

# SLFRF Compliance Report - SLT-1669-P&E Report-Q1 2022

## Report Period : Quarter 1 2022 (January-March)

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### Recipient Profile

#### Recipient Information

Recipient UEI	P3ZVJZH8P1M2
Recipient TIN	516000279
Recipient Legal Entity Name	State Of Delaware
Recipient Type	State or Territory
FAIN	
CFDA No./Assistance Listing	
Recipient Address	122 Martin Luther King, Jr. Blvd. S
Recipient Address 2	
Recipient Address 3	
Recipient City	Dover
Recipient State/Territory	DE
Recipient Zip5	19901
Recipient Zip+4	
Recipient Reporting Tier	Tier 1. States, U.S. territories, metropolitan cities and counties with a population that exceeds 250,000 residents
Discrepancies Explanation	
Who approves the budget in your jurisdiction?	Executive
Is your budget considered executed at the point of obligation?	No
Is the Recipient Registered in SAM.Gov?	No

## Project Overview

Does your jurisdiction have projects to report as of this reporting period?	
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### Project Name: OGOV Tech Impact

Project Identification Number	18841
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed less than 50%
Adopted Budget	\$3,000,000.00
Total Cumulative Obligations	\$1,000,000.00
Total Cumulative Expenditures	\$51,827.25
Current Period Obligations	
Current Period Expenditures	
Project Description	<p>The Data Science Fellowship seeks to grow the pool of data scientists, analysts, and engineers in Delaware by directly recruiting PhD candidates and postdoctoral researchers with a focus in appropriate quantitative methods, technologies, and techniques. Fellows would be required to live and work in Delaware during the program to be eligible for participation.</p> <p>PhD candidates gain a great deal of experience in their field, but often need additional mentorship and experience to successfully transition into full time employment in industry. The Data Science Fellow model provides this mentorship and experience to help successfully transition into full time employment while providing access to complex, real world issues that attract technologists. Candidates have frequently cited the opportunity to solve complex problems in the real world as a reason to pursue the Data Science Fellow role.</p> <p>The Data Science Fellowship is a workforce development pipeline to attract and retain highly skilled, highly educated talent in Delaware. Data science is one of the most sought-after skill sets in the job market today. Creating a pipeline to attract and retain this talent is critical to ensuring that Delaware builds the workforce of the future.</p> <p>The Fellowship will be positioned as an opportunity for Masters, PhD candidates, and postdoctoral researchers to build skills ahead of entering the workforce. Recruitment will primarily occur at universities with appropriate academic programs.</p>
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
	Participants will complete a 1 year Fellowship program to

Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	upskill their data and soft skill capabilities. Projects throughout the program will be in partnership with local organizations (including state agencies) focused on public health initiatives.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Participants will be selected based upon their ability to create and develop projects that will impact public health and economic mobility for the Delawareans.

**Project Name: OGOV First State Squash**

Project Identification Number	18597
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.25-Addressing Educational Disparities: Academic, Social, and Emotional Services
Status To Completion	Completed 50% or more
Total Cumulative Obligations	\$1,250,000.00
Total Cumulative Expenditures	\$1,250,000.00
Current Period Obligations	
Current Period Expenditures	
Project Description	<p>"</p> <p>First State Squash provides Wilmington youth, a majority of whom will be the first in their families to achieve a college degree, with tuition-free academic programming, squash instruction, and enrichment opportunities. Students enter the program in fifth grade and continue year-round, to and through college graduation. Using the sport of squash as a teaching tool, FSS creates long-term, intensive support and unique learning opportunities. FSS builds strong partnerships with students, families, and schools to help participants fulfill their academic, athletic, and personal goals.</p> <p>On January 7th, 2022, FSS completed the purchase of "Reflex," a former squash club in Wilmington. Located at 524 S Walnut Street, "Reflex" has six squash courts, locker rooms, and multiple prospective spaces that could host FSS classrooms and an office. Access to a building of this size will allow FSS to expand enrollment to better meet the needs of Delaware's youth, and ensure the organization offers long-term programming and support services to team members and families.</p> <p>First State Squash's first class will graduate from high school in 2026. Our long-term goals include ensuring:</p> <ul style="list-style-type: none"> <li>- 100% of team members graduate from high school</li> <li>- 100% of team members matriculate to institutions of postsecondary education</li> <li>- 70% of team members graduate four-year colleges or alternative post-secondary opportunities in six years or less</li> <li>- supporting team members become career ready and engaged citizens upon college graduation"</li> </ul>
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$1,810,000.00
Type of capital expenditures, based on the following	

enumerated uses	Schools and other educational facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	2 Imp Low or moderate income HHs or populations
Secondary Impacted and/or Disproportionately Impacted populations	19 Dis Imp For services to address educational disparities Title I eligible
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"FSS team members attend practices three-days-a-week during the school year and 20 practices in the summer. Each session includes squash instruction, academic support (homework help and literacy-based enrichment) and a healthy snack."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Students must fall into two/three of the following categories: - Attend a Wilmington Title I school - Be the first in their family to attend a 4-year post-secondary institution - Live in a single family household - Is a student of color - Be TANF eligible "
National Center for Education Statistics ("NCES") School ID or NCES District ID. List the School District if all schools within the school district received some funds	1000200, 1000006, 1000059, 1000010, 1000062, 1000014

**Project Name: OGOV Dover Interfaith Mission for Housing**

Project Identification Number	18636
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.18-Housing Support: Other Housing Assistance
Status To Completion	Completed 50% or more
Adopted Budget	\$650,000.00
Total Cumulative Obligations	\$650,000.00
Total Cumulative Expenditures	\$581,990.00
Current Period Obligations	
Current Period Expenditures	
Project Description	This 17900 square foot building on about one acre will be converted to emergency/transitional housing for displaced families. This project will provide highly-affordable housing for individuals and families displaced by job loss or lack of employment access and opportunity related to the Covid-19 pandemic. Preliminary design work is complete. Construction will take place during remainder of 2022.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$650,000.00
Type of capital expenditures, based on the following enumerated uses	Affordable housing, supportive housing, or recovery housing
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	Yes
What Impacted and/or Disproportionally Impacted	4 Imp HHs that experienced increased food or housing

population does this project primarily serve?	insecurity
Is a program evaluation of the project being conducted?	Yes
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Transitional housing for 40 individuals including women and children who were displaced by pandemic.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Intake process will verify homelessness and income; services will enable HHs to regain stability.

**Project Name: OMB HVAC Upgrades CSOB 7th Floor**

Project Identification Number	18804
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"Funding for two Office of Management and Budget projects for Heating, Ventilation, and Air Conditioning (HVAC) upgrades and/or replacements in the Carvel State Building and the Jesse Cooper Building, both State facilities. OMB anticipates the cost of the two HVAC improvements to be in the range of \$10 million."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide improved HVAC in public building
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed for improvement of general public

**Project Name: OMB HVAC Upgrades CSOB 8th Floor**

Project Identification Number	18805
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$1,622,062.62
Total Cumulative Expenditures	\$35,268.75
Current Period Obligations	

Current Period Expenditures	
Project Description	"Funding for two Office of Management and Budget projects for Heating, Ventilation, and Air Conditioning (HVAC) upgrades and/or replacements in the Carvel State Building and the Jesse Cooper Building, both State facilities. OMB anticipates the cost of the two HVAC improvements to be in the range of \$10 million."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$35,268.75
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide improved HVAC in public building
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed for improvement of general public

**Project Name: OMB HVAC Upgrades CSOB 11th Floor**

Project Identification Number	18806
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"Funding for two Office of Management and Budget projects for Heating, Ventilation, and Air Conditioning (HVAC) upgrades and/or replacements in the Carvel State Building and the Jesse Cooper Building, both State facilities. OMB anticipates the cost of the two HVAC improvements to be in the range of \$10 million."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide improved HVAC in public building
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed for improvement of general public

**Project Name: OMB HVAC Upgrades Jesse Cooper Building**

Project Identification Number	18807
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$243,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"Funding for two Office of Management and Budget projects for Heating, Ventilation, and Air Conditioning (HVAC) upgrades and/or replacements in the Carvel State Building and the Jesse Cooper Building, both State facilities. OMB anticipates the cost of the two HVAC improvements to be in the range of \$10 million."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide improved HVAC in public building
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed for improvement of general public

**Project Name: DOC Ventilation Chillers Northern Region**

Project Identification Number	18808
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$114,278.00
Total Cumulative Expenditures	\$857.09
Current Period Obligations	
Current Period Expenditures	
Project Description	Replacement of ventilation chillers at all DOC facilities to support COVID-19 mitigation efforts and to support public health in key settings such as correctional facilities.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$114,278.00
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems

What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide improved ventilation to DOC Inmate Population
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed for improvement of general public

**Project Name: DOC Ventilation Chillers Central Region**

Project Identification Number	18809
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$142,744.00
Total Cumulative Expenditures	\$21,411.60
Current Period Obligations	
Current Period Expenditures	
Project Description	Replacement of ventilation chillers at all DOC facilities to support COVID-19 mitigation efforts and to support public health in key settings such as correctional facilities.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$21,411.60
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide improved ventilation to DOC Inmate Population
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed for improvement of general public

**Project Name: DOC Ventilation Chillers Southern Region**

Project Identification Number	18810
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$114,278.00
Total Cumulative Expenditures	\$11,427.80
Current Period Obligations	
Current Period Expenditures	
Project Description	Replacement of ventilation chillers at all DOC facilities to support COVID-19 mitigation efforts and to support public



	health in key settings such as correctional facilities.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$11,427.80
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide improved ventilation to DOC Inmate Population
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed for improvement of general public

**Project Name: DTCC Child Care Center**

Project Identification Number	18656
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.11-Healthy Childhood Environments: Child Care
Status To Completion	Completed less than 50%
Adopted Budget	\$6,500,000.00
Total Cumulative Obligations	\$5,937.75
Total Cumulative Expenditures	\$829.37
Current Period Obligations	
Current Period Expenditures	
Project Description	Stanton Campus Child Development Center
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$6,500,000.00
Type of capital expenditures, based on the following enumerated uses	Childcare, daycare and early learning facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	construct child development center to provide services to the public
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"This project aligns with state and federal goals to increase childcare opportunities for low-income families, including doubling state support for the Early Childhood Assistance Program (ECAP) by 2024. "

**Project Name: DTCC CNAs**

Project Identification Number	18658
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.10-COVID-19 Aid to Impacted Industries
Status To Completion	Completed 50% or more
Adopted Budget	\$349,375.00

Total Cumulative Obligations	\$241,335.00
Total Cumulative Expenditures	\$241,335.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Collegewide Rapid Certified Nurse Assistant (CNA) Training
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	provide training to national guard to assist with nurse shortage
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Staffing shortages are plaguing all healthcare providers. One of the challenge areas is the shortage of staff at Delaware's long term care facilities. This shortage is reducing the number of patients these facilities can accommodate.

**Project Name: DTCC Allied Health Center**

Project Identification Number	18659
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$15,000,000.00
Total Cumulative Obligations	\$13,702.50
Total Cumulative Expenditures	\$1,911.33
Current Period Obligations	
Current Period Expenditures	
Project Description	George (Wilmington) Campus Allied Health Center of Excellence
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$15,000,000.00
Type of capital expenditures, based on the following enumerated uses	Medical equipment and facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	construct allied health center to conduct learning and research opportunities.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"The goal of this multi-faceted project is to assist in rebuilding a stronger, more equitable economy in communities hit hard by COVID and to meet COVID-19 mitigation and prevention response needs by educating and providing continued training not just for incumbent but also new health care workers needed to meet community needs resulting from the pandemic."

**Project Name: DTCC HVAC Upgrades**

Project Identification Number	18660
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$10,000,000.00
Total Cumulative Obligations	\$9,135.00
Total Cumulative Expenditures	\$1,275.63
Current Period Obligations	
Current Period Expenditures	
Project Description	Collegewide HVAC and Ventilation Improvements (Owens & Terry Campuses)
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$10,000,000.00
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	upgrade facilities to meet public health standards.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Meeting pandemic response needs, these projects improve the heating, ventilation and air conditioning systems to provide higher airflow rates with greater filtration to improve air quality at the George (Wilmington) and Terry (Dover) campuses. These projects reflect capital investments in public facilities, in largely underserved areas, to meet pandemic operational needs."

### Project Name: DTCC Culinary Program

Project Identification Number	18657
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.36-Aid to Other Impacted Industries
Status To Completion	Completed less than 50%
Adopted Budget	\$1,500,000.00
Total Cumulative Obligations	\$1,370.25
Total Cumulative Expenditures	\$193.67
Current Period Obligations	
Current Period Expenditures	
Project Description	"The renovations to the Culinary Arts facility will expand its square footage from 3,180 square ft to 8,800 square feet. This expansion will enable the program to increase its graduates in the Culinary Arts associate degree and diploma program by 80% (from 125 to 225 students) as well as offer new short-term certificate programs to 142 additional students annually."

What is the Total expected capital expenditure, including pre-development costs, if applicable	\$1,500,000.00
Type of capital expenditures, based on the following enumerated uses	Schools and other educational facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Improvements to existing facilities with Job and workforce training centers
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"The renovation and expansion of the Stanton Culinary Arts program will serve the growing needs of the food service industry by increasing enrollment in the Culinary Arts associate degree and baking/pastry diploma programs from 125 to 225, or approximately 80%. Additional seats will also help to accommodate recent graduates of Delaware's Pathways to Prosperity ProStart high school culinary programs. "
If aid is provided to industries other than travel, tourism, and hospitality, please describe if the industry experienced at least 8 percent employment loss from pre-pandemic levels, or the industry is experiencing comparable or worse economic impacts as the national tourism, travel, and hospitality industries as of the date of the Final Rule, and rationale for providing aide to the industry	culinary industry has been severely impacted by COVID-19 and this program will allow more future culinary art students to fulfill the workforce shortage.

**Project Name: DNREC Shoreline Protection**

Project Identification Number	18679
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$1,500,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide the government service of performing a number of shoreline management projects to add sand to the beaches and dunes in Pickering Beach, Kitts Hummock, Bowers, Slaughter Beach, and Delaware Seashore State Park – North Inlet Day Area. These shoreline management projects are intended to provide coastal storm damage reduction benefits to private property and public assets at each of these locations, in addition to providing ecological and recreational value.

**Project Name: DSU Early Childhood Innovation**

Project Identification Number	18395
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.11-Healthy Childhood Environments: Child Care

Status To Completion	Not Started
Adopted Budget	\$10,600,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	establish an Early Childhood Innovation Center. The request will also fund a statewide scholarship and support model for Early Childhood (EC) Educator Support professionals to include an application process, cohort design model, career advisement model, and a mechanism to partner with all Delaware institutions of higher education for scholarship distribution.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$10,600,000.00
Type of capital expenditures, based on the following enumerated uses	Childcare, daycare and early learning facilities

**Project Name: DSU Clinical Lab**

Project Identification Number	18782
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$7,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	a comprehensive clinical facility to combat health disparities which will be housed in the DSU Center for Health Disparities' Molecular Diagnostics Laboratory. The lab has been instrumental in providing COVID-19 diagnostic testing and limited variant tracing to residents of Delaware and Pennsylvania. It seeks to expand its work to address the level of health disparity observed amongst underserved communities by providing access to health services, Covid-19 vaccinations, education, and improved variant tracing.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$7,000,000.00
Type of capital expenditures, based on the following enumerated uses	COVID-19 testing sites and laboratories, and acquisition of related equipment

**Project Name: DSU HVAC Upgrades**

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Project Identification Number	18781
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$8,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Heating, Ventilation, and Air-Conditioning (HVAC) Upgrades/Replacements for DSU.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$8,000,000.00
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems

**Project Name: DSU Technology Upgrades**

Project Identification Number	18783
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.4-Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, Child care facilities, etc.)
Status To Completion	Not Started
Adopted Budget	\$7,400,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Upgrade the technology in DSU's SMART learning spaces by equipping each space with the following equipment: TV/smartboard, projector, cameras, sound system, a mirroring device, and a windows/MAC computer to enhance the SMART learning capability.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$7,400,000.00
Type of capital expenditures, based on the following enumerated uses	Technology and tools

**Project Name: DVCC Family Justice Center**

Project Identification Number	18720
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.22-Strong Healthy Communities: Neighborhood Features that Promote Health and Safety

Status To Completion	Not Started
Adopted Budget	\$133,858.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Strategic Planning for a Family Justice Center.

**Project Name: DOJ Backlog Assistance**

Project Identification Number	18648
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.5-Public Sector Capacity: Administrative Needs
Status To Completion	Not Started
Adopted Budget	\$50,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Staff-related expenses associated with the clearing of the DDOJ's felony intake backlog.

**Project Name: Lake Forest SD COVID Leave Extension**

Project Identification Number	18681
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$1,416.25
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to

response is reasonable and proportional to a public health or negative economic impact of Covid-19	Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Cape Henlopen SD COVID Leave Extension**

Project Identification Number	18682
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$24,566.53
Total Cumulative Expenditures	\$24,566.53
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Seaford SD COVID Leave Extension**

Project Identification Number	18683
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$35,912.76
Total Cumulative Obligations	\$12,145.50
Total Cumulative Expenditures	\$12,145.50
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid.



	Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Colonial SD COVID Leave Extension**

Project Identification Number	18684
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$47,067.19
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Woodbridge SD COVID Leave Extension**

Project Identification Number	18685
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%

Adopted Budget	\$10,808.57
Total Cumulative Obligations	\$819.83
Total Cumulative Expenditures	\$819.83
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Delmar SD COVID Leave Extension**

Project Identification Number	18686
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$10,995.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Polytech COVID Leave Extension**

Project Identification Number	18687
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$7,956.16
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Sussex Tech COVID Leave Extension**

Project Identification Number	18688
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$8,701.20
Total Cumulative Obligations	\$4,169.73
Total Cumulative Expenditures	\$4,169.73
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."

impact experienced	budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Charter School of Wilmington COVID Leave Extension**

Project Identification Number	18689
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$7,286.61
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Eastside Charter School COVID Leave Extension**

Project Identification Number	18690
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$3,618.24
Total Cumulative Expenditures	\$3,618.24
Current Period Obligations	

Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Kuumba Academy COVID Leave Extension**

Project Identification Number	18691
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$11,400.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: MOT Charter COVID Leave Extension**

Project Identification Number	18692
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity

Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$7,079.42
Total Cumulative Expenditures	\$7,079.42
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Newark Charter COVID Leave Extension**

Project Identification Number	18693
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$34,983.58
Total Cumulative Obligations	\$25,367.44
Total Cumulative Expenditures	\$25,367.44
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19	

supported under this authority	0
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**Project Name: Providence Creek COVID Leave Extension**

Project Identification Number	18694
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$44,162.53
Total Cumulative Obligations	\$16,841.05
Total Cumulative Expenditures	\$16,841.05
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Smyrna SD COVID Leave Extension**

Project Identification Number	18827
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$5,256.70
Total Cumulative Expenditures	\$5,256.70
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."

impact experienced	budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Appoquinimink SD COVID Leave Extension**

Project Identification Number	18828
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$36,848.41
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Las Americas ASPIRAS COVID Leave Extension**

Project Identification Number	18829
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$6,440.00
Total Cumulative Obligations	\$3,220.00
Total Cumulative Expenditures	\$3,220.00



Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: Milford SD COVID Leave**

Project Identification Number	18989
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$5,861.09
Total Cumulative Obligations	\$5,861.09
Total Cumulative Expenditures	\$5,861.09
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

**Project Name: 1st State Montessori COVID Leave**

Project Identification Number	18990
	3-Public Health-Negative Economic Impact: Public Sector

Project Expenditure Category	Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$12,452.84
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. Includes cost of substitutes teachers and overtime.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"District and Charter schools report expenditures to Office of Management and Budget. Upon review and approval, reimbursement funds are transferred to respective project budget."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Reimbursements are reviewed to adhere to State guidance ensuring that employee leave was used to quarantine, due to Covid, care for a family member, or receive vaccination. Districts and charters are required to maintain all documentation supporting leave usage."
Number of government FTEs responding to COVID-19 supported under this authority	0

### Project Name: DTI Digital Government GIS

Project Identification Number	18780
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.4-Public Sector Capacity: Effective Service Delivery
Status To Completion	Completed less than 50%
Adopted Budget	\$1,500,000.00
Total Cumulative Obligations	\$265,225.88
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	" Mapping is a significant need for a Digital Government platform. Current mapping data is old and outdated, lacking a variety of different additions to the state infrastructure. Any aspect of a new platform that geographically tracks data, like COVID-19 spread, for example, requires current mapping. The project includes three components that are Aerial Imagery, Land User/Land Cover & Impervious Surface, and Lidar."
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic	Upgrades to digital government mapping platform. This will allow tracking on a geographical basis for a variety of things

impact experienced	such as COVID-19 spread.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Will allow tracking for public health ventures such as COVID-19 tracking.

