

SLFRF Compliance Report - SLT-1669-P&E Report Q2 2022

Report Period : Quarter 2 2022 (April-June)

Recipient Profile

Recipient Information

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| 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? | Yes |
| Is the Recipient Registered in SAM.Gov? | No |

Project Overview

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| Does your jurisdiction have projects to report as of this reporting period? | |
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Project Name: DOC Premium Pay & Overtime

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| 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 | \$13,167,972.24 |
| Total Cumulative Obligations | \$13,167,972.24 |
| Total Cumulative Expenditures | \$13,167,972.24 |
| Current Period Obligations | (\$809,817.00) |
| Current Period Expenditures | (\$809,817.00) |
| 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: DOL UI System Modernization

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| 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 | Completed less than 50% |
| Adopted Budget | \$60,000,000.00 |
| Total Cumulative Obligations | \$1,807,769.74 |
| Total Cumulative Expenditures | \$541,277.10 |
| Current Period Obligations | \$1,807,769.74 |
| Current Period Expenditures | \$541,277.10 |
| 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 | |

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| enumerated uses | Technology infrastructure to adapt government operations |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Unemployment Insurance program providing financial assistance to those unemployed due to no fault of their own. |
| 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 COVID-19 pandemic exposed significant deficiencies in the systems supporting the Division of Unemployment Insurance, which delayed payments to entitled individuals, and left the Division vulnerable and increased risk of \fraud and overpayments. |

Project Name: DOL Tableau Software

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| 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 | Completed less than 50% |
| Adopted Budget | \$500,000.00 |
| Total Cumulative Obligations | \$1,778.70 |
| Total Cumulative Expenditures | \$1,778.70 |
| Current Period Obligations | \$1,778.70 |
| Current Period Expenditures | \$1,778.70 |
| Project Description | Enhanced Reporting to assist in reaching workers affected by COVID-19 |
| 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? | 7 Imp Other HHs or populations that experienced a negative economic |
| Secondary Impacted and/or Disproportionately Impacted populations | 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 | In response to the negative economic impact of Covid-19, The Tableau enhancement will make it case management tool and products (e.g. interactive dashboards, job postings, training services) available to individuals who have become unemployed, or underemployed, due to the many employment downsizing or shut downs that took place at the onset of the COVID-19 Pandemic. Individuals immediately found themselves trying to find way to support themselves and their families financially. |
| 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 enhancement to Tableau is reasonable and proportional to the public negative economic impact of Covid-19, due to its easy access to tools that would aid in resources needed to find employment and for businesses to reach those who want to be employed in real time. |
| Number of small businesses served (by program if recipient establishes multiple separate small businesses assistance | 0.00 |

programs)

Project Name: DOL FAST Program

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| 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 | Completed less than 50% |
| Adopted Budget | \$500,000.00 |
| Total Cumulative Obligations | \$1,338.28 |
| Total Cumulative Expenditures | \$1,338.28 |
| Current Period Obligations | \$1,338.28 |
| Current Period Expenditures | \$1,338.28 |
| Project Description | Job training leading to certificates in impacted industries for recent HS graduates. |
| 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 |
| Secondary Impacted and/or Disproportionately Impacted populations | 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 | The FAST program within the Division of Employment and Training, will provide tuition up to \$10,000 for eligible individuals for an approved non-degree credit certification program that provides industry skills training and recognized credential certifications. |
| 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 hospitality, Food Service and Tourism industries have been negatively affected by the public health emergency. These are the specific areas of training that will be provided to a targeted population which will, in turn, allow immediate employment within businesses that have been most affected by the COVID-19 Pandemic. |

Project Name: DOL UI Trust Fund

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| 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 |

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| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Funding for unemployment trust fund. |

Project Name: DOL Overtime Expenses

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| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Funding to cover overtime expenses due to severe backlog caused by COVID-19 pandemic |

Project Name: DOL Operational Expenses

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| 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 | Completed less than 50% |
| Adopted Budget | \$17,426,170.00 |
| Total Cumulative Obligations | \$4,053,500.06 |
| Total Cumulative Expenditures | \$4,053,500.06 |
| Current Period Obligations | \$3,755,749.20 |
| Current Period Expenditures | \$3,755,749.20 |
| Project Description | Funding to cover operational expenses to provide more services to the public as a result of COVID-19 pandemic. |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | The funding provides the Division with critical financial resources to fund Merit staff OT as it continues to work through a backlog of claims, adjudications, fraud investigation, and appeals ~(10,000) claimants. |
| 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 pandemic overwhelmed the Division's systems, human capital and business process capacity, creating backlogs throughout the Division. This impacted individuals displaced directly the result of COVID-19 and those workers displaced due to other reasons. Regardless, they were impacted due to COVID-19. |

Project Name: DHSS Retention Premium Pay

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| Project Identification Number | 18721 |
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| 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 | \$2,374,918.50 |
| Total Cumulative Expenditures | \$2,374,918.50 |
| Current Period Obligations | \$1,131,773.66 |
| Current Period Expenditures | \$1,131,773.66 |
| 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 | 1,015 |

Project Name: DHSS Meals, Meal Delivery, Case Management

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| 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 | \$1,392,351.00 |
| Total Cumulative Obligations | \$1,392,351.00 |
| Total Cumulative Expenditures | \$1,076,287.00 |
| Current Period Obligations | \$350,636.32 |
| Current Period Expenditures | (\$725,650.68) |
| Project Description | DHSS Meals, Meal Delivery, Case Management |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$1,392,351.00 |
| Is a program evaluation of the project being conducted? | Yes |
| 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? | Yes |
| Brief description of structure and objectives of assistance | 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 |

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| program(s), including public health or negative economic impact experienced | 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) | 1,121 |

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 | \$66,217.56 |
| Total Cumulative Expenditures | \$66,217.56 |
| Current Period Obligations | \$53,968.14 |
| Current Period Expenditures | \$53,968.14 |
| Project Description | Admin & oversight expenses for OGOV to manage the ARPA SLFRF & CPF grants. |

Project Name: DHSS Pregnancy Housing

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| 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 |
| Adopted Budget | \$1,508,538.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Services for pregnant women in need. |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |

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| 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: DHSS Emergency Supplies

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| 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 |
| Adopted Budget | \$194,000.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 Early Childhood Testing

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| Project Identification Number | 18872 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.2-COVID-19 Testing |
| Status To Completion | Not Started |
| Adopted Budget | \$1,556,550.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 |
| | This program ensures the future capacity to meet pandemic |

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| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | response needs through testing of early childhood development centers and day-cares – age ranges outside of grant supported funding. |
| 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 will continue to meet with HMA to establish this testing program. This program is attached to the school testing program as additional support. This funds COVID-19 mitigation efforts. |

Project Name: DHSS Federally Qualified Health Care Fund

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| Project Identification Number | 18750 |
| 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 | \$6,000,000.00 |
| Total Cumulative Obligations | \$4,500,000.00 |
| Total Cumulative Expenditures | \$4,500,000.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 Vaccine Booster for Homebound Adults

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| 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% |
| Adopted Budget | \$1,136,426.00 |
| Total Cumulative Obligations | \$483,242.91 |
| Total Cumulative Expenditures | \$15,723.66 |
| Current Period Obligations | \$13,244.61 |
| Current Period Expenditures | \$14,099.91 |
| 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. |

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| impact experienced | |
| 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. |

Project Name: DHSS Emergency Housing

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| 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% |
| Adopted Budget | \$780,000.00 |
| Total Cumulative Obligations | \$780,000.00 |
| Total Cumulative Expenditures | \$252,203.63 |
| Current Period Obligations | \$697,387.04 |
| Current Period Expenditures | \$169,590.67 |
| 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 | \$780,000.00 |
| Is a program evaluation of the project being conducted? | Yes |
| 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? | Yes |
| 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 Emergency Housing

