

FPL GRANT       SEP GRANT

**FINANCIAL ASSISTANCE AWARD**

FEDERAL AWARD ID NUMBER (FAIN)

RECIPIENT NAME

RECIPIENT UNIQUE ENTITY IDENTIFIER (DUNS)

STREET ADDRESS

PERFORMANCE START DATE      PERFORMANCE END DATE

CITY, STATE, ZIP CODE

FEDERAL FUNDS OBLIGATED (TOTAL AWARD AMOUNT)  
\$

AUTHORITY

CO-FUNDING SHARE OF COST  
\$

CFDA NO. AND NAME

TOTAL ESTIMATED COST OF PROJECT/PROGRAM  
\$

PROJECT/PROGRAM TITLE

This Award Document (Form GCC-7700) signed by the Authorized Official constitutes an obligation of Federal funding. By signing this Form GCC-7700, the Recipient agrees to comply with the Award provisions checked below and attached. Upon acceptance by the Recipient, this Form GCC-7700 must be signed by an authorized representative of the Recipient and returned to the Grants Officer. If not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally withdraw this Award offer and de-obligate the funds.

- GULF COAST ECOSYSTEM RESTORATION COUNCIL FINANCIAL ASSISTANCE STANDARD TERMS AND CONDITIONS (JANUARY 2015)
- 2 CFR PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS, AS ADOPTED PURSUANT TO 2 CFR § 5900.101
- FAPIIS CERTIFICATION, 2 CFR PART 200 APPENDIX XII

**ABSTRACT/PURPOSE OF GRANT:**

**PROJECT/PROGRAM TITLE**

**PROJECT- OR PROGRAM-SPECIFIC INFORMATION**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> PLANNING                              | <input type="checkbox"/> IMPLEMENTATION                                | <input type="checkbox"/> SEP ONLY – INCLUDES INFRASTRUCTURE |
| <input type="checkbox"/> TECHNICAL ASSISTANCE                  | <input type="checkbox"/> IMPLEMENTATION - CONSTRUCTION                 | <input type="checkbox"/> OTHER – DESCRIBE                   |
| <input type="checkbox"/> PRE-AWARD COSTS – APPROVED AMOUNT: \$ | <input type="checkbox"/> INDIRECT COST RATE FOR AWARD (IF APPLICABLE): | %   |

*Note: Any change in the Total Award Amount may result in a change to the amount of approved indirect costs subject to the 3% administrative cost limitation.*

**ATTACHMENTS**

- |  |  |
|--|--|
| <input type="checkbox"/> RECIPIENT AND COUNCIL PRIMARY CONTACT INFORMATION | <input type="checkbox"/> CASH FLOW FORECAST SCHEDULE         |
| <input type="checkbox"/> SPECIAL AWARD CONDITIONS                          | <input type="checkbox"/> BUDGET DETAIL SCHEDULE              |
| <input type="checkbox"/> FUNDING AUTHORIZATION                             | <input type="checkbox"/> BUDGET NARRATIVE                    |
| <input type="checkbox"/> REPORTING SCHEDULE                                | <input type="checkbox"/> DESCRIPTION OF WORK TO BE PERFORMED |
| <input type="checkbox"/> KEY MILESTONE CHART                               | <input type="checkbox"/> OBSERVATIONAL DATA PLAN             |
| <input type="checkbox"/> APPROVED METRICS                                  | <input type="checkbox"/> PRELIMINARY DATA MANAGEMENT PLAN    |
| <input type="checkbox"/> OTHER:  |  |

**GULF COAST ECOSYSTEM RESTORATION COUNCIL  
AUTHORIZED OFFICIAL**

**RECIPIENT AUTHORIZED OFFICIAL**

NAME

NAME

TITLE

TITLE

SIGNATURE

SIGNATURE

FEDERAL AWARD DATE

DATE