**Project Name: DTI Anchor Rooms Remote Work**

Project Identification Number	18813
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.4-Public Sector Capacity: Effective Service Delivery
Status To Completion	Completed less than 50%
Adopted Budget	\$494,300.00
Total Cumulative Obligations	\$313,932.76
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"The Delaware Executive Branch conducts public meetings at various locations across the State. While public meetings are now permitted to be held virtually, SB 94 requires a physical anchor location with at least one member of the public body present. Anchor rooms, coupled with remote access, serve as a valuable COVID-19 mitigation tactic. Their combined use alleviates the need for public officials and members of the public to feel compelled to gather in a single, physical location and risk disease spread. Remote access, enabled by anchor rooms, also provides access to meetings for members of the public who might not be able to travel to a physical location or congregate in person."
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	To upgrade meeting rooms across the State to provide updated technology requirements in order to meet the current demands of the workforce.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Upgraded meeting rooms will allow for virtual meetings to provide alternative options in the event of public health emergencies.

**Project Name: DTI Digital Government Platform Foundation**

Project Identification Number	18897
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.4-Public Sector Capacity: Effective Service Delivery
Status To Completion	Not Started
Adopted Budget	\$10,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00

Current Period Obligations	
Current Period Expenditures	
Project Description	""The Digital Government Platform Foundation Program sets out to deliver a device agnostic user-friendly experience for Delaware's residence and visitors. Considerable effort will be given to the design and incorporation of key software components that provide a human centric User Interface (UI) and User Experience (UX). This includes implementing agency services and upgrading the agencies' backend systems to utilize the portal/foundation. All agencies will be able to "plug in" to the foundation (over time) to deliver their services via the single portal/app. Various technical and program contractors will be needed to complete these projects.""
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	To provide a digital government platform for users across the state to have a more modern and enhanced software experience.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Digital platform will provide technology enhancements that will allow end users to perform job duties more easily. The need for this was exacerbated during the COVID-19 pandemic.

### Project Name: DHSS Emergency Housing

Project Identification Number	18598
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.18-Housing Support: Other Housing Assistance
Status To Completion	Completed less than 50%
Adopted Budget	\$6,000,000.00
Total Cumulative Obligations	\$1,923,199.82
Total Cumulative Expenditures	\$1,923,199.82
Current Period Obligations	
Current Period Expenditures	
Project Description	To develop and implement strategies to transition households experiencing homelessness.
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	No
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	4 Imp HHs that experienced increased food or housing insecurity
Is a program evaluation of the project being conducted?	No
Brief description of structure and objectives of assistance program(s), including public health or negative economic	During the pandemic, Delaware citizens including many families with children became homeless because of a variety of reasons including eviction, inability to pay rent or

impact experienced	utilities, lack of available housing stock, lack of shelter space, and lack of other state or federal supports to enter permanent housing.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Families became unable to find permanent or even temporary housing as a result of conditions created or exacerbated by the pandemic.

**Project Name: DHSS Emergency Housing**

Project Identification Number	18667
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.18-Housing Support: Other Housing Assistance
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$82,612.96
Total Cumulative Expenditures	\$82,612.96
Current Period Obligations	
Current Period Expenditures	
Project Description	To develop and implement strategies to transition households experiencing homelessness.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	4 Imp HHs that experienced increased food or housing insecurity
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	During the pandemic, Delaware citizens including many families with children became homeless because of a variety of reasons including eviction, inability to pay rent or utilities, lack of available housing stock, lack of shelter space, and lack of other state or federal supports to enter permanent housing.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Families became unable to find permanent or even temporary housing as a result of conditions created or exacerbated by the pandemic

**Project Name: DHSS Vaccine Booster for Homebound Adults**

Project Identification Number	18749
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.1-COVID-19 Vaccination
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$469,998.00
Total Cumulative Expenditures	\$1,623.75
Current Period Obligations	
Current Period Expenditures	
Project Description	DHSS Vaccine Booster for Homebound Adults
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Vaccinating homebound adults.

Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Providing vaccines to adults who are homebound.
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**Project Name: DHSS Federally Qualified Health Care Fund**

Project Identification Number	18750
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.37-Economic Impact Assistance: Other
Status To Completion	Completed 50% or more
Adopted Budget	\$6,000,000.00
Total Cumulative Obligations	\$4,500,000.00
Total Cumulative Expenditures	\$4,500,000.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Increase and/or retain staffing capacity impacted by COVID-19 and COVID-19 Infection Control Measures
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	to provide payments to local healthcare facilities in order to retain employees and provide coverage of staff shortages due to COVID-19
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	will conduct compliance checks to ensure funds went to retaining employees and coverage of staff shortages due to COVID-19

**Project Name: DHSS Early Childhood Testing**

Project Identification Number	18872
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.2-COVID-19 Testing
Status To Completion	Not Started
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	This program ensures the future capacity to meet pandemic response needs through testing of early childhood development centers and day-cares – age ranges outside of grant supported funding.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	This program ensures the future capacity to meet pandemic response needs through testing of early childhood development centers and day-cares – age ranges outside of grant supported funding.
	DPH will continue to meet with HMA to establish this

Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	testing program. This program is attached to the school testing program as additional support. This funds COVID-19 mitigation efforts.
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**Project Name: DHSS Emergency Supplies**

Project Identification Number	18873
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.37-Economic Impact Assistance: Other
Status To Completion	Not Started
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Provide supplies to families in need
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide supplies to families in need
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Emergency Supplies for Families enrolled in Evidence-Based Home Visiting Programs project.

**Project Name: DHSS Pregnancy Housing**

Project Identification Number	18874
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.17-Housing Support: Housing Vouchers and Relocation Assistance for Disproportionately Impacted Communities
Status To Completion	Not Started
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Services for pregnant women in need.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Services for pregnant women in need.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Housing and Wrap Around Services for Pregnant Women Demonstration Project

**Project Name: OGOV Administrative Costs & Overhead**

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Project Identification Number	18637
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Adopted Budget	\$325,000.00
Total Cumulative Obligations	\$12,249.42
Total Cumulative Expenditures	\$12,249.42
Current Period Obligations	
Current Period Expenditures	
Project Description	Admin & oversight expenses for OGOV to manage the ARPA SLFRF & CPF grants.

**Project Name: DHSS Meals, Meal Delivery, Case Management**

Project Identification Number	18955
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.1-Household Assistance: Food Programs
Status To Completion	Completed less than 50%
Adopted Budget	\$2,468,638.00
Total Cumulative Obligations	\$1,496,287.00
Total Cumulative Expenditures	\$1,076,287.00
Current Period Obligations	
Current Period Expenditures	
Project Description	DHSS Meals, Meal Delivery, Case Management
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	4 Imp HHs that experienced increased food or housing insecurity
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	During the pandemic, Delaware citizens including many families with children became homeless because of a variety of reasons including eviction, inability to pay rent or utilities, lack of available housing stock, lack of shelter space, and lack of other state or federal supports to enter permanent housing. These residents were placed in hotel and motels to provide safe temporary living arrangements by the Division of State Service Centers (DSSC). DSSC referred clients to the Division of Social
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Families became unable to find permanent or even temporary housing as a result of conditions created or exacerbated by the pandemic, including: 1. Lack of shelter space, shelters closed or reduced capacity due to need for social distancing or quarantining. 2. The moratorium on evictions created less turnover in housing resulting in less available housing 3. Rental housing prices have increased beyond what many low income families can afford 4. Many of hotel residents have multiple barriers to
Number of households served (by program if recipient establishes multiple separate household assistance programs)	900



**Project Name: DHSS Retention Premium Pay**

Project Identification Number	18721
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$6,700,000.00
Total Cumulative Obligations	\$1,243,144.84
Total Cumulative Expenditures	\$1,243,144.84
Current Period Obligations	
Current Period Expenditures	
Project Description	Retention incentives to existing DHSS facility patient care positions and DHSS nursing classifications
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	In response to the shortage of health care workers, retention incentives are being provided to direct care staff to enhance the department's ability to provide direct care to residents and patients
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Retention incentives are in accordance with ARPA guidelines
Number of government FTEs responding to COVID-19 supported under this authority	533

**Project Name: DOL Operational Expenses**

Project Identification Number	18869
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.5-Public Sector Capacity: Administrative Needs
Status To Completion	Not Started
Adopted Budget	\$17,426,170.00
Total Cumulative Obligations	\$297,750.86
Total Cumulative Expenditures	\$297,750.86
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to cover operational expenses to provide more services to the public as a result of COVID-19 pandemic.

**Project Name: DOL Overtime Expenses**

Project Identification Number	18870
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.5-Public Sector Capacity: Administrative Needs

Status To Completion	Not Started
Adopted Budget	\$1,270,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to cover overtime expenses due to severe backlog caused by COVID-19 pandemic

**Project Name: DOL UI Trust Fund**

Project Identification Number	18871
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.28-Contributions to UI Trust Funds
Status To Completion	Not Started
Adopted Budget	\$1,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding for unemployment trust fund.

**Project Name: DOL FAST Program**

Project Identification Number	18898
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Not Started
Adopted Budget	\$500,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Job training leading to certificates in impacted industries for recent HS graduates.

**Project Name: DOL Tableau Software**

Project Identification Number	18863
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.30-Technical Assistance, Counseling, or Business Planning

Status To Completion	Not Started
Adopted Budget	\$500,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Enhanced Reporting to assist in reaching workers affected by COVID-19

**Project Name: DOL UI System Modernization**

Project Identification Number	18790
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.4-Public Sector Capacity: Effective Service Delivery
Status To Completion	Not Started
Adopted Budget	\$60,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Business transformation and modernization of UI systems and business processes
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$60,000.00
Type of capital expenditures, based on the following enumerated uses	Other (please specify)

**Project Name: DOC Premium Pay & Overtime**

Project Identification Number	18213b
Project Expenditure Category	4-Premium Pay
Project Expenditure Subcategory	4.1-Public Sector Employees
Status To Completion	Completed 50% or more
Adopted Budget	\$17,000,000.00
Total Cumulative Obligations	\$14,386,113.03
Total Cumulative Expenditures	\$14,386,113.03
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to cover critical staff shortages in correctional facilities due to COVID-19 Pandemic
Sectors Designated as Essential Critical Infrastructure Sectors	Correctional facilities and youth rehabilitation facilities
Number of workers to be served	100

Premium Pay Narrative	Funding to cover critical staff shortages due to COVID-19 pandemic.
Number of workers to be served with premium pay in K-12 schools	0

**Project Name: DEMA Emergency Operations Center Upgrades**

Project Identification Number	18015
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$2,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	DEMA coordinates and responds to emergencies, including to public health emergencies as the designated public safety authority. This project will modify the State's Emergency Operations Center to update and configure capabilities for improved pandemic response. There will be physical capital improvements made to this facility.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$2,000,000.00
Type of capital expenditures, based on the following enumerated uses	Emergency operations centers and acquisition of emergency response equipment
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Modify the State's Emergency Operations Center.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	will provide better services through the emergency management agency

**Project Name: DEMA Mobile Emergency Command Vehicle**

Project Identification Number	18016
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$1,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	

Project Description	DEMA Mobile Emergency Operations Center vehicles to be used as a mobile emergency operations center and disaster recovery center for impacted survivors of a pandemic, natural, or man-made disaster. The vehicle would also offer local broadband access for communications to the community as part of the recovery process for any emergency.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$1,000,000.00
Type of capital expenditures, based on the following enumerated uses	Emergency operations centers and acquisition of emergency response equipment

### Project Name: DEMA COVID Testing Program

Project Identification Number	17949
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.2-COVID-19 Testing
Status To Completion	Completed 50% or more
Adopted Budget	\$40,000,000.00
Total Cumulative Obligations	\$34,632,808.08
Total Cumulative Expenditures	\$26,118,430.80
Current Period Obligations	
Current Period Expenditures	
Project Description	DEMA COVID Testing program to procure and distribute COVID test kits. This program will deliver test kits throughout the state and provide testing at various sites during the COVID-19 pandemic.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide COVID test kits to support public Health
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Delaware's COVID-19 testing results.

### Project Name: DSP Mobile Command Unit Vehicle

Project Identification Number	18014
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.11-Community Violence Interventions
Status To Completion	Completed less than 50%
Adopted Budget	\$2,250,000.00
Total Cumulative Obligations	\$2,188,382.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	

Project Description	Purchase and customization of a Mobile Command Vehicle to provide command and control during critical incidents and public events including COVID-19 related events.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$2,250,000.00
Type of capital expenditures, based on the following enumerated uses	Emergency operations centers and acquisition of emergency response equipment
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	Yes
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Is a program evaluation of the project being conducted?	Yes
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Hardware to support emergency communications operations.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Enhancement of State's 911 Centers capabilities.

### Project Name: DOC Ventilation Chillers

Project Identification Number	18013
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$3,600,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Replacement of ventilation chillers at all DOC facilities to support COVID-19 mitigation efforts and to support public health in key settings such as correctional facilities.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$3,600,000.00
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide improved ventilation to DOC Inmate Population
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed for improvement of general public

**Project Name: OMB HVAC Upgrades**

Project Identification Number	18551
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$10,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding for two Office of Management and Budget projects for Heating, Ventilation, and Air Conditioning (HVAC) upgrades and/or replacements in the Carvel State Building and the Jesse Cooper Building, both State facilities. OMB anticipates the cost of the two HVAC improvements to be in the range of \$10 million.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$10,000,000.00
Type of capital expenditures, based on the following enumerated uses	Installation and improvement of ventilation systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Upgrade HVAC systems in State facilities to provide better air quality for staff and visitors.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Upgrade HVAC units to provide better airflow in State facilities as the current systems were substandard and made apparent during the COVID-19 pandemic.

**Project Name: Courts Holding Cell Upgrades**

Project Identification Number	18490
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$2,626,572.00
Total Cumulative Obligations	\$271,402.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to construct a replacement holding cell water closet and lavatory within the Leonard L. Williams Justice Center.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$2,626,572.00
Type of capital expenditures, based on the following	

enumerated uses	Improvements to existing facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide improved holding cells at Leonard L Williams Justice Center (LLWJC)
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed improvement for the holding cells to support due to COVID-19.

**Project Name: OMB DHCI Project**

Project Identification Number	18396
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$50,000,000.00
Total Cumulative Obligations	\$3,141,700.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding for the renovation and construction of a new Delaware Hospital for the Chronically Ill (DHCI) in Smyrna, Delaware.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$50,000,000.00
Type of capital expenditures, based on the following enumerated uses	Medical equipment and facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide updated facility to chronically ill patients
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed for improvement of general public

**Project Name: OMB Food Warehouse**

Project Identification Number	18541
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$10,000,000.00
Total Cumulative Obligations	\$605,000.00
Total Cumulative Expenditures	\$0.00



Current Period Obligations	
Current Period Expenditures	
Project Description	Funding for new construction of a dry, cold, and frozen food warehouse, including space for program administration. This will allow the centralization and expansion of the programs capacity. Operationally, the program will be able to expand its cold storage allowing for more perishable foods to be received. In addition, the new location will make for a more centralized distribution center.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$10,000,000.00
Type of capital expenditures, based on the following enumerated uses	Food banks and other facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide updated warehouse to distribute food throughout Delaware.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Needed to provide additional services to the general public.

**Project Name: DNREC Lab**

Project Identification Number	18550
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$27,270,000.00
Total Cumulative Obligations	\$1,628,200.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to support construction of a new DNREC laboratory building.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$27,270,000.00
Type of capital expenditures, based on the following enumerated uses	COVID-19 testing sites and laboratories, and acquisition of related equipment
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide updated facility for DNREC laboratory to conduct testing and research.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Provide research and testing to mitigate COVID and other potential diseases.

**Project Name: Judicial Branch COVID Testing Program**

Project Identification Number	18017
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.2-COVID-19 Testing
Status To Completion	Completed
Adopted Budget	\$401,650.00
Total Cumulative Obligations	\$261,407.50
Total Cumulative Expenditures	\$261,407.50
Current Period Obligations	
Current Period Expenditures	
Project Description	Providing COVID-19 testing to unvaccinated employees within the Judicial Branch in all three counties in Delaware.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Reduce the spread of COVID-19 by testing unvaccinated employees before entering the courthouses
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Vendor will provide staff and testing kits to administer to court employees

**Project Name: Courts eFiling Case and Document Management**

Project Identification Number	18214
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$14,887,000.00
Total Cumulative Obligations	\$100,000.00
Total Cumulative Expenditures	\$54,523.71
Current Period Obligations	
Current Period Expenditures	
Project Description	Implementing eFiling and case management solutions for all courts and case types
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$14,887,000.00
Type of capital expenditures, based on the following enumerated uses	Technology infrastructure to adapt government operations
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Reduce the backlog of cases caused by the pandemic by implementing a comprehensive eFiling case and document management system
Brief description of recipient's approach to ensuring that	

response is reasonable and proportional to a public health or negative economic impact of Covid-19

Vendor will assist with implementation of efilig case and document management system

### **Project Name: Courts eCourtroom Upgrades Expansion**

Project Identification Number	18215
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$5,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Upgrade high-tech courtrooms in each county
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$5,000,000.00
Type of capital expenditures, based on the following enumerated uses	Technology infrastructure to adapt government operations

### **Project Name: Courts Online Instructions**

Project Identification Number	18488
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$455,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Improving online access to courts forms and instruction packets

### **Project Name: Courts Backlog Assistance**

Project Identification Number	18489
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Adopted Budget	\$85,166.77
Total Cumulative Obligations	\$12,041.50
Total Cumulative Expenditures	\$12,041.50
Current Period Obligations	

Current Period Expenditures	
Project Description	Resources to address court processing backlogs; overtime for collection of fees and victim restitution; and IVR technology for accepting payments and call volumes

**Project Name: DelDOT CDL Training**

Project Identification Number	18298
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed less than 50%
Adopted Budget	\$240,000.00
Total Cumulative Obligations	\$101,250.00
Total Cumulative Expenditures	\$22,500.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Training and development for classified drivers that meet certain qualifications
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	Yes
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Is a program evaluation of the project being conducted?	Yes
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide driver training courses for classified drivers to promote the workforce in Delaware which was hard hit due to the COVID-19 pandemic.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Will retain number of individuals that complete the program and obtain CDL licenses

**Project Name: DelDOT Keep DE Litter Free**

Project Identification Number	18300
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
Status To Completion	Completed less than 50%
Adopted Budget	\$228,663.00
Total Cumulative Obligations	\$110,483.89
Total Cumulative Expenditures	\$108,407.15
Current Period Obligations	
Current Period Expenditures	

Project Description	Clean-up of Delaware's Highways and other transportation areas
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide services to cleanup Delaware's highways to make a more safe and healthy Delaware
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Will review cleanup areas

**Project Name: DelDOT Western Sussex NSTI**

Project Identification Number	18299
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Not Started
Adopted Budget	\$210,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	The National Summer Transportation Institute (NSTI) is an intensive summer program that seeks to aid in developing a diverse and robust workforce for the transportation industry by exposing students to transportation careers. The Western Sussex Summer Transportation Institute seeks to create awareness and stimulate interest among high school students on the western part of Sussex County of Delaware including: Delmar, Dagsboro, Milford, Seaford, Laurel and Georgetown, about the vast transportation and science, technology, mathematics and engineering (STEM) related careers available. It provides them with the opportunities to explore many exciting fields in the Transportation and STEM Industry through field trips and hands on activities during the four week program.

**Project Name: DelDOT Workforce Development**

Project Identification Number	18048
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Not Started
Adopted Budget	\$600,000.00
Total Cumulative Obligations	\$0.00

Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	DeIDOT workforce development program to offer trainings through the DeIDOT Workforce Development Academy (WDA) that would be administered by an accredited organization(s) identified by DeIDOT to increase the participation of women, minorities, and disadvantaged persons in job classifications in the highway construction industry.

**Project Name: DPH POINT OF CARE RAPID TESTING**

Project Identification Number	17998
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.2-COVID-19 Testing
Status To Completion	Completed 50% or more
Adopted Budget	\$9,992,664.00
Total Cumulative Obligations	\$2,811,986.68
Total Cumulative Expenditures	\$2,811,986.68
Current Period Obligations	
Current Period Expenditures	
Project Description	DHSS Division of Public Health purchase and distribution of testing kits. Testing kits will be distributed throughout the state.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Provide free Covid-19 test kits to the public to better facilitate DPH testing strategy in the state for preventing unnecessary covid related deaths.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	COVID testing kits purchase and distribution.