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| 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 50% or more |
| Adopted Budget | \$6,000,000.00 |
| Total Cumulative Obligations | \$4,068,250.43 |
| Total Cumulative Expenditures | \$4,068,250.43 |
| Current Period Obligations | \$2,145,050.61 |
| Current Period Expenditures | \$2,145,050.61 |

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| 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? | Yes |
| 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? | Yes |
| 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: DTI Digital Government Platform Foundation

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| 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 | Completed less than 50% |
| Adopted Budget | \$10,000,000.00 |
| Total Cumulative Obligations | \$1,032,024.00 |
| Total Cumulative Expenditures | \$9,360.00 |
| Current Period Obligations | \$1,032,024.00 |
| Current Period Expenditures | \$9,360.00 |
| 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 | Digital platform will provide technology enhancements that will allow end users to perform job duties more easily. The |

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| response is reasonable and proportional to a public health or negative economic impact of Covid-19 | need for this was exacerbated during the COVID-19 pandemic. |
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Project Name: DTI Anchor Rooms Remote Work

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| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 GIS

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| 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 | \$132,612.95 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$132,612.95 |

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| 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 impact experienced | Upgrades to digital government mapping platform. This will allow tracking on a geographical basis for a variety of things 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: 1st State Montessori COVID Leave

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| Project Identification Number | 18990 |
| 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 | Completed 50% or more |
| Adopted Budget | \$12,452.84 |
| Total Cumulative Obligations | \$12,452.84 |
| Total Cumulative Expenditures | \$12,452.84 |
| Current Period Obligations | \$12,452.84 |
| Current Period Expenditures | \$12,452.84 |
| 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

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| Project Identification Number | 18989 |
| Project Expenditure Category | 3-Public Health-Negative Economic Impact: Public Sector Capacity |
| Project Expenditure Subcategory | 3.5-Public Sector Capacity: Administrative Needs |

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| Status To Completion | Completed 50% or more |
| Adopted Budget | \$34,553.57 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$34,553.57 |
| Total Cumulative Expenditures | \$34,553.57 |
| Current Period Obligations | \$28,692.48 |
| Current Period Expenditures | \$28,692.48 |
| 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

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|---|--|
| 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 | \$15,194.00 |
| Total Cumulative Obligations | \$15,194.00 |
| Total Cumulative Expenditures | \$15,194.00 |
| Current Period Obligations | \$11,974.00 |
| Current Period Expenditures | \$11,974.00 |
| 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." |

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| Number of government FTEs responding to COVID-19 supported under this authority | 0 |
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Project Name: Appoquinimink SD COVID Leave Extension

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| Project Identification Number | 18828 |
| 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 | Completed less than 50% |
| Adopted Budget | \$48,454.91 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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

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|---------------------------------|---|
| 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 50% or more |
| Adopted Budget | \$15,800.31 |
| Total Cumulative Obligations | \$15,800.31 |
| Total Cumulative Expenditures | \$15,800.31 |
| Current Period Obligations | \$10,543.61 |
| Current Period Expenditures | \$10,543.61 |
| 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. |
| | "District and Charter schools report expenditures to Office |

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| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | 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: Providence Creek COVID Leave Extension

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| Project Identification Number | 18694 |
| 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 | Completed 50% or more |
| Adopted Budget | \$23,124.33 |
| Total Cumulative Obligations | \$23,124.33 |
| Total Cumulative Expenditures | \$23,124.33 |
| Current Period Obligations | \$6,283.28 |
| Current Period Expenditures | \$6,283.28 |
| 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

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|---------------------------------|--|
| Project Identification Number | 18693 |
| 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 | Completed |
| Adopted Budget | \$39,472.00 |
| Total Cumulative Obligations | \$39,472.00 |
| Total Cumulative Expenditures | \$39,472.00 |

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| Current Period Obligations | \$14,104.56 |
| Current Period Expenditures | \$14,104.56 |
| 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

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| Project Identification Number | 18692 |
| 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 | Completed 50% or more |
| Adopted Budget | \$15,494.28 |
| Total Cumulative Obligations | \$15,494.28 |
| Total Cumulative Expenditures | \$15,494.28 |
| Current Period Obligations | \$8,414.86 |
| Current Period Expenditures | \$8,414.86 |
| 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

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| Project Identification Number | 18691 |
| Project Expenditure Category | 3-Public Health-Negative Economic Impact: Public Sector Capacity |
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| Project Expenditure Subcategory | 3.5-Public Sector Capacity: Administrative Needs |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$11,400.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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

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| Project Identification Number | 18690 |
| 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 | Completed 50% or more |
| Adopted Budget | \$13,027.68 |
| Total Cumulative Obligations | \$13,027.68 |
| Total Cumulative Expenditures | \$13,027.68 |
| Current Period Obligations | \$9,409.44 |
| Current Period Expenditures | \$9,409.44 |
| 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: Charter School of Wilmington COVID Leave Extension

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| Project Identification Number | 18689 |
| 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 | Completed 50% or more |
| Adopted Budget | \$12,231.80 |
| Total Cumulative Obligations | \$12,188.61 |
| Total Cumulative Expenditures | \$12,188.61 |
| Current Period Obligations | \$12,188.61 |
| Current Period Expenditures | \$12,188.61 |
| 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

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| Project Identification Number | 18688 |
| 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 | Completed 50% or more |
| Adopted Budget | \$7,077.67 |
| Total Cumulative Obligations | \$7,077.67 |
| Total Cumulative Expenditures | \$7,077.67 |
| Current Period Obligations | \$2,907.94 |
| Current Period Expenditures | \$2,907.94 |
| 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." |

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| 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

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| Project Identification Number | 18687 |
| 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 | Completed 50% or more |
| Adopted Budget | \$17,135.30 |
| Total Cumulative Obligations | \$7,157.84 |
| Total Cumulative Expenditures | \$7,157.84 |
| Current Period Obligations | \$7,157.84 |
| Current Period Expenditures | \$7,157.84 |
| 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

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|---------------------------------|--|
| Project Identification Number | 18686 |
| 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 | Completed 50% or more |
| Adopted Budget | \$10,995.61 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |

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| 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

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| Project Identification Number | 18685 |
| 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 | Completed 50% or more |
| Adopted Budget | \$14,179.69 |
| Total Cumulative Obligations | \$13,702.78 |
| Total Cumulative Expenditures | \$13,702.78 |
| Current Period Obligations | \$12,882.95 |
| Current Period Expenditures | \$12,882.95 |
| 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

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|---------------------------------|--|
| Project Identification Number | 18684 |
| 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 | Completed 50% or more |

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| Adopted Budget | \$62,734.93 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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

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| Project Identification Number | 18683 |
| 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 | Completed 50% or more |
| Adopted Budget | \$25,592.58 |
| Total Cumulative Obligations | \$25,030.18 |
| Total Cumulative Expenditures | \$25,030.18 |
| Current Period Obligations | \$12,884.68 |
| Current Period Expenditures | \$12,884.68 |
| 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: Cape Henlopen SD COVID Leave Extension

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| Project Identification Number | 18682 |
| 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 | Completed 50% or more |
| Adopted Budget | \$25,719.67 |
| Total Cumulative Obligations | \$24,566.53 |
| Total Cumulative Expenditures | \$24,566.53 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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: Lake Forest SD COVID Leave Extension

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| Project Identification Number | 18681 |
| 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 | Completed 50% or more |
| Adopted Budget | \$5,870.26 |
| Total Cumulative Obligations | \$3,760.30 |
| Total Cumulative Expenditures | \$3,760.30 |
| Current Period Obligations | \$3,760.30 |
| Current Period Expenditures | \$3,760.30 |
| 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 | "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." |

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| negative economic impact of Covid-19 | 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: DOJ Backlog Assistance

