



State Financial Assistance Non-Profit State Fund Allocations for Remuneration

Upon completion, email a
copy of this form to:
ocigsfa@fdle.state.fl.us

Grant Number: _____
Recipient: _____
Project Title: _____
Project Period: _____
Type: Initial Submission Amendment

Pursuant to Section 216.1366, Florida Statutes, contracts executed, amended, or extended on or after July 1 2023 with non-profit organizations, as defined in Section 215.97(2)(m), Florida Statutes, require recipients to provide documentation indicating the amount of state funds allocated to be used during the full term of the agreement for remuneration to any member of the board of directors or an officer of the recipient.

In order to comply with this requirement and avoid a delay in payment for eligible services, the recipient must provide this completed certification to the grant manager upon contract execution. Any subsequent contract amendments altering the amounts of remuneration to be paid by state funds must be accompanied by a revised certification.

Budget Category	Amount Allocated by This Agreement
Salaries	
Fringe Benefits	
Bonuses	
Accrued Paid Time Off	
Severance Payments	
Retirement Contributions	
In-kind Payments	
Incentive Payments	
Reimbursements/Allowances	
Moving Expenses	
Transportation Costs	
Telephone Services	
Medical Services Costs	
Housing Costs	
Meals	
Grand Total	

I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Signature: _____ **Date:** _____
Typed Name: _____ **Title:** _____