**Project Name: DHSS DPH Lab**

Project Identification Number	18470
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$15,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
	Funding to support expansion of the new Division of Public

Project Description	Health laboratory. Funds are sought to construct a second floor above the new space to house teams from the infectious disease prevention and control team.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$15,000,000.00
Type of capital expenditures, based on the following enumerated uses	COVID-19 testing sites and laboratories, and acquisition of related equipment

**Project Name: DHSS Health Data System**

Project Identification Number	18574
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.4-Public Sector Capacity: Effective Service Delivery
Status To Completion	Completed less than 50%
Adopted Budget	\$5,000,000.00
Total Cumulative Obligations	\$665,116.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"Funding to support the upgrade or replacement of existing data systems within the Division of Public Health, Health Systems Protection section. According to the division, this upgrade would allow us to move away from paper-based inspections and applications, which must be hand-entered to electronic reporting and recordkeeping. Reductions in staff time to improved efficiency and allow for more consistent and timely communication with the public and regulated community are the outcomes of this request. "
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$5,000,000.00
Type of capital expenditures, based on the following enumerated uses	Public health data systems
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The program is meant to replace existing Environmental Health data management systems with a complete application that can manage permitting, inspection reporting, and other needs, while also providing a public portal for individuals to access information.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	DPH hired Computer Aid Inc. as a consulting firm to find a better solution to our data collection system. Currently CAI is researching transfer systems used by other states and vendor solutions that can fulfill the need of DPH. The Analysis phase completion date is 6/30/2023. Design and development will follow shortly after.

**Project Name: DE NATL GUARD MOBILE BARRIERS**

Project Identification Number	18276
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Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$958,380.00
Total Cumulative Obligations	\$951,870.00
Total Cumulative Expenditures	\$260,088.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"Funding to purchase six mobile vehicular barriers (MVB) packages with an estimated total cost of \$958,380. Delaware National Guard indicates that it will utilize the systems as part of its pandemic response package in order to protect the providers and support staff located at the testing sites and vaccination area. "
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$958,380.00
Type of capital expenditures, based on the following enumerated uses	COVID-19 testing sites and laboratories, and acquisition of related equipment
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The barrier systems will be used on COVID-19 testing and vaccinations sites to increase the safety of public health and safety staff & DE citizens from vehicular assaults or accidents.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	The barrier systems will be used on COVID-19 testing and vaccinations sites to increase the safety of public health and safety staff & DE citizens from vehicular assaults or accidents.

### Project Name: DOJ Technology Upgrade

Project Identification Number	18508
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$330,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"Purchase of 200 laptops, docking stations and monitors to facilitate remote work capabilities. "
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$330,000.00
Type of capital expenditures, based on the following enumerated uses	Technology and tools



**Project Name: DOJ Website**

Project Identification Number	18547
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$250,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to create versions of its current website that are translated into a variety of different languages making it more user-friendly for all people in the State.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$250,000.00
Type of capital expenditures, based on the following enumerated uses	Technology and tools

**Project Name: DOJ eSuites**

Project Identification Number	18549
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$300,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to build upon and further develop DOJ's Case Management System (CMS). Funding will create new and expansive CMS that will allow for entire legal files to be created and maintained in an electronic format.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$300,000.00
Type of capital expenditures, based on the following enumerated uses	Technology and tools

**Project Name: DHSS AFFORDABLE CARE ACT MARKETPLACE**

Project Identification Number	18274
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%

Adopted Budget	\$50,000.00
Total Cumulative Obligations	\$50,000.00
Total Cumulative Expenditures	\$13,360.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"Funding to support outreach and marketing of the Affordable Care Act marketplace, particularly to individuals in low-income zip codes throughout the state. Marketing and outreach costs are estimated at \$50,000 for the 2021-2022 open enrollment period."
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	2 Imp Low or moderate income HHs or populations
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Marketing and outreach for the Health Insurance Marketplace will target disproportionately impacted communities utilizing culturally appropriate material
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Public communication as part of supporting public health response and serving the hardest hit families and communities is in accordance with ARPA guidelines

**Project Name: DHSS Youth Risk Behavior Surveillance System**

Project Identification Number	18362
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$576,000.00
Total Cumulative Obligations	\$230,000.00
Total Cumulative Expenditures	\$230,000.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"Funding to support marketing of and incentives for the Youth Risk Behavior Surveillance System (YRBS). Marketing and incentive costs are estimated at \$576,000. YRBS is a survey conducted in conjunction with the CDC. The CDC selects 40 schools in the state of Delaware to be surveyed."
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Understand public health or economic impacts of COVID-19 through collection of data from CDC YRBS and BRFS surveys. Funding will be used to increase participation in each of these surveys by incentivizing participation and development of educational materials about the surveys.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Collect data on Delaware citizens through the CDC YRBS and BRFS surveys that provide information that informs of both public health and negative economic impacts of COVID-19, and then be used in the development of post-pandemic public health programming in response to the pandemic.

**Project Name: K12 COVID Leave Extension**

Project Identification Number	18019
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Not Started
Adopted Budget	\$1,656,853.52
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	K12 COVID Leave Extension program to provide paid leave for local education agencies and Delaware school district employees for employee leave to quarantine, self-isolate, become vaccinated, or care for family members impacted by COVID-19. The state may fund up to 10 days of paid COVID leave for any LEA/School District whose local school board adopts a policy to provide this leave to its employees.

**Project Name: DELAWARE HOSPITAL RELIEF FUND**

Project Identification Number	18205
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.10-COVID-19 Aid to Impacted Industries
Status To Completion	Completed 50% or more
Adopted Budget	\$25,000,000.00
Total Cumulative Obligations	\$24,759,722.21
Total Cumulative Expenditures	\$24,759,722.21
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding for hospitals to pay for extraordinary and unbudgeted workforce costs. Delaware Healthcare Association (DHA) reports that increased patient load couple with staff burn-out and exit of nurses and other front-line care givers from acute care and other facility settings has led to a dramatic undersupply of care givers in Delaware and that the resulting local supply-demand imbalance has led to significant cost increases to retain and attract needed personnel.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	to provide payments to local healthcare facilities in order to retain employees and provide coverage of staff shortages due to COVID-19
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or	will conduct compliance checks to ensure funds went to retaining employees and coverage of staff shortages due to

negative economic impact of Covid-19

COVID-19

**Project Name: DELAWARE HEALTHCARE FACILITIES FUND**

Project Identification Number	18206
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.10-COVID-19 Aid to Impacted Industries
Status To Completion	Completed 50% or more
Adopted Budget	\$25,000,000.00
Total Cumulative Obligations	\$24,834,467.00
Total Cumulative Expenditures	\$24,834,467.00
Current Period Obligations	
Current Period Expenditures	
Project Description	"Funds for workforce stabilization to include training, retention, hazard pay, shift differentials, and other strategies to support required staffing levels. "
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	to provide payments to local healthcare facilities in order to retain employees and provide coverage of staff shortages due to COVID-19
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	will conduct compliance checks to ensure funds went to retaining employees and coverage of staff shortages due to COVID-19

**Project Name: OGOV RODEL Career Pathways 2.0**

Project Identification Number	18437
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed less than 50%
Adopted Budget	\$7,300,000.00
Total Cumulative Obligations	\$2,500,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Career Pathways in Delaware have been building for the better part of a decade. But over the past three years, through the joint efforts of many partners including the Delaware Department of Education (DOE), Delaware Technical College Community (DTCC), Delaware Business Roundtable, Delaware Business Roundtable Education Committee (DBREC), the Delaware State Chamber of Commerce, Delaware Workforce Development Board (DWDB), district and charter schools, Rodel, and national funders, we have made significant progress. To build on

	what works and prompt the next wave of innovation our project comprises three key strategies that build on our Phase I work: 1) Go deeper on pathways, 2) Strengthen employer co-ownership of talent pipelines, and 3) Invest in innovation and scale.
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	Yes
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Is a program evaluation of the project being conducted?	Yes
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Focus on new skill, upskill, and reskill development beginning from middle grades through workforce development programs across Delaware through creating a seamless system between our K-12, higher education, and workforce development offices at the state level.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	By focusing on students in career pathways in the public school system and our community college system, both of which have a majority minority enrollment, the project reasonably targets a population experiencing negative economic impact.

**Project Name: OGOV DE Sustainable Energy**

Project Identification Number	18448
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.22-Strong Healthy Communities: Neighborhood Features that Promote Health and Safety
Status To Completion	Completed less than 50%
Adopted Budget	\$2,500,000.00
Total Cumulative Obligations	\$2,500,000.00
Total Cumulative Expenditures	\$179,362.01
Current Period Obligations	
Current Period Expenditures	
Project Description	Call Center to manage inquiries (1) Health and Safety Needs (2) Education and enrollment in Household assistance-Internet Access programs. Train and deploy safety ambassadors in communities. Energy and safety assessments for small business serving LMI communities. Train and deploy health ambassadors to do healthy home assessments. Education and assistance to Civic and home owner associations. Provide repair and mitigation for health and safety in identified homes. Prepare to collect data on interventions.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	2 Imp Low or moderate income HHs or populations
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Public Health Assessment and Safety of Homes in LMI homes and populations adversely affected by Covid-19.

Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Track outreach and education. Streamline intake process. Integrate analysis and management tools to expand services. Align services with other agencies.
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**Project Name: DDA Local Food Loan System**

Project Identification Number	18394
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.36-Aid to Other Impacted Industries
Status To Completion	Not Started
Adopted Budget	\$2,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to create an umbrella structure designed to include a diverse portfolio of local food access and food system loan programs. Local small-scale food businesses could access financing needed to achieve short-term or immediate improvements that strengthen the capacity and sustainability of their operations, which sustains jobs and food security. Food enterprises who access the loan/grant portfolio would include retail food businesses that offer prepared packaged food product direct to customers, such as convenience stores, neighborhood markets, restaurants, farmers markets, commercial kitchen spaces, processing facilities, storage facilities, food trucks, grocery stores and food kiosks.

**Project Name: DOL WORKFORCE DEVELOPMENT INITIATIVE**

Project Identification Number	18050
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed less than 50%
Adopted Budget	\$1,500,000.00
Total Cumulative Obligations	\$1,184,044.00
Total Cumulative Expenditures	\$1,184,044.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Forward Delaware extension workforce development training and supportive services for unemployed and underemployed as a result of the negative economic impacts of COVID on the economy in the State.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance	

program(s), including public health or negative economic impact experienced	develop the workforce in Delaware
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Provide workforce development to assist with bringing back jobs after the COVID-19 pandemic.

**Project Name: OGOV Zip Code Wilmington**

Project Identification Number	18444
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed less than 50%
Adopted Budget	\$4,500,000.00
Total Cumulative Obligations	\$1,500,000.00
Total Cumulative Expenditures	\$79,560.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding for a one-time grant to provide scholarships and stipends for approximately 75 low-income Delaware residents per year over a three-year period who will be admitted to its immersive 12-week software programming training for workforce development technology training purposes.
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	Yes
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	2 Imp Low or moderate income HHs or populations
Is a program evaluation of the project being conducted?	Yes
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The project is proposed under a "Pay for Success" model that provides financial support for low- to middle-income Delaware residents transitioning from minimum wage jobs, underemployment, or unemployment into good paying tech careers.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Zip Code Wilmington will identify Delaware-resident applicants who qualify for full training scholarships and bi-weekly stipends. Graduates receive job placement assistance with local companies including corporate hiring partners.

**Project Name: OGOV Delaware Restaurant Association**

Project Identification Number	18446
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment

	supports or incentives)
Status To Completion	Completed less than 50%
Adopted Budget	\$900,000.00
Total Cumulative Obligations	\$300,000.00
Total Cumulative Expenditures	\$92,555.10
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to provide workforce development training and other supportive services. The restaurant and hospitality industries have been significantly negatively impacted as a result of the economic effects that the COVID-19 pandemic had on the economy of the State and those industries in particular. DRA and its philanthropic educational foundation (DRAEF) seek to provide nationally recognized curriculum and workforce development management and offer career advancement for Delaware's restaurant and hospitality workforce.
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	Yes
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	12 Imp Travel tourism or hospitality sectors
Is a program evaluation of the project being conducted?	Yes
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	6,000+ hospitality jobs remain open in DE. Pre-pandemic hospitality workforce was 53,000+ (1 in 10). Our mission is to create pathways for under/unemployed or low-skilled workers to jobs with strong earning potential and advancement opportunities.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Offering online certifications for those entering or upskilling (includes minority, underserved and disability populations), expanding the H.O.P.E.S. reentry pilot program, and building a virtual platform for industry job/career/resource expos.

**Project Name: OGOV REACH Riverside**

Project Identification Number	18447
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.15-Long-Term Housing Security: Affordable Housing
Status To Completion	Not Started
Adopted Budget	\$26,400,000.00
Total Cumulative Obligations	\$26,400,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
	Funding for REACH Riverside Development Corporation which has partnered with the Wilmington Housing Authority



Project Description	and developer Pennrose Bricks & Mortar to build affordable housing in the low income Riverside neighborhood of Wilmington.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$26,400,000.00
Type of capital expenditures, based on the following enumerated uses	Affordable housing, supportive housing, or recovery housing

**Project Name: DOJ Community Engagement Unit**

Project Identification Number	18548
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	1.11-Community Violence Interventions
Status To Completion	Not Started
Adopted Budget	\$150,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding to prevent at-risk individuals from entering the criminal justice system and provide resources and supports to help ensure successful reentry for those who have been in the system. The Community Engagement Unit (CEU) implements its mission through a variety of projects and events in hard hit areas throughout the State.

**Project Name: DSCYF PREMIUM PAY**

Project Identification Number	18212
Project Expenditure Category	4-Premium Pay
Project Expenditure Subcategory	4.1-Public Sector Employees
Status To Completion	Completed less than 50%
Adopted Budget	\$10,000,000.00
Total Cumulative Obligations	\$2,621,688.51
Total Cumulative Expenditures	\$2,621,688.51
Current Period Obligations	
Current Period Expenditures	
Project Description	Premium pay for essential workers, offering additional support to those who have borne and will bear the greatest health risks because of their service in critical infrastructure sectors. Delaware State employees who have worked at 24/7 state facilities throughout the pandemic in DSCYF are front line workers who have put themselves at high-risk to assure that those essential facilities have remained open and adequately staffed.
Sectors Designated as Essential Critical Infrastructure Sectors	Department of Services for Children, Youth & Their Families - Youth facilities

Number of workers to be served	25
Premium Pay Narrative	Premium pay to provide an incentive to employees for working additional shifts in order to alleviate the burden of staff shortages.
Number of workers to be served with premium pay in K-12 schools	0

**Project Name: DOC PREMIUM PAY**

Project Identification Number	18213
Project Expenditure Category	4-Premium Pay
Project Expenditure Subcategory	4.1-Public Sector Employees
Status To Completion	Completed 50% or more
Adopted Budget	\$5,000,000.00
Total Cumulative Obligations	\$1,228,500.00
Total Cumulative Expenditures	\$1,228,500.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Premium pay for essential workers, offering additional support to those who have borne and will bear the greatest health risks because of their service in critical infrastructure sectors. Delaware State employees who have worked at 24/7 state facilities throughout the pandemic in DOC are front line workers who have put themselves at high-risk to assure that those essential facilities have remained open and adequately staffed.
Sectors Designated as Essential Critical Infrastructure Sectors	Department of Corrections - Correctional Officers, probation and parole officers, youth rehab facility officers.
Number of workers to be served	100
Premium Pay Narrative	To provide bonuses for employees willing to work additional shifts in order to alleviate the burden of staff shortages caused by COVID-19.
Number of workers to be served with premium pay in K-12 schools	0

**Project Name: OGOV Legal Counsel for NEUs**

Project Identification Number	18436
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Adopted Budget	\$180,000.00
Total Cumulative Obligations	\$50,000.00
Total Cumulative Expenditures	\$50,000.00
Current Period Obligations	
Current Period Expenditures	

Project Description	Funding for non-entitlement units (NEU) legal counsel to assist with eligibility determinations and monthly reporting obligations for ARPA expenditures. NEUs will refund the State for these expenses at a later date.
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**Project Name: DOF Admin & Oversight Personnel**

Project Identification Number	18475
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Adopted Budget	\$146,176.00
Total Cumulative Obligations	\$55,589.80
Total Cumulative Expenditures	\$55,589.80
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding for dual incumbency positions to administer ARPA SLFRF funding.

**Project Name: OMB Admin & Oversight Personnel**

Project Identification Number	18480
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Not Started
Adopted Budget	\$139,936.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Funding for dual incumbency positions to administer ARPA SLFRF funding.

**Project Name: OMB Admin & Oversight Personnel**

Project Identification Number	18481
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Adopted Budget	\$626,350.00
Total Cumulative Obligations	\$84,383.38
Total Cumulative Expenditures	\$84,383.38
Current Period Obligations	
Current Period Expenditures	

Project Description	Funding for dual incumbency positions to administer ARPA SLFRF funding.
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**Project Name: OGOV Wilmington Parking Garage Relief**

Project Identification Number	18471
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.36-Aid to Other Impacted Industries
Status To Completion	Completed
Adopted Budget	\$5,000,000.00
Total Cumulative Obligations	\$5,000,000.00
Total Cumulative Expenditures	\$5,000,000.00
Current Period Obligations	
Current Period Expenditures	
Project Description	The State used \$5 million of its ARPA award to establish a fund to assist parking garages in the City of Wilmington that were adversely economically impacted by the COVID-19 pandemic.
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	No
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	13 Imp Industry outside the travel tourism or hospitality sectors specify
Is a program evaluation of the project being conducted?	No
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The State of Delaware agreed to contribute \$5M of ARPA funds while the City of Wilmington contributed \$500k of its ARPA funds creating a Parking Garage Relief Fund totaling \$5.5M. The city agreed to administer the fund application, underwriting, and disbursement of funds.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	To address the negative economic impacts on the parking garage industry and help to ensure that sufficient parking is available within the City, as its workplaces, retail businesses, and cultural attractions emerge from the pandemic and return to normal.
If aid is provided to industries other than travel, tourism, and hospitality, please describe if the industry experienced at least 8 percent employment loss from pre-pandemic levels, or the industry is experiencing comparable or worse economic impacts as the national tourism, travel, and hospitality industries as of the date of the Final Rule, and rationale for providing aide to the industry	Parking garages in Wilmington suffered, on average, a 65% reduction of revenues resulting from the pandemic and pandemic mitigation efforts. These revenue losses crippled the industry causing severe employment loss as well.