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| 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 | Completed less than 50% |
| Adopted Budget | \$50,000.00 |
| Total Cumulative Obligations | \$6,820.99 |
| Total Cumulative Expenditures | \$6,820.99 |
| Current Period Obligations | \$6,820.99 |
| Current Period Expenditures | \$6,820.99 |
| Project Description | Staff-related expenses associated with the clearing of the DDOJ's felony intake backlog. |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | DDOJ attorneys and paralegals will work overtime during evening hours and submit the time and effort sheets indicating how many hours were dedicated to the project, to clear the backlog. |
| 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 backlog was created due to inability of the DDOJ to work in full capacity during the pandemic. |

Project Name: DVCC Family Justice Center

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| 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 | Completed less than 50% |
| Adopted Budget | \$133,858.00 |
| Total Cumulative Obligations | \$26,282.75 |
| Total Cumulative Expenditures | \$26,282.75 |
| Current Period Obligations | \$26,282.75 |
| Current Period Expenditures | \$26,282.75 |
| Project Description | Strategic Planning for a Family Justice Center. |
| 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 | 20 Dis Imp Other HHs or populations that experienced a disproportionate |
| | The Domestic Violence Coordinating Council established the Family Justice Center Steering Committee (FJCSC) |

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| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | comprised of state, local, and community leaders. The FJCSC meets monthly to discuss the feasibility of establishing a FJC in Delaware. The conversations include the response and services needed for victims and survivors of interpersonal violence. |
| 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 | Among the many distressing ramifications of the COVID-19 pandemic has been a heightened risk for family violence, including intimate partner violence and child abuse. Victims nationwide were impacted by stay-at-home orders, which increased the likelihood of subsequent violence in the home and prevented opportunities for victims to leave. Furthermore, with individuals being forced to stay home, schools being closed, and many no longer having a job to report to or a physical office, the opportunity |

Project Name: DSU Technology Upgrades

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| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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: 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 | \$0.00 |
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| Current Period Expenditures | \$0.00 |
| 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 Clinical Lab

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| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 Early Childhood Innovation

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|---------------------------------|---|
| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| | establish an Early Childhood Innovation Center. The request will also |

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| Project Description | 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 |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | Yes |

Project Name: DNREC Shoreline Protection

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|---------------------------------|--|
| Project Identification Number | 18679 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | |
| Adopted Budget | \$1,300,000.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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: DTCC Culinary Program

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| 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 | \$73,837.32 |
| Total Cumulative Expenditures | \$6,573.10 |
| Current Period Obligations | \$72,467.07 |
| Current Period Expenditures | \$6,379.43 |

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| 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 |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$1,500,000.00 |
| 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 | 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: DTCC HVAC Upgrades

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| 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 | \$579,635.00 |
| Total Cumulative Expenditures | \$6,192.65 |
| Current Period Obligations | \$570,500.00 |
| Current Period Expenditures | \$4,917.02 |
| Project Description | Collegewide HVAC and Ventilation Improvements (Owens & Terry Campuses) |

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| 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." |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: DTCC Allied Health Center

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| 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 | \$44,202.50 |
| Total Cumulative Expenditures | \$16,778.71 |
| Current Period Obligations | \$30,500.00 |
| Current Period Expenditures | \$14,867.38 |
| 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." |

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| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: DTCC CNAs

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| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 Child Care Center

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| 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 | \$462,086.39 |
| Total Cumulative Expenditures | \$8,295.98 |
| Current Period Obligations | \$456,148.64 |
| Current Period Expenditures | \$7,466.61 |
| 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 |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based | \$6,500,000.00 |

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| interventions | |
| 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 | 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: DOC Ventilation Chillers Southern Region

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|---|--|
| 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% |
| Adopted Budget | \$1,108,000.00 |
| Total Cumulative Obligations | \$114,278.00 |
| Total Cumulative Expenditures | \$58,910.31 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$47,482.51 |
| 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: DOC Ventilation Chillers Central Region

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|---------------------------------|-----------------------------------|
| 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% |
| Adopted Budget | \$1,384,000.00 |

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| Total Cumulative Obligations | \$142,744.00 |
| Total Cumulative Expenditures | \$78,996.68 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$57,585.08 |
| 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 Northern Region

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| 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% |
| Adopted Budget | \$1,108,000.00 |
| Total Cumulative Obligations | \$114,278.00 |
| Total Cumulative Expenditures | \$44,568.42 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$43,711.33 |
| 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: OMB HVAC Upgrades Jesse Cooper Building

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| 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% |
| Adopted Budget | \$3,000,000.00 |
| Total Cumulative Obligations | \$243,000.00 |
| Total Cumulative Expenditures | \$12,993.14 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$12,993.14 |
| 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 11th Floor

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|---------------------------------|--|
| Project Identification Number | 18806 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Not Started |
| Adopted Budget | \$2,200,000.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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." |

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| 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

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| 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% |
| Adopted Budget | \$1,922,062.62 |
| Total Cumulative Obligations | \$1,622,702.62 |
| Total Cumulative Expenditures | \$48,037.42 |
| Current Period Obligations | \$640.00 |
| Current Period Expenditures | \$12,768.67 |
| 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 7th Floor

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| Project Identification Number | 18804 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |

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| Status To Completion | Not Started |
| Adopted Budget | \$2,400,000.00 |
| Total Cumulative Obligations | \$1,957,645.25 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$1,957,645.25 |
| Current Period Expenditures | \$0.00 |
| 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: OGOV Dover Interfaith Mission for Housing

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| 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 | \$589,990.00 |
| Total Cumulative Obligations | \$589,990.00 |
| Total Cumulative Expenditures | \$589,990.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 | \$581,990.00 |
| Type of capital expenditures, based on the following enumerated uses | Affordable housing, supportive housing, or recovery housing |

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| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$581,990.00 |
| Is a program evaluation of the project being conducted? | Yes |
| 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? | 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: OGOV First State Squash

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| 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 less than 50% |
| Adopted Budget | \$1,250,000.00 |
| Total Cumulative Obligations | \$1,250,000.00 |
| Total Cumulative Expenditures | \$1,250,000.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project 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, 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"> - 100% of team members graduate from high school - 100% of team members matriculate to institutions of |

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| | postsecondary education - 70% of team members graduate four-year colleges or alternative post-secondary opportunities in six years or less - supporting team members become career ready and engaged citizens upon college graduation" |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$1,250,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Schools and other educational facilities |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$1,250,000.00 |
| 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 |
| Secondary Impacted and/or Disproportionately Impacted populations | 19 Dis Imp For services to address educational disparities Title I eligible |
| 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 | "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 Tech Impact

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| 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 | \$136,132.71 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$84,305.46 |
| | The Data Science Fellowship seeks to grow the pool of data |

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| Project Description | <p>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> |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$136,132.71 |
| 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 | Participants will complete a 1 year Fellowship program to 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: OMB DSCYF Wharton Hall

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| Project Identification Number | 19177 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
| Status To Completion | Not Started |
| Adopted Budget | \$16,000,000.00 |
| Total Cumulative Obligations | \$0.00 |
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| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Renovate Wharton Hall building to serve 75-100 youth each year in the new behavioral health facility. |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$16,000,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Behavioral health facilities and equipment |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: DOJ Domestic Violence Education and Awareness

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| Project Identification Number | 19189 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.11-Community Violence Interventions |
| Status To Completion | Not Started |
| Adopted Budget | \$100,000.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | DDOJ will work with domestic violence advocates to identify an approved vendor to create professional quality Public Service Announcements (PSAs) that will be distributed through a multi-media ad campaign. This one-time targeted campaign will cost \$100,000 and will include developing and distributing the PSAs through a multi-media ad campaign. |

