561.533.7354

**Email**

cansell@lakeworthbeachfl.gov

### 2. Project Manager \*

**First Name**

Cindy

**Last Name**

Ansell

**Phone**

561.533.7354

**Email**

cansell@lakeworthbeachfl.gov

**3. Duns in process**

DUNS Number Application in process

**4. Public Library has implemented an Internet Safety Education Program? \***

Yes

No

Not Applicable

**5. Rural Economic Development Initiative eligible \***

Yes

No

## B. Project Information Page 2 of 11

### 1. Application Priority \*

Priority 1 of 1

### 2. Targeted User Group(s) \*

Pick at least one but not more than three. [? Help](#)

- Children (Persons age 11 and under)
- Young adults and teens (Persons ages 12-18)
- Adults

### 3. Project Service Area \*

The municipality, county or region the project will serve. [? Help](#)

Lake Worth Beach, FL 33460

### 4. Project Summary \*

A concise, stand alone summary of the project. Include the applicant name, who is to be served by the project and what project activities will occur in the project. [? Help](#)

#### **Literacy City: Where Every Resident is a Reader!**

*A campaign to increase foundational and cultural literacy among the residents of Lake Worth Beach, Florida, spear-headed by the Lake Worth Beach City Library.*

Literacy City is a project aimed at increasing literacy in Lake Worth Beach. It contains components to reach school-age children, young adults, and adults in schools and neighborhoods. Some of the components include: a Literacy City curriculum unit, a "This is Literacy City" virtual program, Literacy City board game, a Literacy City virtual walking tour, an "I live in Literacy City" video series, a Literacy City postcard set, and a monthly literacy event hosted by the Library.

## C. Introduction Page 3 of 11

Gives an overview of the applicant and establishes who is applying for funds. The information provided in questions 1—5 should be answered for the applicant listed on the project information section.

If the project is being implemented by an outlet, member or specific subset of the organization, the information in questions 1—5 can be provided for the specific subset as a part of the response to question 6.

### 1. Where is the applicant located geographically? \*

 Help

Lake Worth Beach, FL

### 2. How many staff members does the applicant have? \*

 Help

3

### 3. How many service outlets does the applicant have? \*

 Help

1

### 4. How many registered borrowers does the applicant have, if applicable? \*

 Help

19,863

### 5. What is the governance of the applicant? \*

 Help

City of Lake Worth Beach, FL

### 6. Provide any additional information about the applicant to set the context for the project. This response is optional.

 Help

## D. Need Page 4 of 11

The need section defines the problem to be solved by the project and the targeted population to be served by the project. The need makes a case for funding the project.

### 1. Size of the target population \*

38,000

### 2. Who is the target population? \*

[? Help](#)

Residents of Lake Worth Beach, FL

### 3. What are the unmet needs of the target population? \*

[? Help](#)

Examination of the data below reveals that our community has the highest level of need for services in Palm Beach County.

#### Demographic Summary of Lake Worth Beach, FL

Zip Code 33460

January 2021

Extracted from Palm Beach County selected zip code data, maps & child information, published by the Children's Services Council of Palm Beach County

33460 is a relatively small (4.9 square miles) suburban zip code. It has an estimated population of 38,526. Based on 2020 Census data, the population is Hispanic 45%, white 35%, black 18%, and other 2%. 39% of residents are foreign born and 55% speak another language than English at home.

33460 is at the highest level for the CSC's community needs index.

There are approximately 13,032 households of which 22% are families with children under 18. Families with children in poverty are 21%. 26% of children score ready for school. 31% of students are on reading level in 3rd grade. The High School graduation rate is 68%.

Land area	4.90 square miles
Current population	38, 526
Avg. Income per household	\$42,500
Persons per household	3
Hispanic population	45%
White population	35%
Black population	18%



Other population	2%
Foreign born	39%
Language at home (not English)	55%
Median age	35
Households per zip code	13, 032
Families with children in poverty	21%
Children scoring ready for school	26%
Students on reading level (3rd grade)	31%
High School graduation rate	68%

#### 4. How are the target population's needs not being met by the library or other community services? \*

[? Help](#)

The need for literacy, both foundational and cultural, in our community is extreme. The Library has been focused on early childhood/school readiness for the last 10 years, and this continues. We have developed several community partners to help extend the Library's reach into the community.