**Project Name: DTI Broadband Infrastructure**

Project Identification Number	17850
Project Expenditure Category	5-Infrastructure
Project Expenditure Subcategory	5.19-Broadband: 'Last Mile' projects
Status To Completion	Completed less than 50%

Adopted Budget	\$10,000,000.00
Total Cumulative Obligations	\$3,164,887.29
Total Cumulative Expenditures	\$1,729,945.73
Current Period Obligations	
Current Period Expenditures	
Project Description	The State of Delaware Department of Technology & Information (DTI) released a grant application to award grant funds to construct broadband infrastructure as part of the Delaware Broadband Infrastructure Grant (DBIG) program. Through this grant application process, DTI seeks to provide federal funding to private partners that commit to building, expanding, and sustaining new broadband service capabilities to unserved rural areas throughout the state cover the "last mile" connections throughout Delaware. DTI's analysis of which areas are unserved can be found in the 2020 Delaware Broadband Strategic Plan. It is estimated that there are more than 11,600 homes and businesses in Delaware that lack high-speed, wired broadband access.
Projected/actual construction start date	9/9/2021
Projected/actual initiation of operations date	9/9/2021
Location Type(for broadband, geospatial location data)	Address Range
Location Details	Delaware
Does the project prioritize local hires?	Yes
Does the project have a Community Benefit Agreement, with a description of any such agreement?	No

## Subrecipients

### Subrecipient Name: UHS of Rockford LLC

TIN	
Unique Entity Identifier	000001007785
POC Email Address	
Address Line 1	100 Rockford Drive
Address Line 2	
Address Line 3	
City	Newark
State	DE
Zip	19713
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

### Subrecipient Name: "St. Francis Hospital, Inc"

TIN	
Unique Entity Identifier	000078058344
POC Email Address	
Address Line 1	701 North Clayton Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19805
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

### Subrecipient Name: SUN Behavioral Delaware

TIN	
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Unique Entity Identifier	000091143568
POC Email Address	
Address Line 1	21655 Biden Avenue
Address Line 2	
Address Line 3	
City	Georgetown
State	DE
Zip	19947
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Tidal Health Nanticoke Memorial Hospital**

TIN	
Unique Entity Identifier	000071620025
POC Email Address	
Address Line 1	801 Middleford Road
Address Line 2	
Address Line 3	
City	Seaford
State	DE
Zip	19973
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: The Nemours Foundation**

TIN	
Unique Entity Identifier	000038004941
POC Email Address	
Address Line 1	1600 Rockland Road
Address Line 2	

Address Line 3	
City	Wilmington
State	DE
Zip	19803
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Beebe Medical Center Inc**

TIN	
Unique Entity Identifier	000069885374
POC Email Address	
Address Line 1	424 Savannah Road
Address Line 2	
Address Line 3	
City	Lewes
State	DE
Zip	19958
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: "Bayhealth Medical Center, Inc."**

TIN	
Unique Entity Identifier	000148403731
POC Email Address	
Address Line 1	640 S. State Street
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19907
Zip+4	



Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Christiana Care Health Services Inc**

TIN	
Unique Entity Identifier	000077069243
POC Email Address	
Address Line 1	501 W 14th Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Gilpin Hall**

TIN	
Unique Entity Identifier	000088799291
POC Email Address	
Address Line 1	1101 Gilpin Avenue
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million	

or more of its annual gross revenue from federal funds?	No
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**Subrecipient Name: Regency Healthcare and Rehabilitation Center LLC**

TIN	
Unique Entity Identifier	000002147638
POC Email Address	
Address Line 1	801 N. Broom Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19806
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Courtland Manor Inc.**

TIN	
Unique Entity Identifier	000087102000
POC Email Address	
Address Line 1	889 South Little Creek Road
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19901
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Coral Springs Rehab & Healthcare**

TIN	
Unique Entity Identifier	000000606006

POC Email Address	
Address Line 1	505 Greenbank Road
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19808
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Kutz Rehab & Nursing**

TIN	
Unique Entity Identifier	000077078855
POC Email Address	
Address Line 1	704 River Road
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19809
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Churchman Village**

TIN	
Unique Entity Identifier	000117517190
POC Email Address	
Address Line 1	4949 Ogletown Stanton Road
Address Line 2	
Address Line 3	

City	Newark
State	DE
Zip	19713
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Kentmere Rehab & Healthcare**

TIN	
Unique Entity Identifier	000021057047
POC Email Address	
Address Line 1	1900 Lovering Avenue
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19806
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Parkview Nursing & Rehab Center**

TIN	
Unique Entity Identifier	000933793007
POC Email Address	
Address Line 1	2801 W. 6th Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19805
Zip+4	
Entity Type	

Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Harbor Health Care & Rehab Center**

TIN	
Unique Entity Identifier	000117510885
POC Email Address	
Address Line 1	301 Ocean View Boulevard
Address Line 2	
Address Line 3	
City	Lewes
State	DE
Zip	19958
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: The Mary Campbell Center**

TIN	
Unique Entity Identifier	000099079725
POC Email Address	
Address Line 1	4641 Weldin Road
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19803
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Regal Heights Health Rehab Center LLC**

TIN	
Unique Entity Identifier	000809774644
POC Email Address	
Address Line 1	6525 Lancaster Pike
Address Line 2	
Address Line 3	
City	Hockessin
State	DE
Zip	19707
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Atlantic Shore Rehab & Health Center**

TIN	
Unique Entity Identifier	000016212287
POC Email Address	
Address Line 1	231 S. Washington Street
Address Line 2	
Address Line 3	
City	Millsboro
State	DE
Zip	19966
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: New Castle Health & Rehab**

TIN	
Unique Entity Identifier	000081349770
POC Email Address	

Address Line 1	32 Buena Vista Drive
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Newark Manor Nursing Home**

TIN	
Unique Entity Identifier	000075530444
POC Email Address	
Address Line 1	254 W. Main Street
Address Line 2	
Address Line 3	
City	Newark
State	DE
Zip	19711
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Pinnacle Rehabilitation and Health Center**

TIN	
Unique Entity Identifier	000018054380
POC Email Address	
Address Line 1	3034 South DuPont Boulevard
Address Line 2	
Address Line 3	
City	Smyrna

State	DE
Zip	19977
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Manor House - ACTS**

TIN	
Unique Entity Identifier	000075501627
POC Email Address	
Address Line 1	420 Delaware Drive
Address Line 2	
Address Line 3	
City	Fort Washington
State	PA
Zip	19034
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: "Aloysius, Butler & Clark Associates, Inc."**

TIN	
Unique Entity Identifier	000000024928
POC Email Address	
Address Line 1	819 N. Washington Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No



In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: "ABBOTT RAPID DX NORTH AMERICA, LLC"**

TIN	
Unique Entity Identifier	000826027364
POC Email Address	
Address Line 1	30 S Keller Rd
Address Line 2	Ste 100
Address Line 3	
City	Orlando
State	FL
Zip	32810
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: FISHER SCIENTIFIC**

TIN	
Unique Entity Identifier	000074399684
POC Email Address	
Address Line 1	4500 Turnberry DR
Address Line 2	
Address Line 3	
City	Hanover Park
State	IL
Zip	60133
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: ANP TECHNOLOGIES INC**

TIN	
Unique Entity Identifier	000115451549
POC Email Address	
Address Line 1	824 INTERCHANGE BLVD
Address Line 2	
Address Line 3	
City	NEWARK
State	DE
Zip	19711
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: LEEP Inc Pathways to Apprenticeship**

TIN	
Unique Entity Identifier	000000473032
POC Email Address	
Address Line 1	19 Lambson Lane
Address Line 2	Suite 001
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	N/A

**Subrecipient Name: Amer Driver Training ACAD**

TIN	
Unique Entity Identifier	000000034426
POC Email Address	
Address Line 1	PO Box 875
Address Line 2	
Address Line 3	

City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	N/A

**Subrecipient Name: ATLANTIC EMERGENCY SOLUTIONS INC**

TIN	273187193
Unique Entity Identifier	
POC Email Address	
Address Line 1	743 BICENTENNIAL BLVD
Address Line 2	
Address Line 3	
City	DOVER
State	DE
Zip	19904
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Delaware Community Foundation**

TIN	222804785
Unique Entity Identifier	
POC Email Address	
Address Line 1	PO Box 1636
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19899
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Tech Impact**

TIN	743062511
Unique Entity Identifier	CM6LM48K5567
POC Email Address	

Address Line 1	100 W. 10th Street
Address Line 2	Suite 915
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: First State Squash**

TIN	811843120
Unique Entity Identifier	K91YNY8GMNY1
POC Email Address	
Address Line 1	501 W 11th Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Delaware Restaurant Association**

TIN	510248572
Unique Entity Identifier	SLPADEV4XP71
POC Email Address	
Address Line 1	500 Creek View Road
Address Line 2	
Address Line 3	
City	Newark
State	DE
Zip	19711
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: REACH Riverside**

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TIN	821401986
Unique Entity Identifier	ZF6AN45LECL2
POC Email Address	
Address Line 1	1121 Thatcher St.
Address Line 2	Teen Warehouse Way
Address Line 3	
City	Wilmington
State	DE
Zip	19802
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Delaware Sustainable Energy Utility DBA Energize Delaware**

TIN	263963904
Unique Entity Identifier	
POC Email Address	
Address Line 1	500 W. Loockerman St
Address Line 2	Suite 400
Address Line 3	
City	Dover
State	DE
Zip	19904
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: City of Wilmington**

TIN	510176414
Unique Entity Identifier	
POC Email Address	
Address Line 1	800 N. French Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	Subrecipient

Is the Recipient Registered in SAM.Gov?	Yes
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**Subrecipient Name: Zip Code Wilmington**

TIN	473853334
Unique Entity Identifier	
POC Email Address	
Address Line 1	1007 N. Orange St.
Address Line 2	Floor Four
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Dover Interfaith Mission for Housing, Inc.**

TIN	412280212
Unique Entity Identifier	
POC Email Address	
Address Line 1	684 Forest Street
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19904
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Bancroft Construction Co.**

TIN	
Unique Entity Identifier	EGHMRJ2GS146
POC Email Address	
Address Line 1	1300 Grant Avenue
Address Line 2	
Address Line 3	
City	Wilmington
State	DE

Zip	19805
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No
Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?	No

**Subrecipient Name: Tetra Tech Inc**

TIN	
Unique Entity Identifier	S1LCDNNEMJK7
POC Email Address	
Address Line 1	240 Continental Drive
Address Line 2	Ste. 200
Address Line 3	
City	Newark
State	DE
Zip	19713
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No
Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?	No

**Subrecipient Name: Jaed Corp**

TIN	
Unique Entity Identifier	M12AM5WFY985
POC Email Address	
Address Line 1	2500 Wrangle Hill Rd
Address Line 2	Ste. 100
Address Line 3	
City	Bear
State	DE

Zip	19701
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No
Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?	No

**Subrecipient Name: Fayda Engineering**

TIN	
Unique Entity Identifier	RJX3WSPXVGP3
POC Email Address	
Address Line 1	801 W. Newport Pike
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19804
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No
Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?	No

**Subrecipient Name: DEDC LLC**

TIN	
Unique Entity Identifier	VKJNTM7SJ9Q8
POC Email Address	
Address Line 1	315 S. Chapel Street
Address Line 2	
Address Line 3	
City	Newark
State	DE



Zip	19711
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No
Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?	No

**Subrecipient Name: Davis Bowen & Friedel Inc**

TIN	
Unique Entity Identifier	T7QGN6WGDCA3
POC Email Address	
Address Line 1	601 East Main Street
Address Line 2	Ste. 100
Address Line 3	
City	Salisbury
State	MD
Zip	21804
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No
Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?	No

**Subrecipient Name: "Johnson, Mirmiran & Thomspson"**

TIN	
Unique Entity Identifier	QGC7CHWHPT51
POC Email Address	
Address Line 1	40 Wright Avenue
Address Line 2	
Address Line 3	
City	Hunt Valley
State	MD

Zip	21030
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No
Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?	No

**Subrecipient Name: Bernardon Delaware LLC**

TIN	452745793
Unique Entity Identifier	
POC Email Address	
Address Line 1	123 Justison Street
Address Line 2	Ste. 101
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No
Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?	No

**Subrecipient Name: Advanced Security Technologies LLC**

TIN	
Unique Entity Identifier	XCAAFN59T3C4
POC Email Address	
Address Line 1	47 Trautwein Crest
Address Line 2	
Address Line 3	
City	Closter
State	NJ

Zip	07624
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Harvard Environmental**

TIN	
Unique Entity Identifier	JN6UJ3KMJDK4
POC Email Address	
Address Line 1	760 Pulaski Highway
Address Line 2	
Address Line 3	
City	Bear
State	DE
Zip	19701
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Davis Bowen & Friedel Inc**

TIN	521456882
Unique Entity Identifier	
POC Email Address	
Address Line 1	1 Park Avenue
Address Line 2	
Address Line 3	
City	Milford
State	DE
Zip	19963
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: VERIZON WIRELESS SERVICES CELLCO**

TIN	
Unique Entity Identifier	ZR8UJGRNJ8J5
POC Email Address	
Address Line 1	PO Box 16810
Address Line 2	

Address Line 3	
City	NEWARK
State	NJ
Zip	07101
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: COMCAST HOLDINGS CORPORATION**

TIN	
Unique Entity Identifier	KNDSXJ6FBQT7
POC Email Address	
Address Line 1	8110 CORPORATE DRIVE
Address Line 2	
Address Line 3	
City	BALTIMORE
State	MD
Zip	21236
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: PROGRESSIVE SOFTWARE COMP INC**

TIN	510339224
Unique Entity Identifier	
POC Email Address	
Address Line 1	DELAWARE CORPORATE CENTER
Address Line 2	ONE RIGHTER PARKWAY SUITE 280
Address Line 3	
City	WILMINGTON
State	DE
Zip	19803
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: W3 LLC DBA Healthcare IT Leaders**

TIN	
Unique Entity Identifier	HA4CX8SJLK33

POC Email Address	<a href="mailto:joe.lepore@healthcareitleaders.com">joe.lepore@healthcareitleaders.com</a>
Address Line 1	"925 North Point Parkway, Suite 425"
Address Line 2	
Address Line 3	
City	Alpharetta
State	GA
Zip	34221
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Morgan Lewis & Bockius LLP**

TIN	
Unique Entity Identifier	K12MKQY3EQ97
POC Email Address	<a href="mailto:anne.gibson@morganlewis.com">anne.gibson@morganlewis.com</a>
Address Line 1	1701 Market Street
Address Line 2	
Address Line 3	
City	Philadelphia
State	PA
Zip	19103
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: RANDOM RUBBER CHICKEN**

TIN	833252695
Unique Entity Identifier	
POC Email Address	<a href="mailto:rcwholesale@outlook.com">rcwholesale@outlook.com</a>
Address Line 1	9702 Gary Ave
Address Line 2	
Address Line 3	
City	Lubbock
State	TX
Zip	79423
Zip+4	4011
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or	

more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: GOTHAMS LLC**

TIN	843013020
Unique Entity Identifier	
POC Email Address	<a href="mailto:laurie@gothams.com">laurie@gothams.com</a>
Address Line 1	215 Bella Riva Dr
Address Line 2	
Address Line 3	
City	Austin
State	TX
Zip	78734
Zip+4	2659
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: VAULT MEDICAL SERVICES PA**

TIN	832658606
Unique Entity Identifier	
POC Email Address	<a href="mailto:atticus@vaulthealth.com">atticus@vaulthealth.com</a>
Address Line 1	22 W 23rd St
Address Line 2	Floor 5
Address Line 3	
City	New York
State	NY
Zip	10010
Zip+4	5240
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: VERIZON WIRELESS SERVICES CELLCO**

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TIN	230523775
Unique Entity Identifier	
POC Email Address	
Address Line 1	PO Box 16810
Address Line 2	
Address Line 3	
City	Newark
State	NJ
Zip	07101
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: COMCAST HOLDINGS CORPORATION**

TIN	231709202
Unique Entity Identifier	
POC Email Address	
Address Line 1	8110 CORPORATE DRIVE
Address Line 2	
Address Line 3	
City	BALTIMORE
State	MD
Zip	21236
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Versalign**

TIN	510285063
Unique Entity Identifier	
POC Email Address	
Address Line 1	701 CORNELL DR
Address Line 2	STE F-13
Address Line 3	
City	WILMINGTON
State	DE
Zip	19801
Zip+4	
Entity Type	Contractor

Is the Recipient Registered in SAM.Gov?	Yes
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**Subrecipient Name: Sandborn Map**

TIN	133980333
Unique Entity Identifier	
POC Email Address	
Address Line 1	1935 JAMBOREE DRIVE
Address Line 2	
Address Line 3	
City	COLORADO SRPINGS
State	CO
Zip	80920
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: STRATEGIC COMMUNICATIONS LLC**

TIN	611271313
Unique Entity Identifier	
POC Email Address	
Address Line 1	310 EVERGREEN ROAD
Address Line 2	
Address Line 3	
City	Louisville
State	KY
Zip	40243
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Bordentown Driver Training, LLC**

TIN	223658271
Unique Entity Identifier	
POC Email Address	
Address Line 1	217 Lisa Dr., Ste B
Address Line 2	
Address Line 3	
City	New Castle
State	DE



Zip	19720
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	N/A

**Subrecipient Name: Goodwill DE and DE County**

TIN	530196517
Unique Entity Identifier	
POC Email Address	
Address Line 1	300 E Lea Blvd
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19802
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	N/A

**Subrecipient Name: 101 E DELAWARE AVENUE OPERATIONS LLC**

TIN	000554978
Unique Entity Identifier	
POC Email Address	
Address Line 1	101 Delaware Avenue
Address Line 2	
Address Line 3	
City	Delmar
State	DE
Zip	19940
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: 1100 NORMAN ESKRIDGE HIGHWAY LLC**

TIN	000149872
Unique Entity Identifier	

POC Email Address	
Address Line 1	1100 Norman Eskridge Highway
Address Line 2	
Address Line 3	
City	Seaford
State	DE
Zip	19973
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: 700 MARVEL ROAD OPERATIONS LLC**

TIN	000205753
Unique Entity Identifier	
POC Email Address	
Address Line 1	700 Marvel Road
Address Line 2	
Address Line 3	
City	Milford
State	DE
Zip	19963
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: 715 EAST KING STREET OPERATIONS LLC**

TIN	000185132
Unique Entity Identifier	
POC Email Address	
Address Line 1	715 East King Street
Address Line 2	
Address Line 3	
City	Seaford

State	DE
Zip	19973
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: ACTS RETIREMENT LIFE COMMUNITIES INC**

TIN	000552391
Unique Entity Identifier	
POC Email Address	
Address Line 1	420 Delaware Drive
Address Line 2	
Address Line 3	
City	Fort Washington
State	PA
Zip	19034
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Appoquinimink School District**

TIN	952900000
Unique Entity Identifier	
POC Email Address	
Address Line 1	118 S Sixth St Box 4010
Address Line 2	
Address Line 3	
City	Odessa
State	DE
Zip	19730
Zip+4	
Entity Type	Subrecipient

Is the Recipient Registered in SAM.Gov?	Yes
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**Subrecipient Name: BLC WINDSOR PLACE LLC**

TIN	000625212
Unique Entity Identifier	
POC Email Address	
Address Line 1	6677 Lancaster Pike
Address Line 2	
Address Line 3	
City	Hockessin
State	DE
Zip	19707
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: BROADMEADOW HEALTHCARE**

TIN	000056916
Unique Entity Identifier	
POC Email Address	
Address Line 1	500 South Broad Street
Address Line 2	
Address Line 3	
City	Middletown
State	DE
Zip	19709
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Cape Henlopen School District**

TIN	951700000
Unique Entity Identifier	

POC Email Address	
Address Line 1	1270 Kings Hwy
Address Line 2	
Address Line 3	
City	Lewes
State	DE
Zip	19958
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Capital School District**

TIN	951300000
Unique Entity Identifier	
POC Email Address	
Address Line 1	198 Commerce Way
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19901
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: CAPITOL HEALTHCARE**

TIN	510369763
Unique Entity Identifier	
POC Email Address	
Address Line 1	1225 Walker Road
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19904
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or	

more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Christina School District**

TIN	953300000
Unique Entity Identifier	
POC Email Address	
Address Line 1	600 N Lombard St
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: CHURCHMAN DE SNF MANAGEMENT LLC**

TIN	842412774
Unique Entity Identifier	
POC Email Address	
Address Line 1	4949 Ogletown Stanton Road
Address Line 2	
Address Line 3	
City	Newark
State	DE
Zip	19713
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Colonial School District Ofc**

TIN	953400000
Unique Entity Identifier	
POC Email Address	
Address Line 1	318 E. Basin Rd
Address Line 2	
Address Line 3	
City	New Castle

State	DE
Zip	19720
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: COMPLETE CARE AT BRACKENVILLE LLC**

TIN	862550415
Unique Entity Identifier	
POC Email Address	
Address Line 1	100 St. Claire Road
Address Line 2	
Address Line 3	
City	Hockessin
State	DE
Zip	19707
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: COMPLETE CARE AT HILLSIDE LLC**

TIN	862672432
Unique Entity Identifier	
POC Email Address	
Address Line 1	810 S. Broom Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19805
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million	

or more of its annual gross revenue from federal funds?	No
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**Subrecipient Name: COMPLETE CARE AT SILVER LAKE LLC**

TIN	862752487
Unique Entity Identifier	
POC Email Address	
Address Line 1	1080 Silver Lake Blvd
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19904
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: CORAL SPRINGS REHAB AND HEALTHCARE**

TIN	862858618
Unique Entity Identifier	
POC Email Address	
Address Line 1	505 Greenbank Road
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19808
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: COURTLAND MANOR**

TIN	510109416
Unique Entity Identifier	



POC Email Address	
Address Line 1	889 South Little Creek Road
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19901
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Delaware Military Academy**

TIN	000000042
Unique Entity Identifier	
POC Email Address	
Address Line 1	112 Middleboro Rd
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19804
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: DOVER AID II OPCO LLC**

TIN	000583975
Unique Entity Identifier	
POC Email Address	
Address Line 1	1203 Walker Road
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19904
Zip+4	

Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: EMERITUS CORPORATION**

TIN	000551251
Unique Entity Identifier	
POC Email Address	
Address Line 1	150 Saulsbury Rd
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19904
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: EXCEPTIONAL CARE FOR CHILDREN INC**

TIN	800748765
Unique Entity Identifier	
POC Email Address	
Address Line 1	11 Independence Way
Address Line 2	
Address Line 3	
City	Newark
State	DE
Zip	19713
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: GREEN VALLEY SNF**

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TIN	000101120
Unique Entity Identifier	
POC Email Address	
Address Line 1	3034 South DuPont Boulevard
Address Line 2	
Address Line 3	
City	Smyrna
State	DE
Zip	19977
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: GREEN VALLEY TERRACES SNF**