Project Name: OGOV Kind to Kids Foundation

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| Project Identification Number | 19109 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.25-Addressing Educational Disparities: Academic, Social, and Emotional Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$600,000.00 |
| Total Cumulative Obligations | \$200,000.00 |
| Total Cumulative Expenditures | \$8,444.00 |
| Current Period Obligations | \$200,000.00 |
| Current Period Expenditures | \$8,444.00 |
| | Funding to cover the partial costs of running the UGrad |

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| Project Description | Academy. Each of the new advocates is anticipated to serve approximately 12-15 Delaware foster children each of the three years. The current UGrad Advocates are each serving an average of 14 foster children per year. UGrad Advocates currently work with 14 foster children each, for an estimated total of 126 Delaware foster children served between 2022 and 2024. |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$7,431.00 |
| 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 | UGrad advocates working with Foster Children to improve education for students throughout the State. |
| 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-19 exacerbated the need for additional services to be provided for foster children and education. |
| 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 | 1000080, 1001241, 1000180, 1000190, 1000200, 1000230, 1000680, 1001080, 1000019, 1001280, 1000750, 1000005, 1001300, 1001530, 1001620, 1001680 |

Project Name: DTI Digital Accessibility

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| Project Identification Number | 19280 |
| 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 | \$2,000,000.00 |
| Total Cumulative Obligations | \$1,153,773.99 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$1,153,773.99 |
| Current Period Expenditures | \$0.00 |
| Project Description | To build and maintain Digital Government services that do not exclude anyone from accessing data, system, or services. The project consists of phases of analyzing and recommending steps to remediate digital content (websites, electronic forms, etc.) with a focus on training, standard and compliance development, and implementation. This effort will improve inclusiveness, accessibility and equal access to all information by the citizens and employees in compliance with Web Content Accessibility Guidelines (WCAG) 2.1. |

Project Name: DTI Security Incident Detection

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| Project Identification Number | 19279 |
| | 3-Public Health-Negative Economic Impact: Public Sector |

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| Project Expenditure Category | Capacity |
| Project Expenditure Subcategory | 3.4-Public Sector Capacity: Effective Service Delivery |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$750,000.00 |
| Total Cumulative Obligations | \$250,000.00 |
| Total Cumulative Expenditures | \$250,000.00 |
| Current Period Obligations | \$250,000.00 |
| Current Period Expenditures | \$250,000.00 |
| Project Description | The active ARPA projects involve systems and applications which record activities against them, like someone logging in, changing a password or creating an account. These events are centrally collected and analyzed for threats. The ask is to increase the state's log collection capacity to accommodate the new logs being generated. |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | The active ARPA projects involve systems and applications which record activities against them, like someone logging in, changing a password or creating an account. These events are centrally collected and analyzed for threats. To increase the state's log collection capacity to accommodate the new logs being generated. |
| 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 | Increase license capacity to ensure the security application sustainability and availability |

Project Name: DTI Mainframe

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| Project Identification Number | 19176 |
| 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 | \$1,020,000.00 |
| Total Cumulative Obligations | \$211,218.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$211,218.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | DTI is migrating the DTI mainframe applications and data to a service provider's infrastructure. This migration encompasses critical services hosted for DELJIS, DelDOT DMV, Courts, Revenue, Labor, etc. The MFaaS service will provide technology upgrades, more robust cybersecurity capabilities, scalable infrastructure, consumption-based pricing, and enhanced disaster recovery services. |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$800,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Technology and tools |

Project Name: DTI Data Center Modernization

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| Project Identification Number | 19144 |
| 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 | \$4,095,000.00 |
| Total Cumulative Obligations | \$851,588.24 |
| Total Cumulative Expenditures | \$10,890.00 |
| Current Period Obligations | \$851,588.24 |
| Current Period Expenditures | \$10,890.00 |
| Project Description | The Data Center Modernization program will deliver a modernized approach by updating our states William Penn data center along with establishing Biggs as a Telecommunications PoP. All secondary workloads for the state would be migrated to Ashburn VA as DCaaS in order to run these critical workloads while provide some disaster recovery capabilities. Statewide private cloud workloads will begin a migration using HCX to VMC on AWS in US Ohio with full disaster recover of workloads within 4 hours to US West. Once established all state agencies can take advantage of this established services by utilizing our collocate offering. This not only will help provide a modern infrastructure for remote and hybrid work, but for the first time will provide a disaster recovery plan objective of 4 hours for the virtual workloads in the State of Delaware. |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$3,000,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Technology and tools |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | The Data Center Modernization program will deliver a modernized approach by updating our states William Penn data center . This not only will help provide a modern infrastructure for remote and hybrid work, but for the first time will provide a disaster recovery plan objective of 4 hours for the virtual workloads in the State of 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 | The recipient’s approach ensures the future sustainability, availability, and security of client server system and data to support services provided to State users and the citizens of Delaware in times of a public health or negative economic impact. |

Project Name: DTI Employee Attestation

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| Project Identification Number | 19141 |
| 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% |

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| Adopted Budget | \$100,000.00 |
| Total Cumulative Obligations | \$77,189.75 |
| Total Cumulative Expenditures | \$77,189.75 |
| Current Period Obligations | \$77,189.75 |
| Current Period Expenditures | \$77,189.75 |
| Project Description | The project is to develop a platform/application to support increased security measures related to the substantial workforce turnover that has taken place during the pandemic. The application that was built to support the Employee Attestation mandate from the Governor and manages vaccination status or testing on a weekly basis across the state. |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | The project is to develop a platform/application to support increased security measures related to the substantial workforce turnover that has taken place during the 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 | To build a digital Platform Foundation to deliver a device agnostic user-friendly experience for Delaware agencies. |

Project Name: DOL DET On the Job Training

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| Project Identification Number | 19285 |
| 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 | \$1,000,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$1,378.84 |
| Total Cumulative Expenditures | \$1,378.84 |
| Current Period Obligations | \$1,378.84 |
| Current Period Expenditures | \$1,378.84 |
| Project Description | ARPA funding for a workforce initiative to reimburse businesses that provide on-the-job training opportunities to support those looking for work, while addressing their own staffing shortages. |
| 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 |
| | This program is to ensure that individuals who were |

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| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | rendered unemployed or underemployed due the mandatory job shut downs, may be provided with the opportunity to put current skills to work, as well as gain additional skills via on the job training with an employer who would benefit from assisted employee placement within jobs where employers have a need for workers. |
| 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 response is reasonable and proportional because the target population for On The Job Training is for unemployed, under employed and those looking to upskill. This program will offer training to those who need jobs or increase their capacity for higher earning potential. |

Project Name: DSFS Learning Management System

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| Project Identification Number | 19222 |
| 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 | \$200,000.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Funding to provide enhancements to the Delaware State Fire School's Learning Management System for Emergency Professionals. This will assist in the tracking of infection control officers amongst other issues identified during the COVID-19 Pandemic. |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$200,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Technology infrastructure to adapt government operations |

Project Name: OGOV LEEP

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| Project Identification Number | 19297 |
| 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 | \$1,700,000.00 |
| Total Cumulative Obligations | \$400,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$400,000.00 |
| Current Period Expenditures | \$0.00 |
| | Workforce development project to provide a training |

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| Project Description | program for small local contractors. Training sessions, mentoring, and financial counseling session will be provided through this project. |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$1,700,000.00 |
| Is a program evaluation of the project being conducted? | Yes |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 8 Imp SBs that experienced a negative economic impact |
| 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 | Program to train and assist local contractors. Provide knowledge and assistance in expanding 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: OGOV United Way DE Fellowship