With this program we seek to target all ages, and the families in the community. Community services tend to target children or seniors, for example. Our experience has revealed that the neediest segment of our community is family focused and tend to respond well to programs which include the whole family in their scope. Family focused services are harder to find in this area.

Many people in the neediest group have come from other countries and know little to nothing about the community we live in. Even service providers are often lacking in cultural literacy. For this reason we decided add the cultural literacy framework to the foundational literacy content.

#### 5. How does the project relate to the applicant's long range plan or enhance the mission of the organization? \*

[? Help](#)

Lake Worth Beach City Library's mission as stated in our long range plan and annual plan of service is to provide a beautiful facility, quality programming, and a variety of services so that the community may enjoy the **benefits of literacy and an enriched quality of life.**

We think that this educational/recreational program with its foundational and cultural literacy content will allow our residents to enjoy an enriched quality of life.

#### 6. Additional Factors for Consideration / Continuing Project Status Report.

[? Help](#)

This project's start up expenses are considerable due to the design, development, and production costs. Once that hurdle is completed, the expenses will be mostly in the area of staff time and program venues.

This is why, with LSTA funds to cover start up costs and minimal maintenance expenses, this project will be sustainable in the long run.



# E. Partners Page 5 of 11

1. List all project partners and their roles below. Add as many additional partners as needed.

 Help

#	Partner Name	Partner Role
1	School District of Palm Beach County	Provide access to classrooms for programming
2	Neighborhood Association President's Council	Provide access to neighborhood meetings for programming and social media support
3	Bridges of Lake Worth	Provide access to family events schedule for programming and social media support
4	Bridges of Highland	Provide access to family events schedule for programming and social media support
5	Dark Side Collectibles	Game distribution
6	Lake Worth Beach Visitors Center	Postcard distribution and social media support
7	Healthier Lake Worth Beach	Provide access to their events for programming and social media support
8	Friends of the Lake Worth Beach Library	Provide volunteers and social media support



# F. Activities Page 6 of 11

## 1. Activities

#	Activity Name	Activity Narrative	Activity Outputs
1	Activity 1	Design Literacy City brand style sheet including logo. This will give the campaign a recognizable and consistent look. Resource 1 Phase9 Design	1. Approved Literacy City brand style sheet 2.
2	Activity 2	Design Literacy City Board Game The board game will encourage family participation and promote cultural literacy.	1. Approved game board design.
3	Activity 3	Design Literacy City postcard set. The postcard set will be used in conjunction with the game and also tie in to the walking tour. Resource 3 Phase9 design	1. Approved design for postcard set.
4	Activity 4	Produce PR materials and game. Game will be printed and produced to resemble the typical game box format. Banners will be printed. Literacy event calendar will be printed. Campaign postcards will be printed.	1. Finished games, PR materials, and postcard sets will be ready for distribution.
5	Activity 5	Develop Literacy City presentation. This presentation will introduce the Literacy City campaign and its components to residents.	1. Presentation script, handouts ready to record and post on social media.
6	Activity 6	Write Literacy City curriculum unit. This unit will introduce students to Literacy City and the history and points of interest in LWB.	1. Finished curriculum unit to be recorded and distributed to LWB schools.
7	Activity 7	Create and record "I live in Literacy City" video series. These short videos will reflect the diversity and character of people who reside in LWB.	1. 6 videos of residents and walking tour will be posted on social media.
8	Activity 8	Install Literacy software on the City's website. This program will allow residents to log in and increase their literacy skills at their own pace.	1. Website visitors will have access to self-help literacy programs.
9	Activity 9	Develop Literacy City monthly event calendar. Monthly events will be designed to promote literacy and help acquaint residents with with LWB.	1. Finished monthly event calendar to be printed and posted on social media.
10	Activity 10	Present Literacy City program to schools, community groups. The results of Activity 6 will be presented.	1. 12 scheduled programs will be presented virtually or in person when possible.