TIN	000090867
Unique Entity Identifier	
POC Email Address	
Address Line 1	231 S. Washington Street
Address Line 2	
Address Line 3	
City	Millsboro
State	DE
Zip	19966
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: HARBOR DE SNF MANAGEMENT LLC**

TIN	842463793
Unique Entity Identifier	
POC Email Address	
Address Line 1	301 Ocean View Blvd
Address Line 2	

Address Line 3	
City	Lewes
State	DE
Zip	19958
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: HARRISON SENIOR LIVING OF GEORGETOWN**

TIN	208972439
Unique Entity Identifier	
POC Email Address	
Address Line 1	110 W. North Street
Address Line 2	
Address Line 3	
City	Georgetown
State	DE
Zip	19947
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: HOME FOR AGED WOMEN**

TIN	000024431
Unique Entity Identifier	
POC Email Address	
Address Line 1	1101 Gilpin Avenue
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19806
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No

In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: INGLESIDE HOMES INC**

TIN	510113243
Unique Entity Identifier	
POC Email Address	
Address Line 1	1605 N. Broom Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19806
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: KENTMERE REHABILITATION & HEATHCARE CENT**

TIN	510077156
Unique Entity Identifier	
POC Email Address	
Address Line 1	1900 Lovering Ave
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19806
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: La Red Health Center**

TIN	141850828
Unique Entity Identifier	PLUJWPAKX8N9
POC Email Address	
Address Line 1	21444 Carmean Way
Address Line 2	
Address Line 3	
City	Georgetown
State	DE
Zip	19947
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: LITTLE SISTERS OF THE POOR INC**

TIN	000494561
Unique Entity Identifier	
POC Email Address	
Address Line 1	185 Salem Church Rd.
Address Line 2	
Address Line 3	
City	Newark
State	DE
Zip	19713
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: MADELINE CARE CENTER LLC**

TIN	000580584
Unique Entity Identifier	
POC Email Address	
Address Line 1	4800 Lancaster Pike
Address Line 2	
Address Line 3	
City	Wilmington

State	DE
Zip	19807
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: MANOR CARE - PIKE CREEK**

TIN	260623346
Unique Entity Identifier	
POC Email Address	
Address Line 1	5651 Limestone Rd
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19808
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: MANOR CARE OF WILMINGTON DE LLC**

TIN	260623367
Unique Entity Identifier	
POC Email Address	
Address Line 1	700 Foulk Rd
Address Line 2	
Address Line 3	
City	Perrysburg
State	OH
Zip	43551
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No

In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: MARY CAMPBELL CTR INC**

TIN	237089122
Unique Entity Identifier	
POC Email Address	
Address Line 1	4641 Weldin Road
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19803
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: MILFORD AID II OPCO LLC**

TIN	000583910
Unique Entity Identifier	
POC Email Address	
Address Line 1	500 S DuPont Blvd
Address Line 2	
Address Line 3	
City	Milford
State	DE
Zip	19963
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No



**Subrecipient Name: Mot Charter School**

TIN	958800000
Unique Entity Identifier	
POC Email Address	
Address Line 1	1156 Levels Rd
Address Line 2	
Address Line 3	
City	Middletown
State	DE
Zip	19709
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: New Castle County Vo-Tech Sch**

TIN	953800000
Unique Entity Identifier	
POC Email Address	
Address Line 1	1417 Newport Rd
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19804
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: NEW CASTLE HEALTH & REHABILITATION CENTE**

TIN	823535782
Unique Entity Identifier	
POC Email Address	
Address Line 1	32 Buena Vista Dr
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	

Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Newark Charter School**

TIN	958900000
Unique Entity Identifier	
POC Email Address	
Address Line 1	2001 Patriot Way
Address Line 2	
Address Line 3	
City	Newark
State	DE
Zip	19711
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Odyssey Charter School**

TIN	000006329
Unique Entity Identifier	
POC Email Address	
Address Line 1	4319 Lancaster Pike
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19805
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: ONIX SILVERSIDE LLC**

TIN	000220637
Unique Entity Identifier	
POC Email Address	
Address Line 1	3322 Silverside Road
Address Line 2	
Address Line 3	
City	Wilmington

State	DE
Zip	19810
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: PARKVIEW DE SNF MANAGEMENT LLC**

TIN	842421746
Unique Entity Identifier	
POC Email Address	
Address Line 1	2801 W 6th Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19805
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: PEACHTREE HEALTH GROUP**

TIN	822026012
Unique Entity Identifier	
POC Email Address	
Address Line 1	26890 Lewes Georgetown Hwy
Address Line 2	
Address Line 3	
City	Harbeson
State	DE
Zip	19961
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: PENINSULA HEALTHCARE LLC**

TIN	000006670
Unique Entity Identifier	
POC Email Address	
Address Line 1	26002 John J Williams Hwy
Address Line 2	
Address Line 3	
City	Millsboro
State	DE
Zip	19966
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: PIKE CREEK HEALTHCARE SVCS LLC**

TIN	000007689
Unique Entity Identifier	
POC Email Address	
Address Line 1	3540 Three Little Bakers Blvd
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19808
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: POLARIS HEALTHCARE**

TIN	841842532
Unique Entity Identifier	

POC Email Address	
Address Line 1	21 W Clarke Avenue
Address Line 2	
Address Line 3	
City	Milford
State	DE
Zip	19963
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: PREMIERE HEALTHCARE INC**

TIN	000258909
Unique Entity Identifier	
POC Email Address	
Address Line 1	254 W. Main St
Address Line 2	
Address Line 3	
City	Newark
State	DE
Zip	19711
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: PRESBYTERIAN HOMES INC**

TIN	000052504
Unique Entity Identifier	
POC Email Address	
Address Line 1	1175 McKee Road
Address Line 2	
Address Line 3	
City	Dover

State	DE
Zip	19904
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Red Clay Consol Sch Dist Ofc**

TIN	953200000
Unique Entity Identifier	
POC Email Address	
Address Line 1	1502 Spruce Ave
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19805
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: REGAL HEIGHTS HEALTHCARE**

TIN	204912212
Unique Entity Identifier	
POC Email Address	
Address Line 1	6525 Lancaster Pike
Address Line 2	
Address Line 3	
City	Hockessin
State	DE
Zip	19707
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million	

or more of its annual gross revenue from federal funds?	No
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**Subrecipient Name: REGENCY HEALTHCARE AND REHAB CENTER**

TIN	208901567
Unique Entity Identifier	
POC Email Address	
Address Line 1	801 N. Broom Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19806
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: SNH DEL TENANT LLC- SHIPLEY MANOR**

TIN	000550719
Unique Entity Identifier	
POC Email Address	
Address Line 1	2723 Shipley Road
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19810
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: SPRINGPOINT AT LEWES**

TIN	000017152
Unique Entity Identifier	

POC Email Address	
Address Line 1	17028 Cadbury Circle
Address Line 2	
Address Line 3	
City	Lewes
State	DE
Zip	19958
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: STATE SENIOR CARE LLC**

TIN	475223597
Unique Entity Identifier	
POC Email Address	
Address Line 1	1000 Legion Place Suite 1600
Address Line 2	
Address Line 3	
City	Orlando
State	FL
Zip	32801
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: STONEGATES RETIREMENT COMMUNITY**

TIN	510267730
Unique Entity Identifier	
POC Email Address	
Address Line 1	4301 Kennett Pike
Address Line 2	
Address Line 3	



City	Greenville
State	DE
Zip	19807
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Sussex Academy Of Arts/Science**

TIN	957700000
Unique Entity Identifier	
POC Email Address	
Address Line 1	21150 Airport Rd
Address Line 2	
Address Line 3	
City	Georgetown
State	DE
Zip	19947
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Sussex Technical Schl District**

TIN	954000000
Unique Entity Identifier	
POC Email Address	
Address Line 1	17137 County Seat HWY
Address Line 2	
Address Line 3	
City	Georgetown
State	DE
Zip	19947
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: THE LORELTON FOUNDATION**

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TIN	000278275
Unique Entity Identifier	
POC Email Address	
Address Line 1	2200 W. 4th Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19805
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: THE MILTON AND HATTIE KUTZ HOME INC**

TIN	000238444
Unique Entity Identifier	
POC Email Address	
Address Line 1	704 River Road
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19809
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: WELL BL OPCO LLC**

TIN	000583491
Unique Entity Identifier	
POC Email Address	
Address Line 1	21111 Arrington Drive
Address Line 2	

Address Line 3	
City	Selbyville
State	DE
Zip	19975
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Westside Family Healthcare**

TIN	222488654
Unique Entity Identifier	
POC Email Address	
Address Line 1	300 Water Street Suite 200
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Woodbridge School District**

TIN	953500000
Unique Entity Identifier	
POC Email Address	
Address Line 1	16359 Sussex Hwy
Address Line 2	
Address Line 3	
City	Bridgeville
State	DE
Zip	19933
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: 300 GATEWAY LLC**

TIN	000295926
Unique Entity Identifier	
POC Email Address	
Address Line 1	1200 West Ave
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: AATMEEYA HOSPITALITIES LLC**

TIN	000044505
Unique Entity Identifier	
POC Email Address	
Address Line 1	1213 West Ave
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: "Abbott Rapid Dx North America, Llc "**

TIN	000256563
Unique Entity Identifier	
POC Email Address	

Address Line 1	PO Box 734585
Address Line 2	
Address Line 3	
City	Chicago
State	IL
Zip	60673
Zip+4	4585
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: AKSHAR LLC**

TIN	000034055
Unique Entity Identifier	
POC Email Address	
Address Line 1	12036 Sussex Highway
Address Line 2	
Address Line 3	
City	Greenwood
State	DE
Zip	19950
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: ALOYSIUS BUTLER & CLARK**

TIN	000024928
Unique Entity Identifier	
POC Email Address	
Address Line 1	819 N. Washington Street
Address Line 2	
Address Line 3	
City	Wilmington
State	DE
Zip	19801
Zip+4	
Entity Type	Contractor

Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: BEAR HOSPITALITY LLC**

TIN	000365392
Unique Entity Identifier	
POC Email Address	
Address Line 1	875 Pulaski Highway
Address Line 2	
Address Line 3	
City	Bear
State	DE
Zip	19701
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: BHAVANI HOSPITALITY INC**

TIN	000214677
Unique Entity Identifier	
POC Email Address	
Address Line 1	20762 DuPont Blvd
Address Line 2	
Address Line 3	
City	Georgetown
State	DE
Zip	19947
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: BHAVI MOTEL LLC**

TIN	000206023
Unique Entity Identifier	
POC Email Address	
Address Line 1	1120 S College
Address Line 2	
Address Line 3	
City	Newark
State	DE
Zip	19713
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Campus Café LLC**

TIN	000502453
Unique Entity Identifier	
POC Email Address	
Address Line 1	1401 Aliceanna St.
Address Line 2	
Address Line 3	
City	Baltimore
State	MD
Zip	21231
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Cape Pharmacy**

TIN	000034799
Unique Entity Identifier	
POC Email Address	

Address Line 1	16924 Savannah Road
Address Line 2	
Address Line 3	
City	Lewes
State	DE
Zip	19958
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: CENTRAL DELAWARE HOUSING COLLABORATIVE**

TIN	000504030
Unique Entity Identifier	
POC Email Address	
Address Line 1	PO Box 1614
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19903
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: CHUDASAMA ENTERPRISE LLC**

TIN	000300258
Unique Entity Identifier	
POC Email Address	
Address Line 1	28344 DuPont Blvd
Address Line 2	
Address Line 3	
City	Millsboro
State	DE
Zip	19966
Zip+4	
Entity Type	Contractor



Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Civic Health Services**

TIN	000187529
Unique Entity Identifier	
POC Email Address	
Address Line 1	337 Civic Ave
Address Line 2	Suite 20
Address Line 3	
City	Salisbury
State	MD
Zip	21804
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: COMPUTER AID INC**

TIN	000018102
Unique Entity Identifier	
POC Email Address	
Address Line 1	1390 Ridgeview Dr
Address Line 2	
Address Line 3	
City	Allentown
State	PA
Zip	18104
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: DIPNA INC**

TIN	000302881
Unique Entity Identifier	
POC Email Address	
Address Line 1	5209 Concord Pike
Address Line 2	

Address Line 3	
City	Wilmington
State	DE
Zip	19803
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: DOVER BUDGET INN INC**

TIN	000214883
Unique Entity Identifier	
POC Email Address	
Address Line 1	1426 N DuPont Highway
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19901
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: FAIRFIELD INN & SUITES**

TIN	000542142
Unique Entity Identifier	
POC Email Address	
Address Line 1	2117 N Dupont Hwy
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	

Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Fisher Scientific**

TIN	000018807
Unique Entity Identifier	
POC Email Address	
Address Line 1	PO Box 3648
Address Line 2	
Address Line 3	
City	Boston
State	MA
Zip	2241
Zip+4	3648
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Focus Pharmacy**

TIN	000566117
Unique Entity Identifier	
POC Email Address	
Address Line 1	117 East Glenwood Ave
Address Line 2	
Address Line 3	
City	Smyrna
State	DE
Zip	19977
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: GEORGETOWN HOTEL LLC**

TIN	000558730
Unique Entity Identifier	
POC Email Address	
Address Line 1	301 College Park Lane

Address Line 2	
Address Line 3	
City	Georgetown
State	DE
Zip	19947
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: HARI OM HOSPITALITY**

TIN	000300083
Unique Entity Identifier	
POC Email Address	
Address Line 1	145 S DuPont Blvd
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: HERSHA HOSPITALITY MANAGEMENT**

TIN	000583623
Unique Entity Identifier	
POC Email Address	
Address Line 1	365 Airport Road
Address Line 2	
Address Line 3	
City	New Castle
State	DE

Zip	19720
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: HOPE CENTER FOR COMMUNITY EMPOWERMENT**

TIN	000426740
Unique Entity Identifier	
POC Email Address	
Address Line 1	365 Airport Road
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: J R AND LAUREL LLC**

TIN	000214876
Unique Entity Identifier	
POC Email Address	
Address Line 1	30702 Sussex Highway
Address Line 2	
Address Line 3	
City	Laurel
State	DE
Zip	19956
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or	

more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: J&P MANAGEMENT**

TIN	000030784
Unique Entity Identifier	
POC Email Address	
Address Line 1	20530 Dupont Blvd
Address Line 2	
Address Line 3	
City	Georgetown
State	DE
Zip	19947
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: JAY GANESH LLC**

TIN	000403278
Unique Entity Identifier	
POC Email Address	
Address Line 1	140 S Dupont Highway
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: JAY SHANKAR INC**

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TIN	000453723
Unique Entity Identifier	
POC Email Address	
Address Line 1	4133 S Dupont Blvd
Address Line 2	
Address Line 3	
City	Smyrna
State	DE
Zip	19977
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: JKSJ HOSPITALITY INC**

TIN	000381523
Unique Entity Identifier	
POC Email Address	
Address Line 1	100 Rudder Rd
Address Line 2	
Address Line 3	
City	Millsboro
State	DE
Zip	19966
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: KANI LLC**

TIN	000218074
Unique Entity Identifier	
POC Email Address	
Address Line 1	348 N Dupont Highway
Address Line 2	

Address Line 3	
City	Dover
State	DE
Zip	19901
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: LABURNUM HOSPITALITY LLC**

TIN	000411282
Unique Entity Identifier	
POC Email Address	
Address Line 1	1612 North Dupont Hwy
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: LALBHAI CORPORATION**

TIN	000213642
Unique Entity Identifier	
POC Email Address	
Address Line 1	3155 DuPont Parkway
Address Line 2	
Address Line 3	
City	Townsend
State	DE
Zip	19734



Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Laurel Health Services**

TIN	000343835
Unique Entity Identifier	
POC Email Address	
Address Line 1	30214 Sussex Highway
Address Line 2	Unit 7
Address Line 3	
City	Laurel
State	DE
Zip	19956
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Living Well Pharmacy**

TIN	000582824
Unique Entity Identifier	
POC Email Address	
Address Line 1	723 N. Broad Street
Address Line 2	
Address Line 3	
City	Middletown
State	DE
Zip	19709
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: MALL AND SONS LLC**

TIN	000238174
Unique Entity Identifier	
POC Email Address	

Address Line 1	23450 SUSSEX HWY
Address Line 2	
Address Line 3	
City	Seaford
State	DE
Zip	19973
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: MALL MANAGEMENT LLC**

TIN	000299798
Unique Entity Identifier	
POC Email Address	
Address Line 1	16218 Coastal Hwy
Address Line 2	
Address Line 3	
City	Lewes
State	DE
Zip	19958
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: MTS SOFTWARE SOLUTIONS INC**

TIN	000007311
Unique Entity Identifier	
POC Email Address	
Address Line 1	225 Executive Drive
Address Line 2	
Address Line 3	
City	Moorestown
State	NJ

Zip	8057
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: NAV & KIRAN INC**

TIN	000580601
Unique Entity Identifier	
POC Email Address	
Address Line 1	348 N Dupont Highway
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19901
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: NEIL KANTH CORPORATION**

TIN	000215215
Unique Entity Identifier	
POC Email Address	
Address Line 1	2171 S DuPont Highway
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19901
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: NILKANTH INC DBA PLEASANT HILL MOTEL**

TIN	000558606
Unique Entity Identifier	
POC Email Address	
Address Line 1	3155 DuPont Parkway
Address Line 2	
Address Line 3	
City	Townsend
State	DE
Zip	19734
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: RESORT HOTEL LLC**

TIN	000577309
Unique Entity Identifier	
POC Email Address	
Address Line 1	19210 Costal Highway
Address Line 2	
Address Line 3	
City	Rehoboth
State	DE
Zip	19971
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: RISHI HOSPITALITY LLC**

TIN	000214702
Unique Entity Identifier	
POC Email Address	

Address Line 1	3306 Philadelphia Pike
Address Line 2	
Address Line 3	
City	Claymont
State	DE
Zip	19703
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: RP HOSPITALITY LLC**

TIN	000319890
Unique Entity Identifier	
POC Email Address	
Address Line 1	17010 S DuPont Highway
Address Line 2	
Address Line 3	
City	Harrington
State	DE
Zip	19952
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: SAHAJ ANAND REHOBOTH HOSPITALITY LLC**

TIN	000545638
Unique Entity Identifier	
POC Email Address	
Address Line 1	36012 Airport Road
Address Line 2	
Address Line 3	
City	Rehoboth Beach
State	DE

Zip	19971
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: SAHAJ NEW CASTLE HOSPITALITY LLC**

TIN	000215216
Unique Entity Identifier	
POC Email Address	
Address Line 1	3 Memorial Dr
Address Line 2	
Address Line 3	
City	New Castle
State	DE
Zip	19720
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: SAI SWAMI III LLC**

TIN	000127947
Unique Entity Identifier	
POC Email Address	
Address Line 1	38660 Sussex Highway
Address Line 2	
Address Line 3	
City	Delmar
State	DE
Zip	19940
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No

In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: SAS DE LLC**

TIN	000238178
Unique Entity Identifier	
POC Email Address	
Address Line 1	22512 Sussex Highway
Address Line 2	
Address Line 3	
City	Seaford
State	DE
Zip	19973
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: SHANTA INC**

TIN	000302866
Unique Entity Identifier	
POC Email Address	
Address Line 1	640 S DuPont Highway
Address Line 2	
Address Line 3	
City	Dover
State	DE
Zip	19901
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Shayona Health**

TIN	000577283
Unique Entity Identifier	
POC Email Address	
Address Line 1	2500 West 4th Street
Address Line 2	Suite 1
Address Line 3	
City	Wilmington
State	DE
Zip	19805
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: SHREE KISHNA INC**

TIN	000236917
Unique Entity Identifier	
POC Email Address	
Address Line 1	699 N DuPont Highway
Address Line 2	
Address Line 3	
City	Milford
State	DE
Zip	19963
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: SHRI SWAMI NARAYAN LLC**

TIN	000275196
Unique Entity Identifier	
POC Email Address	
Address Line 1	1119 S College Ave
Address Line 2	
Address Line 3	
City	Newark



State	DE
Zip	19713
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: SOUKOON INC**

TIN	000309551
Unique Entity Identifier	
POC Email Address	
Address Line 1	9544 Ocean Highway
Address Line 2	
Address Line 3	
City	Delmar
State	MD
Zip	21875
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Indain River**

TIN	516000279
Unique Entity Identifier	
POC Email Address	
Address Line 1	29772 Armory Rd
Address Line 2	
Address Line 3	
City	Dagsboro
State	DE
Zip	19939
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Lakeforest**

TIN	516000279
Unique Entity Identifier	
POC Email Address	
Address Line 1	5407 Killens Pond Rd
Address Line 2	
Address Line 3	
City	Felton
State	DE
Zip	19943
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Milford High School**