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| Project Identification Number | 19162 |
| 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 50% or more |
| Adopted Budget | \$1,000,000.00 |
| Total Cumulative Obligations | \$1,000,000.00 |
| Total Cumulative Expenditures | \$769,029.00 |
| Current Period Obligations | \$1,000,000.00 |
| Current Period Expenditures | \$769,029.00 |
| Project Description | The Governor's Summer Fellowship is a joint partnership between the United Way of Delaware (UWDE), the Delaware Department of Education (DDOE), and the Office of Governor John Carney. The program will use APRA funds to support elementary and middle school aged youth to enroll in high-quality summer learning experiences. It is anticipated that approximately five (5) sites will be selected as part of the summer fellowship, each site enrolling between 50 and 100 youth participants, and hiring between 5 and 10 summer fellows. |
| 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 | Youth summer learning program. |

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| impact experienced | |
| 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: OGOV Jewish Family Services

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| Project Identification Number | 19324 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
| Status To Completion | Not Started |
| Adopted Budget | \$1,000,000.00 |
| Total Cumulative Obligations | \$1,000,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$1,000,000.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | "A three-pronged project to increase the availability of low-cost, community-based mental health services in Delaware. " |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$218,357.00 |
| Type of capital expenditures, based on the following enumerated uses | Behavioral health facilities and 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 low-cost mental health services 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: OGOV Advanced Family Care

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| Project Identification Number | 19323 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
| Status To Completion | Not Started |
| Adopted Budget | \$183,400.00 |
| Total Cumulative Obligations | \$183,400.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$183,400.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | "Advanced Family Care's Healthy Minds, Healthy Lives project will bring mental health awareness through continued community outreach efforts in the cities of |

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| | Middletown, Odessa, Townsend and beyond." |
| 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 | Outreach and mental health services to specific areas within 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: OGOV Children & Families First

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| Project Identification Number | 19320 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
| Status To Completion | Not Started |
| Adopted Budget | \$276,625.00 |
| Total Cumulative Obligations | \$276,625.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$276,625.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Funding to support behavioral health initiatives for children served 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 | Program to support behavioral health for children 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: OGOV Brandywine Counseling

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| Project Identification Number | 19316 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$32,697.50 |
| Total Cumulative Obligations | \$32,697.50 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$32,697.50 |
| Current Period Expenditures | \$0.00 |
| Project Description | Funding for a trauma-informed professional training and development program to help address the mental health challenges caused or exacerbated by the COVID-19 |

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| | 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? | 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 | Program to provide mental health 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: OGOV DRA Mental Health

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| Project Identification Number | 19315 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
| Status To Completion | Not Started |
| Adopted Budget | \$300,000.00 |
| Total Cumulative Obligations | \$300,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$300,000.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | "A multi-faceted project to provide expanded access to telemedicine healthcare services, mental health resources, and substance abuse prevention for Delaware's restaurant workforce. " |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$300,000.00 |
| 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 telemedicine services to the restaurant 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: OGOV PAWS for People

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| Project Identification Number | 19314 |
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| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$9,750.00 |
| Total Cumulative Obligations | \$9,750.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$9,750.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Service to provide individualized therapeutic visits with specially trained volunteers and their certified pets to help persons struggling with physical and mental well-being. |
| 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? | 1 Imp General Public |
| 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 | Provide therapeutic visits with pets to assist persons struggling with physical and mental illness |
| 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: OGOV MH Del Nurses Association

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| Project Identification Number | 19161 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$500,000.00 |
| Total Cumulative Obligations | \$166,700.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$166,700.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | "Funding to establish the HNHD platform to support the Delaware nursing community by integrating numerous evidence-based behavioral health promoting strategies into a single, comprehensive application. It will be a virtual program with asynchronous and synchronous support for Delaware nurse wellbeing and mental health. It is a free program available to Delaware's 25,000+ licensed professional nurses." |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$0.00 |

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| 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 virtual mental health and well being program to licensed nurses. |
| 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: OGOV UD Research Lab

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| Project Identification Number | 19110 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$41,000,000.00 |
| Total Cumulative Obligations | \$41,000,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | "Demolition, design and construction associated with the former McKinly site. Building a new University of Delaware laboratory facility. " |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$41,000,000.00 |
| 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 | Construct new UD lab to assist in public health research and mitigation. |
| 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: OGOV Academy of Medicine

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| Project Identification Number | 19108 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
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| Status To Completion | Completed less than 50% |
| Adopted Budget | \$5,000,000.00 |
| Total Cumulative Obligations | \$1,137,650.00 |
| Total Cumulative Expenditures | \$56,639.90 |
| Current Period Obligations | \$1,137,650.00 |
| Current Period Expenditures | \$56,639.90 |
| Project Description | "This request establishes funding for the Delaware Health Force, including student financial aid for medical, dental and nursing students, underwriting residency positions, and expanding a program to expose high school students to careers in the medical field. \$2,724,700 of the project is depends on initial intended results of the project being accomplished." |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$52,688.28 |
| 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 | Enhance medical workforce and expose more high school students to the workforce in an attempt to recruit more workers. |
| 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 | Focus on areas most vulnerable in the state that were impacted the greatest by COVID-19. |

Project Name: DE NG Pandemic Readiness Center

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| Project Identification Number | 18823 |
| 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 | \$15,000,000.00 |
| Total Cumulative Obligations | \$713,235.50 |
| Total Cumulative Expenditures | \$113,220.50 |
| Current Period Obligations | \$713,235.50 |
| Current Period Expenditures | \$113,220.50 |
| Project Description | Purchase land with improvements and create a Pandemic Readiness Center at 12 Penns Way, New Castle, DE |
| 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 | Rehabilitations, renovation, remediation, cleanup, or conversions |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic | To establish a temporary public medical facility and other measures to increase COVID-19 treatment capacity and |

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| impact experienced | related operational needs. |
| 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 | Purchase of land with building improvements to create a Pandemic Readiness Center |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: Odyssey Charter COVID Leave

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| Project Identification Number | 19302 |
| 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 | Completed 50% or more |
| Adopted Budget | \$19,591.09 |
| Total Cumulative Obligations | \$2,486.49 |
| Total Cumulative Expenditures | \$2,486.49 |
| Current Period Obligations | \$2,486.49 |
| Current Period Expenditures | \$2,486.49 |
| 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. |

Project Name: Brandywine SD COVID Leave

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| Project Identification Number | 19145 |
| 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 | Completed 50% or more |
| Adopted Budget | \$17,919.12 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Provide reimbursement for expenses incurred by district and charter schools due to employees out sick with covid. |

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| | 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. |

Project Name: OMB Admin & Oversight Personnel

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|---------------------------------|---|
| 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 | \$121,912.34 |
| Total Cumulative Expenditures | \$121,912.34 |
| Current Period Obligations | \$37,528.96 |
| Current Period Expenditures | \$37,528.96 |
| Project Description | Funding for dual incumbency positions to administer ARPA SLFRF funding. |

Project Name: OMB Admin & Oversight Personnel

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|---------------------------------|---|
| Project Identification Number | 18480 |
| Project Expenditure Category | 7-Administrative |
| Project Expenditure Subcategory | 7.1-Administrative Expenses |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$139,936.00 |
| Total Cumulative Obligations | \$19,584.16 |
| Total Cumulative Expenditures | \$19,584.16 |
| Current Period Obligations | \$19,584.16 |
| Current Period Expenditures | \$19,584.16 |
| Project Description | Funding for dual incumbency positions to administer ARPA SLFRF funding. |

Project Name: DOF Admin & Oversight Personnel

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|---------------------------------|-----------------------------|
| Project Identification Number | 18475 |
| Project Expenditure Category | 7-Administrative |
| Project Expenditure Subcategory | 7.1-Administrative Expenses |
| Status To Completion | Completed less than 50% |
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| Adopted Budget | \$545,506.00 |
| Total Cumulative Obligations | \$85,165.16 |
| Total Cumulative Expenditures | \$85,165.16 |
| Current Period Obligations | \$29,575.36 |
| Current Period Expenditures | \$29,575.36 |
| Project Description | Funding for dual incumbency positions to administer ARPA SLFRF funding. |