## 2. TimeLine

Provide a detailed overall timeline of all of the proposed activities. If desired, the timeline can be in the form of a Gantt or other chart. To find out more about a Gantt chart, see <https://www.gantt.com>

### 2.1.

### 2.2. Upload File

File Name	File Size	Uploaded On	View (opens in new window)
LSTA FY22 Timeline Activities & Resources.xlsx	13 [KB]	3/5/2021 3:44:41 PM	<a href="#">View file</a>

**3. List all resources needed and identify which activities they will support. Use a comma to separate Activity numbers. \***

#	Resource	Activity Number(s)
1	Phase9	1,2,3,4
2	Cindy Ansell	5,6,9,10,11
3	Kay Ralston	6,10,11
4	Ben Kerr, Information Officer, LWB	7
5	Keith Sullivan, LWB webmaster	8

# G. Additional Project Information Page 7 of 11

## 1. Publicity Communications \*

Describe the plans to promote and publicize the entire project. Indicate who will be responsible for carrying out the publicity activities. How will the target audience be informed about the project? [? Help](#)

Cindy Ansell will work with LWB's Public Information Officer and City Webmaster for the publicity and promotion of the project. The project will be posted on the City website, Facebook, and Instagram. The project will be displayed on the electronic signs at City Hall. Banners will be placed in the City plaza and the parks. Postcards introducing the project will be distributed in LWB schools, businesses, and in the visitors information center.

## 2. Sustainability \*

Describe plans to continue or sustain the project once funding ends. [? Help](#)

the Literacy software will remain on the website. Programs will continue to be schedule on demand. Literacy materials will remain in the Library's collection.

## 3. Digital Images

[? Help](#)

### 3.1. Are digital images being created? \*

- Yes
- No
- Not Applicable

### 3.2. Are metadata records being added to the statewide database in the Florida Electronic Library?

- Yes
- No

### 3.3. If not, provide explanation



# H. Evaluation Page 8 of 11

The evaluation plan describes how the project will be evaluated as it is implemented. It will also provide the measures to determine the project's success.

## Outcome

The outcome measures changes in knowledge, skills, behavior or condition of the customer as a result of the project. The Division requires at least one required outcome for each project. Select at least one of the required outcome(s) that will best measure the success of the project. Additional outcomes can be added if desired, but are not required.

The required outcomes for the grants are:

- The targeted population uses information or services that were not previously available.
- The targeted population uses technology to get information.
- The targeted population demonstrates an increase in their knowledge, skills or abilities.

## Indicator

Indicators show how well the project is meeting an outcome. An indicator answers the question "how do we know that an outcome is achieved?" It is the statistics or data gathered to prove your results. Provide at least one indicator for the outcome. List additional indicators, if needed.

## Source

For each indicator listed, list the who or what that will provide the data that you will use to evaluate the outcomes of the project

## Method

For each source listed above, list the method by which the data used to determine the indicator will be collected. [? Help](#)

## 1. Evaluation Narrative \*

Describe who will be responsible for the evaluation and when the evaluation will occur during the project. Describe any questionnaires, surveys, or test instruments to be used. Describe any reports the evaluation will produce. Describe how the evaluation will be used to make changes within the project year. If you wish to include evaluation samples (not required), they can be uploaded in the attachments section of the application. [? Help](#)

Cindy Ansell and Kay Ralston will be responsible for evaluating the project. Evaluation will take place throughout the project once the development phase is complete.

Paper surveys will be used to evaluate in person programs. Electronic surveys will be posted on the website.

The webmaster will collect data on the users of the literacy software.

As the information is collected it will be reviewed to make changes as needed.