TIN	516000279
Unique Entity Identifier	
POC Email Address	
Address Line 1	117 Causey Ave
Address Line 2	
Address Line 3	
City	Milfold
State	DE
Zip	19963
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Sussex Central**

TIN	516000279
Unique Entity Identifier	
POC Email Address	
Address Line 1	26026 Patriots Way
Address Line 2	
Address Line 3	
City	Georgetown
State	DE
Zip	19947

Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

## Subawards

### Subaward No: GSS22901-CMD\_VEHV01

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$2,188,382.00
Subaward Date	1/25/2022
Place of Performance Address 1	743 BICENTENNIAL BLVD
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19904
Place of Performance Zip+4	
Description	Procurement and design of a Mobile Command Unit Vehicle to provide a command and control platform for DSP leadership on site at critical incident, large public events and natural disasters. . Funding provided by the American Rescue Plan SLFRF. The current DSP Mobile Command is over 25 years old and in need of replacement of both the main vehicle and technology up-grades.
Subrecipient	ATLANTIC EMERGENCY SOLUTIONS INC
Period of Performance Start	1/25/2022
Period of Performance End	12/31/2023

### Subaward No: 18437

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$2,500,000.00
Subaward Date	12/8/2021
Place of Performance Address 1	PO Box 1636
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19899
Place of Performance Zip+4	
Description	Funding to expand a Delaware career pathways program to unemployed, underemployed, and displaced adult workers and the States' middle school student population ("Pathways 2.0 ").
Subrecipient	Delaware Community Foundation
Period of Performance Start	3/18/2022

Period of Performance End	12/31/2024
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**Subward No: 18597**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$1,250,000.00
Subaward Date	1/5/2022
Place of Performance Address 1	501 W 11th Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	<p>First State Squash provides Wilmington youth, a majority of whom will be the first in their families to achieve a college degree, with tuition-free academic programming, squash instruction, and enrichment opportunities. Students enter the program in fifth grade and continue year-round, to and through college graduation. Using the sport of squash as a teaching tool, FSS creates long-term, intensive support and unique learning opportunities. FSS builds strong partnerships with students, families, and schools to help participants fulfill their academic, athletic, and personal goals.</p> <p>On January 7th, 2022, FSS completed the purchase of "Reflex," a former squash club in Wilmington. Located at 524 S Walnut Street, "Reflex" has six squash courts</p>
Subrecipient	First State Squash
Period of Performance Start	1/5/2022
Period of Performance End	12/31/2024

**Subward No: 18447**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$26,400,000.00
Subaward Date	1/3/2022
Place of Performance Address 1	1121 Thatcher St.
Place of Performance Address 2	Teen Warehouse Way
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19802
Place of Performance Zip+4	
	Central to the success of the REACH redevelopment of Wilmington's Riverside neighborhood is creating a

Description	mixed-income community to break the cycle of entrenched, concentrated poverty resulting from decades of systemic racial discrimination and segregation. The mixed-income housing strategy will create a pipeline of housing options that enable residents to remain in the neighborhood while increasing self-sufficiency, and will also attract new, moderate-income residents who can pay market rental rates and/or purchase a home. Called "Imani Village," REACH will build 591 units of permanent housing: 561 mixed-income rental homes in replacement of 293 dilapidated public housing units, as well as 30 homes for ownership. Imani Village will be built
Subrecipient	REACH Riverside
Period of Performance Start	1/3/2022
Period of Performance End	12/31/2024

**Subward No: 18448**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$2,500,000.00
Subaward Date	1/18/2022
Place of Performance Address 1	500 W. Loockerman St.
Place of Performance Address 2	Suite 400
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19904
Place of Performance Zip+4	
Description	Call Center to manage inquiries (1) Health and Safety Needs (2) Education and enrollment in Household assistance-Internet Access programs. Train and deploy safety ambassadors in communities. Energy and safety assessments for small business serving LMI communities. Train and deploy health ambassadors to do healthy home assessments. Education and assistance to Civic and home owner associations. Provide repair and mitigation for health and safety in identified homes. Prepare to collect data on interventions.
Subrecipient	Delaware Sustainable Energy Utility DBA Energize Delaware
Period of Performance Start	1/18/2022
Period of Performance End	12/31/2024

**Subward No: 18471**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$5,000,000.00
Subaward Date	1/10/2022
Place of Performance Address 1	800 N. French Street

Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	The State used \$5 million of its ARPA award to establish a fund to assist parking garages in the City of Wilmington that were adversely economically impacted by the COVID-19 pandemic. \$2,525,686.42 was paid to eight privately owned garages in the city that were impacted by the pandemic.
Subrecipient	City of Wilmington
Period of Performance Start	1/10/2022
Period of Performance End	12/31/2024
Primary Sector	emergency response
Purpose of Funds	To address the negative economic impacts on the parking garage industry and help to ensure that sufficient parking is available within the City, as its workplaces, retail businesses, and cultural attractions emerge from the pandemic and return to normal.

**Subaward No: 18446**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$300,000.00
Subaward Date	12/14/2021
Place of Performance Address 1	500 Creek View Road
Place of Performance Address 2	Suite 103
Place of Performance Address 3	
Place of Performance City	Newark
Place of Performance State	DE
Place of Performance Zip	19711
Place of Performance Zip+4	
Description	Funding to provide workforce development training and other supportive services. The restaurant and hospitality industries have been significantly negatively impacted as a result of the economic effects that the COVID-19 pandemic had on the economy of the State and those industries in particular. DRA and its philanthropic educational foundation (DRAEF) seek to provide nationally recognized curriculum and workforce development management and offer career advancement for Delaware's restaurant and hospitality workforce.
Subrecipient	Delaware Restaurant Association
Period of Performance Start	12/14/2021
Period of Performance End	12/31/2024

**Subaward No: 18444**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$1,500,000.00
Subaward Date	1/3/2022
Place of Performance Address 1	1007 North Orange Street
Place of Performance Address 2	Fourth Floor
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Zip Code Wilmington is a nonprofit software coding bootcamp. Its mission is to support the economic development of the greater Wilmington Region by providing accessible and affordable training in software programming to high-potential individuals who have the raw talent necessary to become entry level software developers and data engineers. The Project will address the gap in financial support for those low- to middle-income Delaware residents who desire to attend the Zip Code Wilmington training program and thus train and help transition them into good paying, high-demand careers with coveted technical skills that also attract new employers to the region.
Subrecipient	Zip Code Wilmington
Period of Performance Start	1/3/2022
Period of Performance End	12/31/2024

**Subaward No: 18636**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$650,000.00
Subaward Date	1/10/2022
Place of Performance Address 1	684 Forest Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19904
Place of Performance Zip+4	
Description	A 17900 square foot building on about one acre was purchased and will be converted to emergency/transitional housing for displaced families. This project will provide highly-affordable housing for individuals and families displaced by job loss or lack of employment access and opportunity related to the Covid-19 pandemic Preliminary



	design work complete. Construction will take place during remainder of 2022.
Subrecipient	Dover Interfaith Mission for Housing, Inc.
Period of Performance Start	1/10/2022
Period of Performance End	12/31/2024

**Subward No: 18809-35559**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$142,744.00
Subaward Date	2/8/2022
Place of Performance Address 1	1181 Paddock Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Smyrna
Place of Performance State	DE
Place of Performance Zip	19977
Place of Performance Zip+4	
Description	"Replace ventilation chillers at James T. Vaughn Correction Center, Central Violation of Probation, and Morris Correctional Institution"
Subrecipient	Tetra Tech Inc
Period of Performance Start	2/8/2022
Period of Performance End	12/31/2024
Primary Sector	public health work
Purpose of Funds	Contract follows DOL Wage Rates

**Subward No: 18810-20765**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$114,278.00
Subaward Date	2/7/2022
Place of Performance Address 1	23203 DuPont Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Georgetown
Place of Performance State	DE
Place of Performance Zip	19947
Place of Performance Zip+4	
Description	Replace ventilation chillers at Sussex Correctional Institution and Sussex Violation of Probation
Subrecipient	Fayda Engineering
Period of Performance Start	2/7/2022

Period of Performance End	12/31/2024
Primary Sector	public health work
Purpose of Funds	Contract follows DOL Wage Rates

**Subward No: 18541-25395**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$605,000.00
Subaward Date	2/21/2022
Place of Performance Address 1	5408 DuPont Pkwy
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Smyrna
Place of Performance State	DE
Place of Performance Zip	19977
Place of Performance Zip+4	
Description	New Office of Management and Budget Food Service Warehouse
Subrecipient	Jaed Corp
Period of Performance Start	2/21/2022
Period of Performance End	12/31/2024
Primary Sector	public health work
Purpose of Funds	Contract follows DOL Wage Rates

**Subward No: 18490-25395**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$271,402.00
Subaward Date	3/7/2022
Place of Performance Address 1	500 N. King Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Upgrades of holding cells at Leonard L. Williams Justice Center
Subrecipient	Jaed Corp
Period of Performance Start	3/7/2022
Period of Performance End	12/31/2024

Primary Sector	public health work
Purpose of Funds	Contract follows DOL Wage Rates

**Subward No: 18807-151568**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$243,000.00
Subaward Date	3/7/2022
Place of Performance Address 1	417 Federal Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19901
Place of Performance Zip+4	
Description	HVAC upgrades at Jesse Cooper Bldg.
Subrecipient	DEDC LLC
Period of Performance Start	3/7/2022
Period of Performance End	12/31/2024
Primary Sector	public health work
Purpose of Funds	Contract follows DOL Wage Rates

**Subward No: 18396-30078**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$3,141,700.00
Subaward Date	3/17/2022
Place of Performance Address 1	Sunnyside Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Smryna
Place of Performance State	DE
Place of Performance Zip	19977
Place of Performance Zip+4	
Description	New Delaware Hospital for the Chronically Ill
Subrecipient	Davis Bowen & Friedel Inc
Period of Performance Start	3/17/2022
Period of Performance End	12/31/2024
Primary Sector	public health work
Purpose of Funds	Contract follows DOL Wage Rates

**Subward No: 18550-18283**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$1,628,200.00
Subaward Date	3/24/2022
Place of Performance Address 1	Sunnyside Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Smyrna
Place of Performance State	DE
Place of Performance Zip	19977
Place of Performance Zip+4	
Description	New Delaware Natural Resources and Environmental Control Laboratory
Subrecipient	Bernardon Delaware LLC
Period of Performance Start	3/24/2022
Period of Performance End	12/31/2024
Primary Sector	public health work
Purpose of Funds	Contract follows DOL Wage Rates

**Subward No: 18805-25525**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$1,493,600.00
Subaward Date	12/2/2021
Place of Performance Address 1	820 N French Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Contract follows DOL Wage Rates
Subrecipient	Bancroft Construction Co.
Period of Performance Start	12/2/2021
Period of Performance End	12/31/2024
Primary Sector	public health work

**Subward No: 18805-29660**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$128,462.62
Subaward Date	12/17/2021

Place of Performance Address 1	820 N French Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Contract follows DOL Wage Rates.
Subrecipient	"Johnson, Mirmiran & Thomspson"
Period of Performance Start	12/17/2021
Period of Performance End	12/31/2024
Primary Sector	public health work

**Subward No: 0000586945**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$245,970.00
Subaward Date	3/3/2022
Place of Performance Address 1	1 Vavala Way
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	New Castle
Place of Performance State	DE
Place of Performance Zip	19720
Place of Performance Zip+4	
Description	To purchase mobile vehicle barriers
Subrecipient	Advanced Security Technologies LLC
Period of Performance Start	3/3/2022
Period of Performance End	3/3/2022

**Subward No: 0000587078**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$705,900.00
Subaward Date	3/3/2022
Place of Performance Address 1	1 Park Place
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Milford
Place of Performance State	DE
Place of Performance Zip	19963

Place of Performance Zip+4	
Description	purchase mobile vehicle barriers
Subrecipient	Davis Bowen & Friedel Inc
Period of Performance Start	3/3/2022
Period of Performance End	12/31/2024

**Subward No: 18017-610035**

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$261,407.50
Subaward Date	6/22/2021
Place of Performance Address 1	500 N. King Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Provide COVID-19 testing at Courts.
Subrecipient	W3 LLC DBA Healthcare IT Leaders
Period of Performance Start	6/22/2021
Period of Performance End	2/27/2022

**Subward No: 18214-17483**

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$100,000.00
Subaward Date	10/25/2021
Place of Performance Address 1	405 N. King Street
Place of Performance Address 2	Suite 507
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Provide services to allow for eFiling and case management in Courts throughout Delaware.
Subrecipient	Morgan Lewis & Bockius LLP
Period of Performance Start	10/25/2021
Period of Performance End	3/31/2022

**Subward No: 17949-560289**

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$1,800,000.00
Subaward Date	2/9/2022
Place of Performance Address 1	165 Brick Store Landing Rd,
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Smyrna
Place of Performance State	DE
Place of Performance Zip	19977
Place of Performance Zip+4	
Description	Services to provide COVID-19 testing throughout Delaware.
Subrecipient	VAULT MEDICAL SERVICES PA
Period of Performance Start	2/9/2022
Period of Performance End	3/31/2022

**Subward No: 17949-550494**

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$28,056,660.08
Subaward Date	1/1/2022
Place of Performance Address 1	165 Brick Store Landing Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Smyrna
Place of Performance State	DE
Place of Performance Zip	19977
Place of Performance Zip+4	
Description	Services to provide COVID-19 testing throughout Delaware.
Subrecipient	GOTHAMS LLC
Period of Performance Start	2/15/2022
Period of Performance End	3/31/2022

**Subward No: 17949-621325**

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$4,776,148.00
Subaward Date	1/10/2022
Place of Performance Address 1	165 Brick Store Landing Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Smyrna

Place of Performance State	DE
Place of Performance Zip	19977
Place of Performance Zip+4	
Description	Services to provide COVID-19 testing throughout Delaware.
Subrecipient	RANDOM RUBBER CHICKEN
Period of Performance Start	1/10/2022
Period of Performance End	3/31/2022

**Subward No: 17850-399993**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$1,390,048.99
Subaward Date	10/1/2021
Place of Performance Address 1	801 Silver Lake Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19901
Place of Performance Zip+4	
Description	To conduct services for last mile broadband project
Subrecipient	COMCAST HOLDINGS CORPORATION
Period of Performance Start	10/1/2021
Period of Performance End	2/25/2022

**Subward No: 17850-17022**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$1,424,504.21
Subaward Date	10/1/2021
Place of Performance Address 1	801 Silver Lake Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19901
Place of Performance Zip+4	
Description	review map to verify broadband services were provided to every last mile in Delaware
Subrecipient	VERIZON WIRELESS SERVICES CELLCO
Period of Performance Start	10/1/2021



Period of Performance End	4/30/2025
Primary Sector	Other
Purpose of Funds	provide broadband services to every last mile within Delaware

**Subward No: 18813-26171**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$225,132.76
Subaward Date	3/24/2022
Place of Performance Address 1	801 Silver Lake Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19901
Place of Performance Zip+4	
Description	provide updated meeting rooms with modern technology
Subrecipient	Versalign
Period of Performance Start	3/24/2022
Period of Performance End	4/30/2025
Primary Sector	Other
Purpose of Funds	update meeting rooms across the state

**Subward No: 18780-2867**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$265,225.88
Subaward Date	3/24/2022
Place of Performance Address 1	801 Silver Lake Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19901
Place of Performance Zip+4	
Description	provide digital platform for State facilities
Subrecipient	Sandborn Map
Period of Performance Start	3/24/2022
Period of Performance End	4/30/2025
Primary Sector	Other

Purpose of Funds	provide a digital government platform
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**Subward No: 18813-343830**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$88,800.00
Subaward Date	2/18/2022
Place of Performance Address 1	801 Silver Lake Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19901
Place of Performance Zip+4	
Description	provide updated meeting rooms with modern technology
Subrecipient	STRATEGIC COMMUNICATIONS LLC
Period of Performance Start	2/18/2022
Period of Performance End	4/30/2025
Primary Sector	Other
Purpose of Funds	update meeting rooms across the state

**Subward No: 17850-27226**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$244,500.00
Subaward Date	10/1/2021
Place of Performance Address 1	802 Silver Lake Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19901
Place of Performance Zip+4	
Description	review map to verify broadband services were provided to every last mile in Delaware
Subrecipient	PROGRESSIVE SOFTWARE COMP INC
Period of Performance Start	10/1/2021
Period of Performance End	4/30/2025
Primary Sector	Other
Purpose of Funds	provide broadband services to every last mile within Delaware

**Subward No: 18300-24324**

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$110,483.89
Subaward Date	9/1/2021
Place of Performance Address 1	300 E Lea Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19802
Place of Performance Zip+4	
Description	provide cleanup along Delaware roadways
Subrecipient	Goodwill DE and DE County
Period of Performance Start	9/1/2021
Period of Performance End	12/1/2024

**Subward No: 18298-17144**

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$101,250.00
Subaward Date	10/27/2021
Place of Performance Address 1	217 Lisa Dr., Ste B
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	New Castle
Place of Performance State	DE
Place of Performance Zip	19720
Place of Performance Zip+4	
Description	Provide classified driver training to develop the workforce.
Subrecipient	Bordentown Driver Training, LLC
Period of Performance Start	10/27/2021
Period of Performance End	10/24/2022

**Subward No: 18808-25395**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$114,278.00
Subaward Date	2/7/2022
Place of Performance Address 1	1301 E 12th Street
Place of Performance Address 2	
Place of Performance Address 3	

Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19802
Place of Performance Zip+4	
Description	Replace ventilation chillers at Howard R. Young Correctional Institution
Subrecipient	Jaed Corp
Period of Performance Start	2/7/2022
Period of Performance End	12/31/2024

**Subward No: 18841**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$1,000,000.00
Subaward Date	2/24/2022
Place of Performance Address 1	100 W. 10th Street
Place of Performance Address 2	Suite 915
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	The Data Science Fellowship seeks to grow the pool of data scientists, analysts, and engineers in Delaware by directly recruiting PhD candidates and postdoctoral researchers with a focus in appropriate quantitative methods, technologies, and techniques. Fellows would be required to live and work in Delaware during the program to be eligible for participation.
Subrecipient	Tech Impact
Period of Performance Start	2/24/2022
Period of Performance End	12/31/2024

**Subward No: 552391**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$174,304.00
Subaward Date	1/5/2022
Place of Performance Address 1	420 Delaware Drive
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Fort Washington
Place of Performance State	PA

Place of Performance Zip	19034
Place of Performance Zip+4	
Description	expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic
Subrecipient	ACTS RETIREMENT LIFE COMMUNITIES INC
Period of Performance Start	1/5/2022
Period of Performance End	12/31/2024
Primary Sector	home- and community-based health care or assistance with activities of daily living
Purpose of Funds	to provide LTC facilities with grant funding for retaining and recruiting staffing due to COVID-19

**Subward No: 550719**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$705,957.00
Subaward Date	3/15/2022
Place of Performance Address 1	2723 Shipley Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19810
Place of Performance Zip+4	
Description	expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic
Subrecipient	SNH DEL TENANT LLC- SHIPLEY MANOR
Period of Performance Start	3/15/2022
Period of Performance End	12/31/2024
Primary Sector	home- and community-based health care or assistance with activities of daily living
Purpose of Funds	to provide LTC facilities with grant funding for retaining and recruiting staffing due to COVID-19

**Subward No: 583491**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$176,234.00
Subaward Date	3/15/2022
Place of Performance Address 1	21111 Arrington Drive
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Selbyville

Place of Performance State	DE
Place of Performance Zip	19975
Place of Performance Zip+4	
Description	expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic
Subrecipient	WELL BL OPCO LLC
Period of Performance Start	3/15/2022
Period of Performance End	12/31/2024
Primary Sector	home- and community-based health care or assistance with activities of daily living
Purpose of Funds	to provide LTC facilities with grant funding for retaining and recruiting staffing due to COVID-19

**Subward No: 3292**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$2,000,000.00
Subaward Date	2/1/2022
Place of Performance Address 1	21444 Carmean Way
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Georgetown
Place of Performance State	DE
Place of Performance Zip	19947
Place of Performance Zip+4	
Description	provide grant funding to healthcare facility to provide staff recruitment and retention due to shortages caused by COVID-19 pandemic
Subrecipient	La Red Health Center
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023

**Subward No: 44**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$2,500,000.00
Subaward Date	2/1/2022
Place of Performance Address 1	300 Water Street
Place of Performance Address 2	Suite 200
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801

Place of Performance Zip+4	
Description	provide grant funding to healthcare facility to provide staff recruitment and retention due to shortages caused by COVID-19 pandemic
Subrecipient	Westside Family Healthcare
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023

**Subward No: 35-1400-2022-67**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$78,333.00
Subaward Date	2/1/2022
Place of Performance Address 1	16924 Savannah Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Lewes
Place of Performance State	DE
Place of Performance Zip	19958
Place of Performance Zip+4	
Description	Vaccinating as many homebound adults as possible
Subrecipient	Laurel Health Services
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023
Primary Sector	home- and community-based health care or assistance with activities of daily living
Purpose of Funds	To provide COVID-19 vaccines to homebound adults.