Project Name: OGOV Legal Counsel for NEUs

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|---------------------------------|---|
| 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 | \$80,000.00 |
| Total Cumulative Expenditures | \$80,000.00 |
| Current Period Obligations | \$30,000.00 |
| Current Period Expenditures | \$30,000.00 |
| 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. |

Project Name: OGOV Delaware Restaurant Association

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|---------------------------------|--|
| 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 | \$259,926.10 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$167,371.00 |
| 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. |

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| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$259,926.10 |
| 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 Zip Code Wilmington

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| 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 | \$204,197.51 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$124,637.51 |
| 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. |

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| 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. |
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Project Name: DOL WORKFORCE DEVELOPMENT INITIATIVE

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| 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 | \$3,000,000.00 |
| Total Cumulative Obligations | \$2,420,711.76 |
| Total Cumulative Expenditures | \$2,420,711.76 |
| Current Period Obligations | \$1,236,667.76 |
| Current Period Expenditures | \$1,236,667.76 |
| 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. |
| 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 | 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 DE Sustainable Energy

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|---------------------------------|---|
| 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 | \$540,254.01 |

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| Current Period Obligations | \$312,500.00 |
| Current Period Expenditures | \$360,892.00 |
| 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. |

Project Name: OGOV RODEL Career Pathways 2.0

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| 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 | \$749,984.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$749,984.00 |
| 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 | \$2,500,000.00 |

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| 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: DELAWARE HEALTHCARE FACILITIES FUND

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| 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 | \$24,920,819.00 |
| Total Cumulative Expenditures | \$24,920,819.00 |
| Current Period Obligations | \$86,352.00 |
| Current Period Expenditures | \$86,352.00 |
| 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: DELAWARE HOSPITAL RELIEF FUND

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| 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 | \$24,904,166.65 |
| Total Cumulative Expenditures | \$24,904,166.65 |

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| Current Period Obligations | \$144,444.44 |
| Current Period Expenditures | \$144,444.44 |
| 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 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 Youth Risk Behavior Surveillance System

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| 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 | \$260,000.00 |
| Total Cumulative Expenditures | \$260,000.00 |
| Current Period Obligations | \$30,000.00 |
| Current Period Expenditures | \$30,000.00 |
| 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: DHSS AFFORDABLE CARE ACT MARKETPLACE

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| 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 | \$16,074.13 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$2,714.13 |
| 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: DOJ eSuites

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| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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: DOJ Website

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| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 Technology Upgrade

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|---|--|
| Project Identification Number | 18508 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$330,000.00 |
| Total Cumulative Obligations | \$329,970.00 |
| Total Cumulative Expenditures | \$329,970.00 |
| Current Period Obligations | \$329,970.00 |
| Current Period Expenditures | \$329,970.00 |
| 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 |
| 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 objective of the project is to ensure the ability of the DDOJ function remotely dealing with the challenges of the 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 | The ability of the majority of the DDOJ employees to work remotely reduces the negative impact on the DDOJ's ability to function during the pandemic by reducing the potential Covid spread in the office. |

Project Name: DE NATL GUARD MOBILE BARRIERS

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| Project Identification Number | 18276 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$958,380.00 |
| Total Cumulative Obligations | \$958,380.00 |
| Total Cumulative Expenditures | \$739,267.00 |
| Current Period Obligations | \$493,297.00 |
| Current Period Expenditures | \$493,297.00 |
| 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: DHSS Health Data System

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|---------------------------------|---|
| 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 | \$611,268.00 |
| Total Cumulative Expenditures | \$41,659.15 |
| Current Period Obligations | (\$53,848.00) |
| Current Period Expenditures | \$41,659.15 |
| | "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 |

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| Project Description | 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: DHSS DPH Lab

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| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Funding to support expansion of the new Division of Public 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 |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: Courts Backlog Assistance

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| Project Identification Number | 18489 |
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| 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 | \$82,418.96 |
| Total Cumulative Expenditures | \$27,252.19 |
| Current Period Obligations | \$70,377.46 |
| Current Period Expenditures | \$15,210.69 |
| 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: Courts Online Instructions

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|---------------------------------|---|
| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Improving online access to courts forms and instruction packets |

Project Name: Courts eCourtroom Upgrades Expansion

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| 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 | \$2,088,133.01 |
| Total Cumulative Expenditures | \$11,399.00 |
| Current Period Obligations | \$2,088,133.01 |
| Current Period Expenditures | \$11,399.00 |
| 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 eFiling Case and Document Management

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|---|---|
| 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 | \$900,000.00 |
| Total Cumulative Expenditures | \$246,027.88 |
| Current Period Obligations | \$800,000.00 |
| Current Period Expenditures | \$191,504.17 |
| Project Description | Implementing efilng 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 efilng 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 efilng case and document management system |
| Does the project prioritize local hires? | No |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: DTI Broadband Infrastructure

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|---------------------------------|---|
| 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 | \$5,460,010.66 |
| Total Cumulative Expenditures | \$4,161,775.12 |
| Current Period Obligations | \$2,295,123.37 |
| Current Period Expenditures | \$2,431,829.39 |
| | 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 |

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| Project Description | 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 |

Project Name: OGOV Wilmington Parking Garage Relief

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|---|---|
| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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: DOC PREMIUM PAY

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|---|---|
| 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 | \$6,732,027.76 |
| Total Cumulative Obligations | \$3,309,879.94 |
| Total Cumulative Expenditures | \$3,309,879.94 |
| Current Period Obligations | \$2,081,379.94 |
| Current Period Expenditures | \$2,081,379.94 |
| 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: DSCYF PREMIUM PAY

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|---------------------------------|--|
| Project Identification Number | 18212 |
| Project Expenditure Category | 4-Premium Pay |
| Project Expenditure Subcategory | 4.1-Public Sector Employees |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$5,100,000.00 |
| Total Cumulative Obligations | \$3,509,237.15 |
| Total Cumulative Expenditures | \$3,509,237.15 |
| Current Period Obligations | \$887,548.64 |
| Current Period Expenditures | \$887,548.64 |
| | Premium pay for essential workers, offering additional |

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|---|--|
| Project Description | 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 | 100 |
| 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: DOJ Community Engagement Unit

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|---------------------------------|--|
| Project Identification Number | 18548 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.11-Community Violence Interventions |
| Status To Completion | Not Started |
| Adopted Budget | \$150,000.00 |
| Total Cumulative Obligations | \$3,092.68 |
| Total Cumulative Expenditures | \$3,092.68 |
| Current Period Obligations | \$3,092.68 |
| Current Period Expenditures | \$3,092.68 |
| 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: OGOV REACH Riverside

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|---------------------------------|---|
| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| | Funding for REACH Riverside Development Corporation which has partnered with the Wilmington Housing Authority |

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| 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 |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: DDA Local Food Loan System

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|---|---|
| Project Identification Number | 18394 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.29-Loans or Grants to Mitigate Financial Hardship |
| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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. |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$2,000,000.00 |
| 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 | Food program to provide small businesses an opportunity to obtain funding to provide food to local communities throughout Delaware that have been negatively impacted by 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 | Application process will occur each year for this 3-year program. Applicants will use grant funding to provide food assistance to local communities negatively impacted by the COVID-19 pandemic. |

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| Number of small businesses served (by program if recipient establishes multiple separate small businesses assistance programs) | 14 |
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Project Name: K12 COVID Leave Extension

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| Project Identification Number | 18019 |
| 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 | Completed 50% or more |
| Adopted Budget | \$1,546,772.12 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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. |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Funding to provide staffing coverage for when teachers, bus drivers or other school staff are out 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 | Schools monitor COVID-19 infections and ensure staff coverage when anyone is out due to a COVID illness. |