## 2. Outcome - Use Of New Information Services \*

Not Applicable

### 2.1. The targeted population uses information or services that were not previously available.

#	Indicator	Source	Method
1	We will count the number of program participants.	Cindy Ansell	Headcount

## 3. Outcome - Uses Technology \*

Not Applicable

**3.1. The targeted population uses technology to get information.**

#	Indicator	Source	Method
1	Number of people who access literacy software	Keith Sullivan	Machine counts hits and uses

**4. Outcome - Increase KSAs \***

Not Applicable

**4.1. The targeted population demonstrates an increase in their knowledge, skills or abilities.**

#	Indicator	Source	Method
1	We will survey program participants as to their cultural awareness before and after our presentations	Cindy Ansell	Questionnaires/surveys

**5. Additional Outcomes**

#	Outcome	Indicator	Source	Method
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# I. Budget Page 9 of 11

The budget explains and justifies the LSTA and matching funds required to implement the project. It should be clearly related to project activities. Each section of the budget is comprised of two required parts: the budget narrative and budget detail of the proposed amounts.

The narrative provides a detailed explanation and justification of proposed LSTA and matching expenditures. For each amount listed in the detail, the narrative should show how the amounts were calculated, for both grant and matching (if applicable) funds, i.e., include calculations, unit costs, or breakdown of costs. [? Help](#)

If a project requests less than \$10,000 (\$0-\$9,999) in grant funds, no matching funds are required. All other projects must provide local matching funds that equal a minimum of one-third (1/3) of the amount of federal funds requested or awarded.

## 1. Salaries and Benefits

Show combined salaries benefits to be paid to each person employed in the project, or who will be used as match for the project on a separate line. The narrative should indicate what the benefits percentage is for the salaries. Fees and expenses for consultants should be included under the Contractual Services section. For each position listed, provide the full-time equivalency (FTE) based on the local workweek.

### 1.1. Salaries and Benefits Detail \*

#	Position Title	F.T.E.	Grant Funds	Cash Match	Total
1	Library Manager	0.25	\$0	\$16,875	\$16,875
2	Librarian	0.10	\$0	\$5,495	\$5,495
3	Information Officer	0.05	\$0	\$4,750	\$4,750
4	Webmaster	0.05	\$0	\$4,750	\$4,750
<b>Totals:</b>			<b>\$0</b>	<b>\$31,870</b>	<b>\$31,870</b>

### 1.2. Salaries and Benefits Narrative

Benefits equal 35% of salary and benefits.

Library Manager 25% of \$67,500 for project oversight and development.

Librarian 10% of \$54,950 for programming support.

Information Officer 5% of \$95,000 for video support.

Webmaster 5% of \$95,000 for website support.

## 2. Contractual Services

Include costs for specific services to be performed by an outside organization or individual under contract. Examples include: consultant fees, rentals, advertising, speaker's fees and wiring costs. Briefly describe services to be provided by contract. [? Help](#)

### 2.1. Contractual Services Detail \*

#	Description	Grant Funds	Cash Match	Total
1	Phase9 design	\$9,000	\$0	\$9,000
2	Phase9 printing and production	\$17,000	\$0	\$17,000
<b>Totals:</b>		<b>\$26,000</b>	<b>\$0</b>	<b>\$26,000</b>

### 2.2. Contractual Services Narrative

Phase9 will be performing the development and design work for the campaign. This campaign is illustration heavy in content. Designs include: style sheet, logo, postcard set (12), game board, game cards, game pieces, game box, campaign postcards, banners, and event postcards

Design estimate: \$9,000.

Phase9 will also be printing abd production of the campaign materials. Printing includes: campaign postcards, banners, event postcards, postcard sets, gameboards, boxes, gamecards

Printing and production estimate: \$17,000

## 3. Library Materials

Describe type and numbers of materials to be purchased. [? Help](#)

### 3.1. Library Materials Detail \*

#	Description	Grant Funds	Cash Match	Total
1	Literacy software, Paper literacy workbooks, LWB history items	\$3,000	\$0	\$3,000
<b>Totals:</b>		<b>\$3,000</b>	<b>\$0</b>	<b>\$3,000</b>

### 3.2. Library Materials Narrative

Most of this expense will cover the literacy software which will be installed on the website. A subscription to Literacy solutions costs 400.00 per year for 20 users. If users exceed 20 we will purchase additional subscriptions.