**Subward No: 35-1400-2022-61**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$78,333.00
Subaward Date	2/1/2022
Place of Performance Address 1	2500 West 4th Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19805
Place of Performance Zip+4	
Description	Vaccinating as many homebound adults as possible
Subrecipient	Laurel Health Services

Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023
Primary Sector	home- and community-based health care or assistance with activities of daily living
Purpose of Funds	To provide COVID-19 vaccines to homebound adults.

**Subaward No: 35-1400-2022-65**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$78,333.00
Subaward Date	2/1/2022
Place of Performance Address 1	337 Civic Ave
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Salisbury
Place of Performance State	MD
Place of Performance Zip	21804
Place of Performance Zip+4	
Description	Vaccinating as many homebound adults as possible
Subrecipient	Laurel Health Services
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023
Primary Sector	home- and community-based health care or assistance with activities of daily living
Purpose of Funds	To provide COVID-19 vaccines to homebound adults.

**Subaward No: 35-1400-2022-66**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$78,333.00
Subaward Date	2/1/2022
Place of Performance Address 1	117 East Glenwood Ave
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Smyrna
Place of Performance State	DE
Place of Performance Zip	19977
Place of Performance Zip+4	
Description	Vaccinating as many homebound adults as possible
Subrecipient	Laurel Health Services
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023



Primary Sector	home- and community-based health care or assistance with activities of daily living
Purpose of Funds	To provide COVID-19 vaccines to homebound adults.

**Subward No: 35-1400-2022-64**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$78,333.00
Subaward Date	2/1/2022
Place of Performance Address 1	30214 Sussex Highway
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Laurel
Place of Performance State	DE
Place of Performance Zip	19956
Place of Performance Zip+4	
Description	Vaccinating as many homebound adults as possible
Subrecipient	Laurel Health Services
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023
Primary Sector	home- and community-based health care or assistance with activities of daily living
Purpose of Funds	To provide COVID-19 vaccines to homebound adults.

**Subward No: 35-1400-2022-63**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$78,333.00
Subaward Date	2/1/2022
Place of Performance Address 1	723 N. Broad Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Middletown
Place of Performance State	DE
Place of Performance Zip	19709
Place of Performance Zip+4	
Description	Vaccinating as many homebound adults as possible
Subrecipient	Laurel Health Services
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023
Primary Sector	home- and community-based health care or assistance with activities of daily living

Purpose of Funds	To provide COVID-19 vaccines to homebound adults.
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**Subward No: 502453**

Subaward Type	Direct Payment
Subaward Obligation	\$1,496,287.00
Subaward Date	2/1/2022
Place of Performance Address 1	1401 Aliceanna St.
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Baltimore
Place of Performance State	MD
Place of Performance Zip	21231
Place of Performance Zip+4	
Description	Families became unable to find permanent or even temporary housing as a result of conditions created or exacerbated by the pandemic
Subrecipient	Campus Café LLC
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023
Primary Sector	grocery stores, restaurants, food production, and food delivery
Purpose of Funds	"During the pandemic, Delaware citizens including many families with children became homeless because of a variety of reasons including eviction, inability to pay rent or utilities, lack of available housing stock, lack of shelter space, and lack of other state or federal supports to enter permanent housing. These residents were placed in hotel and motels to provide safe temporary living arrangements by the Division of State Service Centers (DSSC). DSSC referred clients to the Division of Social Services (DSS) for supportive services including food, delivery of food, and case management services. DSS purchased and delivered food to hotel residents and assignment case management staff to work with hotel residents. Case managers assessed the needs of clients and assisted hotel residents in finding employment, finding permanent housing, applying for housing grants and vouchers, accessing public benefits, connecting with community and family resources, developing short term financial plans, and linking to appropriate medical services."

**Subward No: 0000007311**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$85,298.00
Subaward Date	2/1/2022
Place of Performance Address 1	225 Executive Drive
Place of Performance Address 2	

Place of Performance Address 3	
Place of Performance City	Moorestown
Place of Performance State	NJ
Place of Performance Zip	08057
Place of Performance Zip+4	
Description	"This upgrade would allow us to move away from paper-based inspections and applications, which must be hand-entered, to electronic reporting and recordkeeping. Reductions in staff time to improved efficiency and allow for more consistent and timely communication with the public and regulated community are the outcomes of this request. "
Subrecipient	MTS SOFTWARE SOLUTIONS INC
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023
Primary Sector	Other
Purpose of Funds	"Replace of existing data systems within the Division of Public Health, Health Systems Protection section."

**Subward No: 0000018102**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$579,818.00
Subaward Date	2/1/2022
Place of Performance Address 1	1390 Ridgeview Dr
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Allentown
Place of Performance State	PA
Place of Performance Zip	18104
Place of Performance Zip+4	
Description	"This upgrade would allow us to move away from paper-based inspections and applications, which must be hand-entered, to electronic reporting and recordkeeping. Reductions in staff time to improved efficiency and allow for more consistent and timely communication with the public and regulated community are the outcomes of this request. "
Subrecipient	COMPUTER AID INC
Period of Performance Start	2/1/2022
Period of Performance End	2/1/2023
Primary Sector	Other
Purpose of Funds	"Replace of existing data systems within the Division of Public Health, Health Systems Protection section."

**Subward No: 1007785**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$145,833.33
Subaward Date	10/26/2021
Place of Performance Address 1	100 Rockford Drive
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Newark
Place of Performance State	DE
Place of Performance Zip	19713
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	UHS of Rockford LLC
Period of Performance Start	10/26/2021
Period of Performance End	12/31/2021
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 038004941**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$2,134,062.93
Subaward Date	11/15/2021
Place of Performance Address 1	1600 Rockland Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19803
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	The Nemours Foundation
Period of Performance Start	11/15/2021
Period of Performance End	12/31/2021
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 78058344**

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Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$1,984,952.12
Subaward Date	10/26/2021
Place of Performance Address 1	701 North Clayton Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19805
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	"St. Francis Hospital, Inc"
Period of Performance Start	10/26/2021
Period of Performance End	12/31/2021
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 91143568**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$113,888.89
Subaward Date	11/1/2021
Place of Performance Address 1	21655 Biden Avenue
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Georgetown
Place of Performance State	DE
Place of Performance Zip	19947
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	SUN Behavioral Delaware
Period of Performance Start	11/1/2021
Period of Performance End	12/31/2021
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 071620025**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$2,015,731.87

Subaward Date	11/2/2021
Place of Performance Address 1	801 Middleford Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Seaford
Place of Performance State	DE
Place of Performance Zip	19973
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Tidal Health Nanticoke Memorial Hospital
Period of Performance Start	11/2/2021
Period of Performance End	12/31/2021
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 069885374**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$2,154,582.76
Subaward Date	11/15/2021
Place of Performance Address 1	424 Savannah Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Lewes
Place of Performance State	DE
Place of Performance Zip	19958
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Beebe Medical Center Inc
Period of Performance Start	11/15/2021
Period of Performance End	12/31/2021
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 148403731**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$4,124,487.00
Subaward Date	11/15/2021
Place of Performance Address 1	640 S. State Street

Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Dover
Place of Performance State	DE
Place of Performance Zip	19901
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	"Bayhealth Medical Center, Inc."
Period of Performance Start	11/15/2021
Period of Performance End	12/31/2021
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 077069243**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$12,086,183.31
Subaward Date	12/2/2021
Place of Performance Address 1	501 W 14th Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Christiana Care Health Services Inc
Period of Performance Start	12/2/2021
Period of Performance End	12/31/2021
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 002147638**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$701,549.00
Subaward Date	12/14/2021
Place of Performance Address 1	801 N. Broom Street
Place of Performance Address 2	
Place of Performance Address 3	

Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19806
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Regency Healthcare and Rehabilitation Center LLC
Period of Performance Start	12/14/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 0000606006**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$1,223,476.00
Subaward Date	12/16/2021
Place of Performance Address 1	505 Greenbank Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19808
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Coral Springs Rehab & Healthcare
Period of Performance Start	12/16/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 077078855**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$527,892.00
Subaward Date	12/16/2021
Place of Performance Address 1	704 River Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE



Place of Performance Zip	19809
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Kutz Rehab & Nursing
Period of Performance Start	12/16/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 117517190**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$527,989.00
Subaward Date	12/17/2021
Place of Performance Address 1	4949 Ogletown Stanton Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Newark
Place of Performance State	DE
Place of Performance Zip	19713
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Churchman Village
Period of Performance Start	12/17/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 021057047**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$592,833.00
Subaward Date	12/17/2021
Place of Performance Address 1	1900 Lovering Avenue
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19806
Place of Performance Zip+4	

Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Kentmere Rehab & Healthcare
Period of Performance Start	12/17/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 933793007**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$1,071,176.00
Subaward Date	12/17/2021
Place of Performance Address 1	2801 W. 6th Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19805
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Parkview Nursing & Rehab Center
Period of Performance Start	12/17/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 117510885**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$1,054,509.00
Subaward Date	12/17/2021
Place of Performance Address 1	301 Ocean View Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Lewes
Place of Performance State	DE
Place of Performance Zip	19958
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19

Subrecipient	Harbor Health Care & Rehab Center
Period of Performance Start	12/17/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 099079725**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$561,034.00
Subaward Date	12/20/2021
Place of Performance Address 1	4641 Weldin Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19803
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	The Mary Campbell Center
Period of Performance Start	12/20/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 809774644**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$1,104,975.00
Subaward Date	12/14/2021
Place of Performance Address 1	6525 Lancaster Pike
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Hockessin
Place of Performance State	DE
Place of Performance Zip	19707
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Regal Heights Health Rehab Center LLC
Period of Performance Start	12/14/2021

Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 016212287**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$971,953.00
Subaward Date	12/16/2021
Place of Performance Address 1	231 S. Washington Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Millsboro
Place of Performance State	DE
Place of Performance Zip	19966
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Atlantic Shore Rehab & Health Center
Period of Performance Start	12/16/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 0000551705**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$701,375.00
Subaward Date	12/17/2021
Place of Performance Address 1	32 Buena Vista Drive
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	New Castle
Place of Performance State	DE
Place of Performance Zip	19720
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	New Castle Health & Rehab
Period of Performance Start	12/17/2021
Period of Performance End	12/31/2024
Primary Sector	health care

Purpose of Funds	Provide staffing relief for COVID-19
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**Subaward No: 075530444**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$468,540.00
Subaward Date	12/20/2021
Place of Performance Address 1	254 W. Main Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Newark
Place of Performance State	DE
Place of Performance Zip	19711
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Newark Manor Nursing Home
Period of Performance Start	12/20/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subaward No: 018054380**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$892,695.00
Subaward Date	12/20/2021
Place of Performance Address 1	3034 South DuPont Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Smyrna
Place of Performance State	DE
Place of Performance Zip	19977
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Pinnacle Rehabilitation and Health Center
Period of Performance Start	12/20/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 075501627**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$108,320.00
Subaward Date	12/20/2021
Place of Performance Address 1	420 Delaware Drive
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Fort Washington
Place of Performance State	PA
Place of Performance Zip	19034
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19
Subrecipient	Manor House - ACTS
Period of Performance Start	12/20/2021
Period of Performance End	12/31/2024
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 0000024928**

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$50,000.00
Subaward Date	1/1/2020
Place of Performance Address 1	819 N. Washington Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Healthcare Marketplace Open Enrollment Marketing Campaign
Subrecipient	"Aloysius, Butler & Clark Associates, Inc."
Period of Performance Start	12/27/2021
Period of Performance End	11/1/2022
Primary Sector	emergency response
Purpose of Funds	Marketing services related to the Healthplace Insurance Marketplace.

**Subward No: 0000256563**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$945,933.37
Subaward Date	10/22/2021
Place of Performance Address 1	30 S Keller Rd
Place of Performance Address 2	Ste 100
Place of Performance Address 3	
Place of Performance City	Orlando
Place of Performance State	FL
Place of Performance Zip	32810
Place of Performance Zip+4	
Description	Point of Care Rapid Testing
Subrecipient	"ABBOTT RAPID DX NORTH AMERICA, LLC"
Period of Performance Start	10/22/2021
Period of Performance End	3/1/2022
Primary Sector	emergency response
Purpose of Funds	Rapid Test Kits

**Subward No: 0000018807**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$539,934.44
Subaward Date	10/4/2021
Place of Performance Address 1	4500 Turnberry DR
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Hanover Park
Place of Performance State	IL
Place of Performance Zip	60133
Place of Performance Zip+4	
Description	Point of Care Rapid Testing
Subrecipient	FISHER SCIENTIFIC
Period of Performance Start	10/4/2021
Period of Performance End	3/1/2022
Primary Sector	emergency response
Purpose of Funds	Veritor Test Kits & COVID-19 test kits

**Subward No: 0000023798**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$96,000.00
Subaward Date	10/24/2021

Place of Performance Address 1	824 INTERCHANGE BLVD
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	NEWARK
Place of Performance State	DE
Place of Performance Zip	19711
Place of Performance Zip+4	
Description	Point of Care Rapid Testing
Subrecipient	ANP TECHNOLOGIES INC
Period of Performance Start	10/24/2021
Period of Performance End	3/1/2022
Primary Sector	emergency response
Purpose of Funds	Covid-19 Antigen Rapid Test Kit Pack

**Subward No: 088799291**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$758,396.00
Subaward Date	12/14/2021
Place of Performance Address 1	1101 Gilpin Avenue
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Increase and/or retain staffing capacity impacted by COVID-19 and COVID-19 Infection Control Measures
Subrecipient	Gilpin Hall
Period of Performance Start	12/14/2021
Period of Performance End	12/31/2021
Primary Sector	health care
Purpose of Funds	Provide staffing relief for COVID-19

**Subward No: 0000473032**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$62,096.00
Subaward Date	11/1/2021
Place of Performance Address 1	4425 N Market St
Place of Performance Address 2	4th Floor



Place of Performance Address 3	
Place of Performance City	Wilmington
Place of Performance State	DE
Place of Performance Zip	19801
Place of Performance Zip+4	
Description	Workforce Development enrollments
Subrecipient	LEEP Inc Pathways to Apprenticeship
Period of Performance Start	11/1/2021
Period of Performance End	12/31/2021

**Subward No: 0000034426**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$216,224.00
Subaward Date	11/1/2021
Place of Performance Address 1	PO Box 875
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	New Castle
Place of Performance State	DE
Place of Performance Zip	19720
Place of Performance Zip+4	
Description	DOL Workforce Development driver training academy program
Subrecipient	Amer Driver Training ACAD
Period of Performance Start	11/1/2021
Period of Performance End	12/31/2021

# Expenditures

## Expenditures for Awards more than \$50,000

### Expenditure: EN-00278341

Project Name	OGOVS First State Squash
Subaward ID	SUB-0184016
Subaward No	18597
Subaward Amount	\$1,250,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	First State Squash
Expenditure Start	1/5/2022
Expenditure End	1/5/2022
Expenditure Amount	\$1,250,000.00

### Expenditure: EN-00278649

Project Name	OGOVS DE Sustainable Energy
Subaward ID	SUB-0184834
Subaward No	18448
Subaward Amount	\$2,500,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Delaware Sustainable Energy Utility DBA Energize Delaware
Expenditure Start	1/18/2022
Expenditure End	1/18/2022
Expenditure Amount	\$179,362.01

### Expenditure: EN-00278751

Project Name	OGOVS Wilmington Parking Garage Relief
Subaward ID	SUB-0184867
Subaward No	18471
Subaward Amount	\$5,000,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	City of Wilmington
Expenditure Start	1/10/2022
Expenditure End	1/10/2022
Expenditure Amount	\$5,000,000.00

**Expenditure: EN-00278836**

Project Name	OGOVS Zip Code Wilmington
Subaward ID	SUB-0184898
Subaward No	18444
Subaward Amount	\$1,500,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Zip Code Wilmington
Expenditure Start	1/3/2022
Expenditure End	3/31/2022
Expenditure Amount	\$79,560.00

**Expenditure: EN-00284428**

Project Name	OGOVS Dover Interfaith Mission for Housing
Subaward ID	SUB-0187967
Subaward No	18636
Subaward Amount	\$650,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Dover Interfaith Mission for Housing, Inc.
Expenditure Start	1/10/2022
Expenditure End	1/10/2022
Expenditure Amount	\$581,990.00

**Expenditure: EN-00300891**

Project Name	OMB HVAC Upgrades CSOB 8th Floor
Subaward ID	SUB-0194131
Subaward No	18805-25525
Subaward Amount	\$1,493,600.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	Bancroft Construction Co.
Expenditure Start	3/15/2022
Expenditure End	3/15/2022
Expenditure Amount	\$35,268.75

**Expenditure: EN-00302698**

Project Name	DE NATL GUARD MOBILE BARRIERS
Subaward ID	SUB-0195108

Subaward No	0000587078
Subaward Amount	\$705,900.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	Davis Bowen & Friedel Inc
Expenditure Start	3/3/2022
Expenditure End	3/3/2022
Expenditure Amount	\$14,118.00

**Expenditure: EN-00302702**

Project Name	DE NATL GUARD MOBILE BARRIERS
Subaward ID	SUB-0195100
Subaward No	0000586945
Subaward Amount	\$245,970.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	Advanced Security Technologies LLC
Expenditure Start	3/3/2022
Expenditure End	3/3/2022
Expenditure Amount	\$245,970.00

**Expenditure: EN-00320867**

Project Name	Courts eFiling Case and Document Management
Subaward ID	SUB-0208598
Subaward No	18214-17483
Subaward Amount	\$100,000.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	Morgan Lewis & Bockius LLP
Expenditure Start	10/25/2021
Expenditure End	12/31/2021
Expenditure Amount	\$54,523.71

**Expenditure: EN-00320873**

Project Name	Judicial Branch COVID Testing Program
Subaward ID	SUB-0208593
Subaward No	18017-610035
Subaward Amount	\$261,407.50
Subaward Type	Contract: Definitive Contract
Subrecipient Name	W3 LLC DBA Healthcare IT Leaders

Expenditure Start	6/22/2021
Expenditure End	12/31/2021
Expenditure Amount	\$261,407.50

**Expenditure: EN-00322072**

Project Name	DEMA COVID Testing Program
Subaward ID	SUB-0211054
Subaward No	17949-550494
Subaward Amount	\$28,056,660.08
Subaward Type	Contract: Definitive Contract
Subrecipient Name	GOTHAMS LLC
Expenditure Start	1/25/2022
Expenditure End	3/23/2022
Expenditure Amount	\$19,542,282.80

**Expenditure: EN-00321678**

Project Name	DEMA COVID Testing Program
Subaward ID	SUB-0211077
Subaward No	17949-621325
Subaward Amount	\$4,776,148.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	RANDOM RUBBER CHICKEN
Expenditure Start	1/10/2022
Expenditure End	1/10/2022
Expenditure Amount	\$4,776,148.00

**Expenditure: EN-00322467**

Project Name	DEMA COVID Testing Program
Subaward ID	SUB-0211006
Subaward No	17949-560289
Subaward Amount	\$1,800,000.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	VAULT MEDICAL SERVICES PA
Expenditure Start	2/9/2022
Expenditure End	2/9/2022
Expenditure Amount	\$1,800,000.00

**Expenditure: EN-00322710**

Project Name	DOC Ventilation Chillers Southern Region
Subaward ID	SUB-0193497
Subaward No	18810-20765
Subaward Amount	\$114,278.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	Fayda Engineering
Expenditure Start	3/1/2022
Expenditure End	3/1/2022
Expenditure Amount	\$11,427.80

**Expenditure: EN-00322723**

Project Name	DOC Ventilation Chillers Central Region
Subaward ID	SUB-0193496
Subaward No	18809-35559
Subaward Amount	\$142,744.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	Tetra Tech Inc
Expenditure Start	3/8/2022
Expenditure End	3/8/2022
Expenditure Amount	\$21,411.60

**Expenditure: EN-00324911**

Project Name	DTI Broadband Infrastructure
Subaward ID	SUB-0213472
Subaward No	17850-17022
Subaward Amount	\$1,424,504.21
Subaward Type	Contract: Purchase Order
Subrecipient Name	VERIZON WIRELESS SERVICES CELLCO
Expenditure Start	10/15/2021
Expenditure End	4/30/2025
Expenditure Amount	\$1,424,504.21

**Expenditure: EN-00324922**

Project Name	DTI Broadband Infrastructure
Subaward ID	SUB-0213738
Subaward No	17850-27226

