**Notice:** A Notice of Rule Development for amendments to Rule Chapter 69I-5, Florida Administrative Code (F.A.C.), State Financial Assistance, has been published in the Florida Administrative Register. An updated version of Form DFS-A2-AR will be incorporated in the final rule.

When a new state project is identified as state financial assistance under the Florida Single Audit Act (section 215.97, Florida Statutes (F.S.)), the state agency must complete Form DFS-A2-AR. Submit completed forms to the FSAA Coordinator at the Department of Financial Services, Bureau of Auditing ([FSAA@MyFloridaCFO.com](mailto:FSAA@MyFloridaCFO.com)). Contact the Bureau of Auditing at (850) 413-3060.

|  |  |
| --- | --- |
| *Sections 1 through 4:* | *Fillable form to be completed by the state agency. Click in the Word table cells (shaded areas) to enter the requested information.* |

1. **State Agency Contact Information**

|  |  |
| --- | --- |
| **State Agency** | … |
| **Contact Name** | … |
| **Title** | … |
| **Email** | … |
| **Telephone** | … |

1. **State Project Information**

|  |  |  |
| --- | --- | --- |
| **Project Name or Title** | … | |
| **Budget Program and Entity** | … | |
| **Program/Entity Code** (8-Digit - *i.e., Elections 45100200*) | … | |
| **Appropriation Category Code** | … | |
| **Legal Authority** | … | |
| **General Appropriations Act Line Number and Year** | … | |
| **Actual or Estimated Annual Dollar Amount of State Financial Assistance** | | … |
| **Attached Agreement with Recipient? (Yes or No)** | | … |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Recipient Type** | | *Enter “X” for all that apply.* | | | | |
|  | Local Government | |  | Non-Profit |  | For-Profit |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Classes of Financial Assistance** | | *Enter “X” for all that apply.* | | |
|  | Cooperative Agreements | |  | Investments |
|  | Direct Appropriations | |  | Loans and Loan Guarantees |
|  | Food Commodities | |  | Property |
|  | Grants | |  | Tax Credits and Tax Refunds |
|  | Insurance | |  | Other |

1. **State Project Description**

Provide a narrative description of the objectives, restrictions, application and awarding procedures (including any pre-application notices and pertinent deadlines), and any other relevant information that pertain to the project.

Objectives of the Project:

|  |
| --- |
| … |

Project Restrictions:

|  |
| --- |
| … |

Pre-Application Notice:

|  |
| --- |
| … |

Application Procedures:

|  |
| --- |
| … |

Award Procedures:

|  |
| --- |
| … |

Application or Award Deadlines:

|  |
| --- |
| … |

Other Relevant Information:

|  |
| --- |
| … |

1. **Additional Project Contact Information**

|  |  |  |
| --- | --- | --- |
| **Contact Name** | … | |
| **Title** | … | |
| **Office or Program Name** | … | |
| **Address** | … | |
| **Email** | … | |
| **Telephone** | … | |
| **Web Address(es)** | … | … |

|  |  |
| --- | --- |
| *Section 5:* | *To be completed by the Department of Financial Services. Click in the Word table cells (shaded areas) to enter the requested information.* |

1. **Department of Financial Services,  
    Catalog of State Financial Assistance (CSFA) Number Assignment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CSFA No. Assigned** | … | | | | |
|  |  | | | | |
| **Authorized By** | … | | | **Date** | … |
|  |  | | | | |
| **Request Denied “X”** |  | **Reason** | … | | |