The Library will distribute Literacy workbooks to residents who prefer a paper format.



The Library will purchase additional locally published books on the history of LWB.

**3.3. Is the library purchasing materials for the library's collection?**

Yes

No

**3.4. If yes, are bibliographic records being loaded into the statewide database?**

Yes

No

**3.5. If no, provide an explanation of why the records are not being loaded.**

**4. Supplies**

Describe the supplies needed for the project. Supplies may include computer supplies, toner, paper, postage, etc. [? Help](#)

**4.1. Supplies Detail \***

#	Description	Grant Funds	Cash Match	Total
1	paper and toner and misc. office supplies	\$600	\$0	\$600
<b>Totals:</b>		<b>\$600</b>	<b>\$0</b>	<b>\$600</b>

**4.2. Supplies Narrative**

These supplies will be used to print the curriculum unit, questionnaires, and prepare them for distribution

**5. Travel**

Indicate amounts to be used for travel associated with the project. Any travel conducted with grant or matching funds Must be done in accordance with Section 112.061, Florida Statutes. In the narrative indicate the traveler's position, destination, purpose, and how the travel relates to achieving project purposes. [? Help](#)

**5.2. Travel Narrative**

**6. Equipment**

The costs for equipment and furniture to be purchased and used by the project are covered in this category. Examples include computers, desks, and chairs. Include only items with a useful life of at least one year and an acquisition cost of \$1,000 or more. Small items of equipment that do not meet this definition should be shown in the "Other" category. List all equipment to be purchased. Describe the type of equipment and explain how equipment will be used to support the project. [? Help](#)

**6.2. Equipment Narrative**

## 7. Other

Include costs for any items that do not fall under the categories above. Some examples include printing and small equipment costing less than \$1,000. [?](#) Help

### 7.2. Other Narrative

#### Total LSTA Request:

\$29,600

#### Total Matching Funds:

\$31,870

# J. Certifications and Attachments Page 10 of 11

## 1. Debarment Form \*

## 2. Federal Funding Accountability and Transparency Act (FFATA) \*

## 3. Internet Safety Certification Form. Applies only to public libraries.

## 4. Lobbying Activities Form

## 5. Certificate of Good Standing

## 6. Electronic Payments

This form must be completed annually and submitted directly to the Department of Financial Services so that your organization can receive grant funds via electronic funds transfer (EFT). If your organization has already submitted a form to DFS since January of the current calendar year, please check the box.

 [Download Blank Vendor Direct Deposit Authorization \(Pdf Format\)](#)

6.1.  Previously Submitted form since January of the current calendar year

6.2.

## 7. Support Materials (optional)

7.1.



# K. Review and Submit Page 11 of 11

## 1. Review and Submit

I hereby certify that I am authorized to submit this application on behalf of Lake Worth Beach Public Library and that all information indicated is true and accurate. I acknowledge that my electronic signature below shall have the same legal effect as my written signature. I am aware that making a false statement or representation to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S., punishable as provided for by ss. 775.082, 775.083, and 775.084.

### 1.1. Guidelines Certification

I hereby certify that I have read and understand the guidelines and all application requirements for this grant program as outlined under section 257. 12-15, Florida Statutes and 1B-2.011, Florida Administrative Code.

### 1.2. Signature (Enter first and last name)



**Department of Financial Services**  
**Division of Accounting and Auditing – Bureau of Vendor Relations**

**Instructions for Direct Deposit Authorization**

Please contact us at (850) 413-5517 or e-mail at [DirectDeposit@MyFloridaCFO.com](mailto:DirectDeposit@MyFloridaCFO.com) if you have any questions or need assistance.