Subaward Amount	\$244,500.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	PROGRESSIVE SOFTWARE COMP INC
Expenditure Start	10/15/2021
Expenditure End	4/30/2025
Expenditure Amount	\$86,955.00

**Expenditure: EN-00324944**

Project Name	DTI Broadband Infrastructure
Subaward ID	SUB-0213356
Subaward No	17850-399993
Subaward Amount	\$1,390,048.99
Subaward Type	Contract: Purchase Order
Subrecipient Name	COMCAST HOLDINGS CORPORATION
Expenditure Start	10/1/2021
Expenditure End	4/30/2025
Expenditure Amount	\$112,652.43

**Expenditure: EN-00329840**

Project Name	DelDOT CDL Training
Subaward ID	SUB-0220001
Subaward No	18298-17144
Subaward Amount	\$101,250.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	Bordentown Driver Training, LLC
Expenditure Start	10/27/2021
Expenditure End	10/27/2021
Expenditure Amount	\$3,750.00

**Expenditure: EN-00329841**

Project Name	DelDOT CDL Training
Subaward ID	SUB-0220001
Subaward No	18298-17144
Subaward Amount	\$101,250.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	Bordentown Driver Training, LLC
Expenditure Start	1/20/2022

Expenditure End	2/3/2022
Expenditure Amount	\$18,750.00

**Expenditure: EN-00329923**

Project Name	DeIDOT Keep DE Litter Free
Subaward ID	SUB-0219998
Subaward No	18300-24324
Subaward Amount	\$110,483.89
Subaward Type	Contract: Definitive Contract
Subrecipient Name	Goodwill DE and DE County
Expenditure Start	10/21/2021
Expenditure End	10/21/2021
Expenditure Amount	\$10,639.11

**Expenditure: EN-00329925**

Project Name	DeIDOT Keep DE Litter Free
Subaward ID	SUB-0219998
Subaward No	18300-24324
Subaward Amount	\$110,483.89
Subaward Type	Contract: Definitive Contract
Subrecipient Name	Goodwill DE and DE County
Expenditure Start	1/5/2022
Expenditure End	3/31/2022
Expenditure Amount	\$97,768.04

**Expenditure: EN-00332076**

Project Name	DOC Ventilation Chillers Northern Region
Subaward ID	SUB-0221359
Subaward No	18808-25395
Subaward Amount	\$114,278.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	Jaed Corp
Expenditure Start	3/10/2022
Expenditure End	3/10/2022
Expenditure Amount	\$857.09

**Expenditure: EN-00332077**



Project Name	OGO V Tech Impact
Subaward ID	SUB-0221360
Subaward No	18841
Subaward Amount	\$1,000,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Tech Impact
Expenditure Start	2/24/2022
Expenditure End	2/24/2022
Expenditure Amount	\$51,827.25

**Expenditure: EN-00332508**

Project Name	DHSS Federally Qualified Health Care Fund
Subaward ID	SUB-0221848
Subaward No	44
Subaward Amount	\$2,500,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Westside Family Healthcare
Expenditure Start	2/1/2022
Expenditure End	2/1/2022
Expenditure Amount	\$2,500,000.00

**Expenditure: EN-00332509**

Project Name	DHSS Federally Qualified Health Care Fund
Subaward ID	SUB-0221847
Subaward No	3292
Subaward Amount	\$2,000,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	La Red Health Center
Expenditure Start	2/1/2022
Expenditure End	2/1/2022
Expenditure Amount	\$2,000,000.00

**Expenditure: EN-00333105**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034255
Subaward No	0000551705
Subaward Amount	\$701,375.00

Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	New Castle Health & Rehab
Expenditure Start	12/17/2021
Expenditure End	12/17/2021
Expenditure Amount	\$701,375.00

**Expenditure: EN-00333058**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0221713
Subaward No	552391
Subaward Amount	\$174,304.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	ACTS RETIREMENT LIFE COMMUNITIES INC
Expenditure Start	1/5/2022
Expenditure End	1/5/2022
Expenditure Amount	\$174,304.00

**Expenditure: EN-00333059**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0221714
Subaward No	550719
Subaward Amount	\$705,957.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	SNH DEL TENANT LLC- SHIPLEY MANOR
Expenditure Start	3/15/2022
Expenditure End	3/15/2022
Expenditure Amount	\$705,957.00

**Expenditure: EN-00333096**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034248
Subaward No	117517190
Subaward Amount	\$527,989.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Churchman Village
Expenditure Start	12/17/2021
Expenditure End	12/17/2021

Expenditure Amount	\$527,989.00
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**Expenditure: EN-00333106**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034256
Subaward No	075530444
Subaward Amount	\$468,540.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Newark Manor Nursing Home
Expenditure Start	12/20/2021
Expenditure End	12/20/2021
Expenditure Amount	\$468,540.00

**Expenditure: EN-00333061**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0221715
Subaward No	583491
Subaward Amount	\$176,234.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	WELL BL OPCO LLC
Expenditure Start	3/15/2022
Expenditure End	3/15/2022
Expenditure Amount	\$176,234.00

**Expenditure: EN-00333093**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034244
Subaward No	002147638
Subaward Amount	\$701,549.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Regency Healthcare and Rehabilitation Center LLC
Expenditure Start	12/14/2021
Expenditure End	12/14/2021
Expenditure Amount	\$701,549.00

**Expenditure: EN-00333107**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
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Subaward ID	SUB-0034257
Subaward No	018054380
Subaward Amount	\$892,695.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Pinnacle Rehabilitation and Health Center
Expenditure Start	12/20/2021
Expenditure End	12/20/2021
Expenditure Amount	\$892,695.00

**Expenditure: EN-00333094**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034246
Subaward No	0000606006
Subaward Amount	\$1,223,476.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Coral Springs Rehab & Healthcare
Expenditure Start	12/16/2021
Expenditure End	12/16/2021
Expenditure Amount	\$1,223,476.00

**Expenditure: EN-00333095**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034247
Subaward No	077078855
Subaward Amount	\$527,892.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Kutz Rehab & Nursing
Expenditure Start	12/16/2021
Expenditure End	12/16/2021
Expenditure Amount	\$527,892.00

**Expenditure: EN-00333097**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034249
Subaward No	021057047
Subaward Amount	\$592,833.00
Subaward Type	Grant: Lump Sum Payment(s)

Subrecipient Name	Kentmere Rehab & Healthcare
Expenditure Start	12/17/2021
Expenditure End	12/17/2021
Expenditure Amount	\$592,833.00

**Expenditure: EN-00333110**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034258
Subaward No	075501627
Subaward Amount	\$108,320.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Manor House - ACTS
Expenditure Start	12/20/2021
Expenditure End	12/20/2021
Expenditure Amount	\$108,320.00

**Expenditure: EN-00333098**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034250
Subaward No	933793007
Subaward Amount	\$1,071,176.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Parkview Nursing & Rehab Center
Expenditure Start	12/17/2021
Expenditure End	12/17/2021
Expenditure Amount	\$1,071,176.00

**Expenditure: EN-00333099**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034251
Subaward No	117510885
Subaward Amount	\$1,054,509.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Harbor Health Care & Rehab Center
Expenditure Start	12/17/2021
Expenditure End	12/17/2021
Expenditure Amount	\$1,054,509.00

**Expenditure: EN-00333102**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034252
Subaward No	099079725
Subaward Amount	\$561,034.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	The Mary Campbell Center
Expenditure Start	12/20/2021
Expenditure End	12/20/2021
Expenditure Amount	\$561,034.00

**Expenditure: EN-00333103**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034253
Subaward No	809774644
Subaward Amount	\$1,104,975.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Regal Heights Health Rehab Center LLC
Expenditure Start	12/14/2021
Expenditure End	12/14/2021
Expenditure Amount	\$1,104,975.00

**Expenditure: EN-00333104**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034254
Subaward No	016212287
Subaward Amount	\$971,953.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Atlantic Shore Rehab & Health Center
Expenditure Start	12/16/2021
Expenditure End	12/16/2021
Expenditure Amount	\$971,953.00

**Expenditure: EN-00333112**

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward ID	SUB-0034265

Subaward No	088799291
Subaward Amount	\$758,396.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Gilpin Hall
Expenditure Start	12/14/2021
Expenditure End	12/14/2021
Expenditure Amount	\$758,396.00

**Expenditure: EN-00333172**

Project Name	DHSS Meals, Meal Delivery, Case Management
Subaward ID	SUB-0222467
Subaward No	502453
Subaward Amount	\$1,496,287.00
Subaward Type	Direct Payment
Subrecipient Name	Campus Café LLC
Expenditure Start	3/1/2022
Expenditure End	3/1/2022
Expenditure Amount	\$1,076,287.00

**Expenditure: EN-00333184**

Project Name	DHSS Vaccine Booster for Homebound Adults
Subaward ID	SUB-0222439
Subaward No	35-1400-2022-67
Subaward Amount	\$78,333.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	Laurel Health Services
Expenditure Start	3/1/2022
Expenditure End	3/28/2022
Expenditure Amount	\$1,623.75

**Expenditure: EN-00333567**

Project Name	DHSS AFFORDABLE CARE ACT MARKETPLACE
Subaward ID	SUB-0034259
Subaward No	0000024928
Subaward Amount	\$50,000.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	"Aloysius, Butler & Clark Associates, Inc."

Expenditure Start	2/1/2022
Expenditure End	2/1/2022
Expenditure Amount	\$13,360.00

**Expenditure: EN-00042925**

Project Name	OGOV Delaware Restaurant Association
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	12/8/2021
Expenditure End	12/8/2021
Expenditure Amount	\$92,555.10

**Expenditure: EN-00047046**

Project Name	DELAWARE HOSPITAL RELIEF FUND
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	8/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$12,086,183.31

**Expenditure: EN-00047047**

Project Name	DELAWARE HOSPITAL RELIEF FUND
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	8/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$4,124,487.00

**Expenditure: EN-00047048**



Project Name	DELAWARE HOSPITAL RELIEF FUND
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	8/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$2,154,582.76

**Expenditure: EN-00047049**

Project Name	DELAWARE HOSPITAL RELIEF FUND
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	8/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$2,015,731.87

**Expenditure: EN-00047050**

Project Name	DELAWARE HOSPITAL RELIEF FUND
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	8/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$113,888.89

**Expenditure: EN-00047051**

Project Name	DELAWARE HOSPITAL RELIEF FUND
Subaward ID	
Subaward No	

Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	8/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$1,984,952.12

**Expenditure: EN-00047052**

Project Name	DELAWARE HOSPITAL RELIEF FUND
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	8/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$2,134,062.93

**Expenditure: EN-00047103**

Project Name	DPH POINT OF CARE RAPID TESTING
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	10/24/2021
Expenditure End	12/31/2021
Expenditure Amount	\$96,000.00

**Expenditure: EN-00047104**

Project Name	DPH POINT OF CARE RAPID TESTING
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	10/4/2021

Expenditure End	12/31/2021
Expenditure Amount	\$264,414.44

**Expenditure: EN-00047105**

Project Name	DPH POINT OF CARE RAPID TESTING
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	9/29/2021
Expenditure End	12/31/2021
Expenditure Amount	\$275,520.00

**Expenditure: EN-00047106**

Project Name	DPH POINT OF CARE RAPID TESTING
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	10/22/2021
Expenditure End	12/31/2021
Expenditure Amount	\$945,933.37

**Expenditure: EN-00052079**

Project Name	DOL WORKFORCE DEVELOPMENT INITIATIVE
Subaward ID	SUB-0043179
Subaward No	0000473032
Subaward Amount	\$62,096.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	LEEP Inc Pathways to Apprenticeship
Expenditure Start	11/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$62,096.00

**Expenditure: EN-00052057**

Project Name	DOL WORKFORCE DEVELOPMENT INITIATIVE
Subaward ID	SUB-0043188
Subaward No	0000034426
Subaward Amount	\$216,224.00
Subaward Type	Contract: Purchase Order
Subrecipient Name	Amer Driver Training ACAD
Expenditure Start	11/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$216,224.00

**Expenditure: EN-00046931**

Project Name	DELAWARE HOSPITAL RELIEF FUND
Subaward ID	SUB-0034111
Subaward No	1007785
Subaward Amount	\$145,833.33
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	UHS of Rockford LLC
Expenditure Start	10/26/2021
Expenditure End	10/26/2021
Expenditure Amount	\$145,833.33

**Aggregate Expenditures for Awards less than \$50,000**

Expenditure: EN-00278894

Project Name	OGOVS Legal Counsel for NEUs
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$30,000.00
Total Period Obligation Amount	\$30,000.00

Expenditure: EN-00301855

Project Name	DTCC CNAs
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$241,335.00
Total Period Obligation Amount	\$241,335.00

Expenditure: EN-00301846

Project Name	DTCC Child Care Center
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$829.37

Total Period Obligation Amount	\$5,937.75
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Expenditure: EN-00301862

Project Name	DTCC Allied Health Center
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$1,911.33
Total Period Obligation Amount	\$13,702.50

Expenditure: EN-00301871

Project Name	DTCC HVAC Upgrades
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$1,275.63
Total Period Obligation Amount	\$9,135.00

Expenditure: EN-00301875

Project Name	DTCC Culinary Program
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$193.67
Total Period Obligation Amount	\$1,370.25

Expenditure: EN-00323876

Project Name	DTI Broadband Infrastructure
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$62,102.12
Total Period Obligation Amount	\$62,102.12

Expenditure: EN-00332066

Project Name	OGO Administrative Costs & Overhead
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$12,249.42
Total Period Obligation Amount	\$12,249.42

Expenditure: EN-00332092

Project Name	DHSS Youth Risk Behavior Surveillance System
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$230,000.00
Total Period Obligation Amount	\$230,000.00

Expenditure: EN-00332098

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Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$133,902.00
Total Period Obligation Amount	\$133,902.00

Expenditure: EN-00333140

Project Name	DELAWARE HEALTHCARE FACILITIES FUND
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$12,377,358.00
Total Period Obligation Amount	\$12,377,358.00

Expenditure: EN-00333561

Project Name	DHSS Emergency Housing
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$1,923,199.82
Total Period Obligation Amount	\$1,923,199.82

Expenditure: EN-00333599

Project Name	DPH POINT OF CARE RAPID TESTING
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$1,230,118.87
Total Period Obligation Amount	\$1,230,118.87

Expenditure: EN-00333625

Project Name	DOL Operational Expenses
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$297,750.86
Total Period Obligation Amount	\$297,750.86

Expenditure: EN-00333565

Project Name	DHSS Emergency Housing
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$82,612.96
Total Period Obligation Amount	\$82,612.96

Expenditure: EN-00333621

Project Name	DOL WORKFORCE DEVELOPMENT INITIATIVE
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$905,724.00

Total Period Obligation Amount	\$905,724.00
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Expenditure: EN-00042840

Project Name	OGOV Legal Counsel for NEUs
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$20,000.00
Total Period Obligation Amount	\$20,000.00

### Payments To Individuals

Expenditure: EN-00314852

Project Name	Cape Henlopen SD COVID Leave Extension
Total Period Expenditure Amount	\$24,566.53
Total Period Obligation Amount	\$24,566.53

Expenditure: EN-00314854

Project Name	Seaford SD COVID Leave Extension
Total Period Expenditure Amount	\$12,145.50
Total Period Obligation Amount	\$12,145.50

Expenditure: EN-00314861

Project Name	Newark Charter COVID Leave Extension
Total Period Expenditure Amount	\$25,367.44
Total Period Obligation Amount	\$25,367.44

Expenditure: EN-00314855

Project Name	Woodbridge SD COVID Leave Extension
Total Period Expenditure Amount	\$819.83
Total Period Obligation Amount	\$819.83

Expenditure: EN-00314857

Project Name	Sussex Tech COVID Leave Extension
Total Period Expenditure Amount	\$4,169.73
Total Period Obligation Amount	\$4,169.73

Expenditure: EN-00314859

Project Name	Eastside Charter School COVID Leave Extension
Total Period Expenditure Amount	\$3,618.24
Total Period Obligation Amount	\$3,618.24

Expenditure: EN-00314860

Project Name	MOT Charter COVID Leave Extension
Total Period Expenditure Amount	\$7,079.42
Total Period Obligation Amount	\$7,079.42

Expenditure: EN-00314863

Project Name	Providence Creek COVID Leave Extension
Total Period Expenditure Amount	\$16,841.05
Total Period Obligation Amount	\$16,841.05

Expenditure: EN-00314865

Project Name	Smyrna SD COVID Leave Extension
Total Period Expenditure Amount	\$5,256.70
Total Period Obligation Amount	\$5,256.70

Expenditure: EN-00314866

Project Name	Las Americas ASPIRAS COVID Leave Extension
Total Period Expenditure Amount	\$3,220.00
Total Period Obligation Amount	\$3,220.00

Expenditure: EN-00318235

Project Name	DSCYF PREMIUM PAY
Total Period Expenditure Amount	\$2,238,747.53
Total Period Obligation Amount	\$2,238,747.53

Expenditure: EN-00319359

Project Name	Courts Backlog Assistance
Total Period Expenditure Amount	\$12,041.50
Total Period Obligation Amount	\$12,041.50

Expenditure: EN-00322935

Project Name	Milford SD COVID Leave
Total Period Expenditure Amount	\$5,861.09
Total Period Obligation Amount	\$5,861.09

Expenditure: EN-00332058

Project Name	DOF Admin & Oversight Personnel
Total Period Expenditure Amount	\$29,575.34
Total Period Obligation Amount	\$29,575.34



Expenditure: EN-00332063

Project Name	OMB Admin & Oversight Personnel
Total Period Expenditure Amount	\$84,383.38
Total Period Obligation Amount	\$84,383.38

Expenditure: EN-00332090

Project Name	DHSS Retention Premium Pay
Total Period Expenditure Amount	\$1,243,144.84
Total Period Obligation Amount	\$1,243,144.84

Expenditure: EN-00333662

Project Name	DOC Premium Pay & Overtime
Total Period Expenditure Amount	\$7,421,142.29
Total Period Obligation Amount	\$7,421,142.29

Expenditure: EN-00333664

Project Name	DOC Premium Pay & Overtime
Total Period Expenditure Amount	\$6,964,970.74
Total Period Obligation Amount	\$6,964,970.74

Expenditure: EN-00042837

Project Name	DOF Admin & Oversight Personnel
Total Period Expenditure Amount	\$26,014.46
Total Period Obligation Amount	\$26,014.46

Expenditure: EN-00042874

Project Name	DSCYF PREMIUM PAY
Total Period Expenditure Amount	\$382,940.98
Total Period Obligation Amount	\$382,940.98

Expenditure: EN-00042877

Project Name	DOC PREMIUM PAY
Total Period Expenditure Amount	\$1,228,500.00
Total Period Obligation Amount	\$1,228,500.00

Expenditure: EN-00049172

Project Name	DTI Broadband Infrastructure
Total Period Expenditure Amount	\$43,731.97
Total Period Obligation Amount	\$43,731.97

# Report

## Revenue Replacement

Is your jurisdiction electing to use the standard allowance of up to \$10 million, not to exceed your total award allocation, for identifying revenue loss?	No
Base Year General Revenue	
Growth Adjustment Used	
Base Year Fiscal Year End Date	
Total Estimated Revenue Loss	\$210,724,617.00
Are you reporting Actual General Revenue using calendar year or fiscal year?	

### 2020

Actual General Revenue	\$7,267,375,100.00
Estimated Revenue Loss Due to Covid-19 Public Health Emergency	\$210,724,617.00
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	No
Please provide an explanation of how revenue replacement funds were allocated to government services	To date, only \$1.5 million in revenue replacement funds have been allocated for shoreline protection. However, no expenses have been incurred yet for this project.

### 2021

Actual General Revenue	\$7,630,743,865.00
Estimated Revenue Loss Due to Covid-19 Public Health Emergency	\$0.00
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	No
Please provide an explanation of how revenue replacement funds were allocated to government services	Revenue replacement funds were not allocated to government services.

### 2022

Actual General Revenue	
Estimated Revenue Loss Due to Covid-19 Public Health Emergency	
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	
Please provide an explanation of how revenue replacement	

funds were allocated to government services

## Overview

Total Obligations	\$174,452,233.06
Total Expenditures	\$117,622,817.78
Total Number of Projects	108
Total Number of Subawards	78
Total Number of Expenditures	101

## Certification

Authorized Representative Name	Claire Marie Marquardt
Authorized Representative Telephone	302 588-7000
Authorized Representative Title	Special Assistant to the Governor
Authorized Representative Email	<a href="mailto:claire.dematteis@delaware.gov">claire.dematteis@delaware.gov</a>
Submission Date	5/12/2022 12:28 PM