Project Name: DPH POINT OF CARE RAPID TESTING

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| 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 | \$6,140,505.48 |
| Total Cumulative Expenditures | \$2,146,212.60 |
| Current Period Obligations | \$3,328,518.80 |
| Current Period Expenditures | (\$665,774.08) |
| 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 |

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| 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: DelDOT Workforce Development

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

Project Name: DelDOT Western Sussex NSTI

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|---------------------------------|---|
| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 |

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| | 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. |
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Project Name: DelDOT Keep DE Litter Free

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|---|---|
| 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 | \$210,633.00 |
| Total Cumulative Expenditures | \$190,702.52 |
| Current Period Obligations | \$100,149.11 |
| Current Period Expenditures | \$82,295.37 |
| 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 CDL Training

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| 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 | \$120,000.00 |
| Total Cumulative Expenditures | \$22,500.00 |
| Current Period Obligations | \$18,750.00 |
| Current Period Expenditures | \$0.00 |
| 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 | \$0.00 |

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| interventions | |
| 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: Judicial Branch COVID Testing Program

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|---|--|
| 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 | \$46,950.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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: DNREC Lab

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|---------------------------------|-----------------------------------|
| 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 | \$9,824.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$9,824.00 |

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| 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. |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: OMB Food Warehouse

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|---|--|
| 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 | \$1,319,150.00 |
| Total Cumulative Expenditures | \$20,893.13 |
| Current Period Obligations | \$714,150.00 |
| Current Period Expenditures | \$20,893.13 |
| 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. |

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| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: OMB DHCI Project

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| 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 | \$3,708,379.00 |
| Total Cumulative Expenditures | \$37,000.00 |
| Current Period Obligations | \$566,679.00 |
| Current Period Expenditures | \$37,000.00 |
| 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 |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: Courts Holding Cell Upgrades

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|---------------------------------|-----------------------------------|
| 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 | \$18,963.14 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$18,963.14 |

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| 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 HVAC Upgrades

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| 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 | \$477,937.38 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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 | \$477,937.38 |
| 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: DOC Ventilation Chillers

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| Project Identification Number | 18013 |
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| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Cancelled |
| Adopted Budget | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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: DSP Mobile Command Unit Vehicle

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| 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |
| 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: 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 | \$35,982,808.08 |
| Total Cumulative Expenditures | \$26,730,790.80 |
| Current Period Obligations | \$1,350,000.00 |
| Current Period Expenditures | \$612,360.00 |
| 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: 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 | \$0.00 |
| Current Period Expenditures | \$0.00 |

| | |
|--|--|
| 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 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 | \$57,600.00 |
| Total Cumulative Expenditures | \$57,600.00 |
| Current Period Obligations | \$57,600.00 |
| Current Period Expenditures | \$57,600.00 |
| 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 |

Subrecipients

Subrecipient Name: UHS of Rockford LLC

| | |
|--|--------------------|
| TIN | 205093162 |
| Unique Entity Identifier | |
| 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 | 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 |

Subrecipient Name: "St. Francis Hospital, Inc"

| | |
|--|--------------------------|
| TIN | 510064326 |
| Unique Entity Identifier | |
| 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 | 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 |

Subrecipient Name: SUN Behavioral Delaware

| | |
|-----|-----------|
| TIN | 352571461 |
|-----|-----------|

| | |
|--|--------------------|
| Unique Entity Identifier | |
| 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 | 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 |

Subrecipient Name: Tidal Health Nanticoke Memorial Hospital

| | |
|--|---------------------|
| TIN | 510069243 |
| Unique Entity Identifier | |
| 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 | 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 |

Subrecipient Name: The Nemours Foundation

| | |
|--------------------------|--------------------|
| TIN | 590634433 |
| Unique Entity Identifier | |
| 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 | 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 |

Subrecipient Name: Beebe Medical Center Inc

| | |
|--|-------------------|
| TIN | 510067938 |
| Unique Entity Identifier | |
| 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 | 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 |

Subrecipient Name: "Bayhealth Medical Center, Inc."

| | |
|--------------------------|---------------------|
| TIN | 510064318 |
| Unique Entity Identifier | |
| 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 | 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 |

Subrecipient Name: Christiana Care Health Services Inc

| | |
|--|-------------------|
| TIN | 510103684 |
| Unique Entity Identifier | |
| 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 | 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 |

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 |
|---|----|

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 | 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: Coral Springs Rehab & 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: 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 | P782RNU1NNK3 |
| 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 | Contractor |
| 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 | N3TTP71B2SY9 |
| 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 | Contractor |
| 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 | PNL1U1FNPLF9 |
| 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 | 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: LEEP Inc Pathways to Apprenticeship

| | |
|---|-----------------|
| TIN | 831079563 |
| Unique Entity Identifier | V1LQP92C9C16 |
| 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 | Contractor |
| Is the Recipient Registered in SAM.Gov? | N/A |

Subrecipient Name: Amer Driver Training ACAD

| | |
|--------------------------|--------------|
| TIN | 810554275 |
| 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 | Contractor |
| 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

| | |
|--|--|
| | |
|--|--|

| | |
|---|--------------------|
| 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 |
|---|-----|

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 | joe.lepore@healthcareitleaders.com |
| 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 | anne.gibson@morganlewis.com |
| 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 | rcwholesale@outlook.com |
| 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 | laurie@gothams.com |
| 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 | atticus@vaulthealth.com |
| 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

| | |
|--|--|
| | |
|--|--|

| | |
|---|--------------|
| 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 |
|---|-----|

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 | DBWJN34GPC98 |
| 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 | 472878252 |
| 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 | 260789197 |
| 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 | 260789419 |
| 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 | 371690544 |
| 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 | 231900132 |
| 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 |
|---|-----|

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 | 510363138 |
| 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 | C7GNYZZQMEB3 |
| 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 |
|---|----|

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 | 911605464 |
| 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

| | |
|--|--|
| | |
|--|--|

| | |
|--|-----------------------------|
| TIN | 261700251 |
| 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 | 261700318 |
| 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 | MMUHCKLFUEJ4 |
| 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 | 510075766 |
| 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 | 510095986 |
| 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 | 463475364 |
| 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 | 813077331 |
| 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 | ZJL8HJ8PBGM7 |
| 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 | 263380516 |
| 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 | NQK4XFLKGYE1 |
| 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 | 202897174 |
| 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 | 208404203 |
| 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 | 510305447 |
| 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 | 232941518 |
| 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 |
|---|----|

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 | 842344739 |
| 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

| | |
|--|--|
| | |
|--|--|

| | |
|--|--------------------|
| 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 | 510070786 |
| 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 | 830973303 |
| 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 | WFMXMMKGLAC6 |
| 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 | 460882029 |
| 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 | 263146111 |
| 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 | 753119108 |
| 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 | 208134172 |
| 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 | 562538116 |
| 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 | 842847953 |
| 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 | 461476253 |
| 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 | 510387875 |
| 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 | 454288267 |
| 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 | 510280759 |
| 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 | 562665242 |
| 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 | 271725461 |
| 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 | 823447480 |
| 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 | 232947379 |
| 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 | 824501702 |
| 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 | 810798145 |
| 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 | 451711997 |
| 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 | 431975873 |
| 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 | 760714345 |
| 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 | 463088765 |
| 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 | 272929302 |
| 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 | 463121590 |
| 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 | 454288267 |
| 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 | 161473532 |
| 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 | 465600095 |
| 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 |