**Section 1: Transaction Type:** Select the appropriate transaction type(s):

- **New request** - If a payee is not currently on direct deposit with the state.
- **Change** - If payee has a current direct deposit with the state and is requesting a change to the record. (example: change of payee name, financial institution, account number and etc)

**Section 2: Authorization for Setup or Changes:** Enter the information of the Payee.

Note: *The social security number is required to be collected pursuant to 26 USC 6109, and will only be used for the purpose of complying with filing requirements imposed by the Internal Revenue Code and to comply with Section 119.071(5)(a)7, F.S.*

The name on the Direct Deposit Payment Authorization Form must match the Payee name on file with the State of Florida Vendor payment system for payments to be sent electronically. If you are currently receiving payments via State warrant, you should list the first line of Payee exactly as it appears on the State of Florida warrant.

Payees have the option to receive a paper copy of the direct deposit information by mail. Please note that the information is available online at <http://flair.dbf.state.fl.us/dispub2/cvnhphst.htm> immediately after the payment is deposited into the payees designated account.

**Section 3: Financial Institution:** Contact your financial institution to confirm your direct deposit account information. Have the completed form signed by a Representative of the Financial Institution. The individual authorizing the form must be an authorized signer on the bank account that the funds are being sent to. Verification will be conducted by the Department, via a telephone call to the Authorized Signer, to confirm the business name, account and transit-routing information of the financial institution.

**Section 4: International ACH Transactions (IAT):** Check this box if your funds are deposited in a U.S. financial institution and the entire amount is subsequently forwarded to a financial institution in a foreign country. Banking industry rules require the State, as originator of electronic payments, to identify payments where the entire payment amount is subsequently transferred to a financial institution outside the United States. The rules are referred to as "International ACH Transaction (IAT) rules" and are pursuant to requirements of the Office of Foreign Assets Control (OFAC), which is part of the United States Treasury. If an electronic payment is identified as an IAT transaction, the electronic payment must be sent to your financial institution in a special format. Contact your Financial Institution to see if IAT rules apply to you.

The State of Florida does not send payments electronically to financial institutions outside the United States.

**Terms and Conditions**

Processing time is approximately 4 to 6 weeks following receipt of the completed form. Please complete all information requested on this form.

Providing account information does not authorize the State of Florida to access account activity on your account.

We will initiate a pre-notification to your financial institution prior to making payment based on this authorization. The pre-notification is a zero dollar entry transmitted to your financial institution for the purpose of verifying the accuracy of the account and transit-routing numbers provided and entered into our system.

An authorized representative of the payee must make any changes to the information provided on this form in writing. Changes to account information will cause the original authorization to be immediately inactivated and the new account information will be processed as described above. The authorization will remain in effect until terminated in writing with sufficient notice to the State to allow adequate time to effect termination. The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Direct Deposit Payment Authorization Form.

The State cannot send payments to different accounts at this time. All payments from the State of Florida will be sent to the single account you designate.





**Department of Financial Services**  
**Division of Accounting and Auditing – Bureau of Vendor Relations**

Vendor Direct Deposit Authorization

<b>Section 1: Transaction Type</b>					
<input type="checkbox"/> New request			<input type="checkbox"/> Change account number		
<b>Section 2: Authorization for Setup or Changes</b>					
Social Security number <i>or</i> Federal Employer's Identification Number					
Business Name					
Business fax number		Business phone number			
Mailing address					
City		State		ZIP code	
I authorize Direct Deposit Section to verify with the Financial Institution the accuracy of the account information provided. I authorize the State of Florida to initiate credit entries and, if necessary, a debit entry in order to reverse a credit entry made in error in accordance with NACHA rules. I authorize these payment instructions and accept the terms and conditions for Electronic Funds Transfer payments on the reverse side of this form.					
Authorized Signature			Title		
Printed Name			Date		
Email address					
Financial Institution name			Type of Account ( <i>check one</i> )		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Name					
Routing Number		Customer Account Number			
<input type="checkbox"/>		Check this box if you do not want to receive by mail a paper copy of EFT Remittance Advice after funds are deposited in your designated account; this information is available online at <a href="http://flair.dbf.state.fl.us/dispub2/cvnhphst.htm">http://flair.dbf.state.fl.us/dispub2/cvnhphst.htm</a> .			
<b>Section 3: Financial Institution</b>					
I have verified that the account and transit-routing numbers provided above are correct. I have further verified that the person signing as the payee is an authorized signer on the account specified above.					
Representative Name			Representative Signature		
Title of Representative			Date		
Business fax number		Business phone number			
Mailing address					
City		State		ZIP code	
<b>Section 4: International ACH Transactions</b>					
<input type="checkbox"/>		Check this box if your funds are deposited in a U.S. financial institution and the entire amount is subsequently forwarded to a financial institution in a foreign country. See the instruction page for further information on International ACH Transactions			
<b>For Florida Department of Financial Services Use Only</b>					<b>Send the ORIGINAL form to the address below</b>
DM:		COMP:		FC:	
VMP:		VV:		VB:	
VVC:		APPR:			
Comments:					
					Department of Financial Services Direct Deposit Section 200 East Gaines Street Tallahassee, Florida 32399-0359



## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by the reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.





## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (Telephone Number).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 45 CFR 1183.35, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date



## Federal Funding Accountability and Transparency Act (FFATA) Reporting

Subgrantees must complete the Federal Funding Accountability and Transparency Act Reporting form. The FFATA Act requires that information on federal awards and executive compensation be made available to the public through a single searchable website, [www.USASpending.gov](http://www.USASpending.gov).

### Applicability and What to Report

- A. If, in the previous fiscal year, the subgrantee's gross income from all sources was under \$300,000, it is exempt from the requirements to report:
1. Subawards, and
  2. The total compensation of the five most highly compensated executives of the subgrantee.
- B. If the subgrantee is not exempt as provided in paragraph A., the subgrantee shall report the names and total compensation of each of its five most highly compensated executives, **if** -
1. In the subgrantee's preceding fiscal year, the subgrantee received:
    - a) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); **and**
    - b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subgrantees); and
  2. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at [www.sec.gov/answers/execomp.htm](http://www.sec.gov/answers/execomp.htm).)

## **Definitions**

**Total compensation** means the cash and noncash dollar value earned by the executive during the subgrantee's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

- i. Salary and bonus.
- ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- v. Above-market earnings on deferred compensation which is not tax-qualified.
- vi. Other compensation, if the aggregate value of all such other compensation (e.g., severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

**Executive** means officers, managing partners, or any other employees in management positions.

**Data Universal Numbering System (DUNS) number** means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (866.705.5711) or the Internet (<http://fedgov.dnb.com/webform>).



## Federal Funding Accountability and Transparency Act (FFATA) Reporting

Name of Organization: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Check one of the following:

The organization does not meet the applicability requirements to report the total compensation of the top five subgrantee executives and will not report total compensation for the preceding completed fiscal year.

The organization meets the applicability requirements to report the total compensation of top five subgrantee executives for the preceding completed fiscal year.

	Name	Total Compensation
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

\_\_\_\_\_  
Signature (Official who can verify status of information provided)

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

**INTERNET SAFETY CERTIFICATION FOR APPLICANT  
PUBLIC LIBRARIES  
PUBLIC ELEMENTARY AND SECONDARY SCHOOL LIBRARIES, and  
CONSORTIA WITH PUBLIC AND/OR PUBLIC SCHOOL LIBRARIES**

As the duly authorized representative of the applicant library, I hereby certify that the library is (*check only one of the following boxes*)

- A.  CIPA Compliant  
*(The applicant library has complied with the requirements of  
Section 9134(f)(1) of the Library Services and Technology Act.)*

**OR**

- B.  The CIPA requirements do not apply because no funds made available under the LSTA program are being used to purchase computers to access the Internet, or to pay for direct costs associated with accessing the Internet.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant Library/Program