Subrecipient Name: Transpara EHLP LLC dba Zebra Health Solutions

| | |
|--|--|
| TIN | 852625535 |
| Unique Entity Identifier | |
| POC Email Address | sales@zebra.health |
| Address Line 1 | 1037 NE 65th Street |
| Address Line 2 | #81946 |
| Address Line 3 | |
| City | Seattle |
| State | WA |
| Zip | 98115 |
| Zip+4 | 6655 |
| 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: P&C Roofing

| | |
|--|--|
| TIN | 510112545 |
| Unique Entity Identifier | |
| POC Email Address | info@pcreofinginc.com |
| Address Line 1 | 35 Southgate 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: DelDeo Builders

| | |
|---|----------------|
| TIN | |
| Unique Entity Identifier | DV1VHGFK8S37 |
| POC Email Address | |
| Address Line 1 | 100 Naamans Rd |
| Address Line 2 | Ste. 3-F |
| Address Line 3 | |
| City | Claymont |
| State | DE |
| Zip | 19703 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: WOHLSEN CONSTRUCTION COMPANY

| | |
|---|---------------|
| TIN | |
| Unique Entity Identifier | HCP4CNVFT2K4 |
| POC Email Address | |
| Address Line 1 | 501 Carr Road |
| Address Line 2 | Ste 101 |
| Address Line 3 | |
| City | Wilmington |
| State | DE |
| Zip | 19809 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: UHS of Dover LLC

| | |
|--------------------------|--------------------|
| TIN | 233044421 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 725 Horsepond 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? | Yes |
|---|-----|

Subrecipient Name: Business Interface of Maryland

| | |
|--|-----------------------|
| TIN | 161771385 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 800 North king Street |
| Address Line 2 | Plaza Level |
| 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: POLYTECH ADULT EDUCATION

| | |
|---|------------|
| TIN | 516000279 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | PO BOX 102 |
| Address Line 2 | |
| Address Line 3 | |
| City | WOODSIDE |
| State | DE |
| Zip | 19980 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Delaware Tech Community College

| | |
|--------------------------|----------------------|
| TIN | 516000279 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | RT 13 & DENNY'S ROAD |
| Address Line 2 | |

| | |
|---|------------|
| Address Line 3 | |
| City | Dover |
| State | DE |
| Zip | 19903 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: CARAHSOFT TECHNOLOGY CORPORATION

| | |
|---|-------------------------|
| TIN | 522189693 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 11493 SUNSET HILLS ROAD |
| Address Line 2 | |
| Address Line 3 | |
| City | RESTON |
| State | VA |
| Zip | 20190 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: ACRO SERVICE CORP

| | |
|--|-----------------------|
| TIN | 382413629 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 39209 W SIX MILE ROAD |
| Address Line 2 | |
| Address Line 3 | |
| City | LIVONIA |
| State | MI |
| Zip | 48152 |
| 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: ROI SOLUTIONS LLC

| | |
|--|--------------------|
| TIN | 263535658 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 792 EAST 280 SOUTH |
| Address Line 2 | |
| Address Line 3 | |
| City | AMERICAN FORK |
| State | UT |
| Zip | 84003 |
| 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: DELMARVA TEMP STAFFING INC

| | |
|--|-----------------------|
| TIN | 510327373 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | POST OFFICE BOX 75343 |
| Address Line 2 | |
| Address Line 3 | |
| City | CHICAGO |
| State | IL |
| Zip | 75343 |
| 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: SAGITEC SOLUTIONS LLC

| | |
|--------------------------|-----------|
| TIN | 200970684 |
| Unique Entity Identifier | |
| POC Email Address | |

| | |
|--|------------------------|
| Address Line 1 | 422 COUNTY ROAD D EAST |
| Address Line 2 | |
| Address Line 3 | |
| City | ST. PAUL |
| State | MN |
| Zip | 55117 |
| 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: DIAMOND TECHNOLOGIES INC

| | |
|--|--------------------------|
| TIN | 510377847 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 4001 MILLER ROAD SUITE 3 |
| Address Line 2 | |
| Address Line 3 | |
| City | WILMINGTON |
| State | DE |
| Zip | 19802 |
| 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: AUM TECH INCORPORATED

| | |
|--------------------------|----------------------------------|
| TIN | 222923041 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 710 OLD BRIDGE TPKE &EDGEBORO RD |
| Address Line 2 | |
| Address Line 3 | |
| City | EAST BRUNSWICK |
| State | NJ |

| | |
|--|------------|
| Zip | 08816 |
| 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: RUSSELL ALLEN PARTNERS

| | |
|--|----------------|
| TIN | 813449686 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 18 JAMES PLACE |
| Address Line 2 | |
| Address Line 3 | |
| City | CINCINNATI |
| State | OH |
| Zip | 45246 |
| 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: DELL MARKETING LP

| | |
|---|--------------|
| TIN | 742616805 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | ONE DELL WAY |
| Address Line 2 | |
| Address Line 3 | |
| City | ROUND ROCK, |
| State | TX |
| Zip | 78682 |
| 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: Info Solutions LLC

| | |
|--|---------------------|
| TIN | 651318495 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 920 Justison 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: LEADING EDGE DESIGN GROUP

| | |
|--|---------------------|
| TIN | |
| Unique Entity Identifier | 000000612830 |
| POC Email Address | |
| Address Line 1 | 86 CHOSEN VALE LANE |
| Address Line 2 | |
| Address Line 3 | |
| City | ENFIELD |
| State | PA |
| Zip | 03748 |
| 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: SHI INTERNATIONAL CORP

| | |
|---|---------------|
| TIN | 223009648 |
| Unique Entity Identifier | CEFCD41CLDJ8 |
| POC Email Address | |
| Address Line 1 | PO BOX 952121 |
| Address Line 2 | |
| Address Line 3 | |
| City | DALLAS |
| State | TX |
| Zip | 75395 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: NUHARBOR SECURITY INC

| | |
|--|-----------------------|
| TIN | |
| Unique Entity Identifier | 000000511907 |
| POC Email Address | |
| Address Line 1 | 553 ROOSEVELT HIGHWAY |
| Address Line 2 | |
| Address Line 3 | |
| City | COLCHESTER |
| State | VT |
| Zip | 05446 |
| 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: AT&T MOBILITY

| | |
|--------------------------|-----------------------------|
| TIN | 134924710 |
| Unique Entity Identifier | MNALR8D818N7 |
| POC Email Address | |
| Address Line 1 | 7125 Columbia Gateway Drive |
| Address Line 2 | |
| Address Line 3 | |
| City | Columbia |

| | |
|---|------------|
| State | MD |
| Zip | 21046 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: VERSALIGN INC

| | |
|---|-------------------|
| TIN | 510285063 |
| Unique Entity Identifier | GFUDH8W1T349 |
| POC Email Address | |
| Address Line 1 | 701 Cornell Drive |
| Address Line 2 | Suite F-13 |
| Address Line 3 | |
| City | Wilmington |
| State | DE |
| Zip | 19801 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: FSX HOLDINGS LLC

| | |
|---|------------------------------|
| TIN | |
| Unique Entity Identifier | L7FRNNTKMNG3 |
| POC Email Address | |
| Address Line 1 | 500 East John Carpenter FRWY |
| Address Line 2 | STE 250 |
| Address Line 3 | |
| City | Irving |
| State | TX |
| Zip | 75062 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: FTR LTD

| | |
|--------------------------|------------------|
| TIN | |
| Unique Entity Identifier | JBY8FSWTNDM4 |
| POC Email Address | |
| Address Line 1 | 1401 17th Street |
| | |

| | |
|---|------------|
| Address Line 2 | STE 525 |
| Address Line 3 | |
| City | Denver |
| State | CO |
| Zip | 80202 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: A3 COMMUNICATIONS INC

| | |
|---|------------------------|
| TIN | |
| Unique Entity Identifier | C178N5TPJPG8 |
| POC Email Address | |
| Address Line 1 | 151 Garrison Oak Drive |
| Address Line 2 | |
| Address Line 3 | |
| City | Dover |
| State | DE |
| Zip | 19901 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: SUPERIOR ELECTRIC SVC CO

| | |
|---|-----------------|
| TIN | |
| Unique Entity Identifier | JLR7JBHLEJ87 |
| POC Email Address | |
| Address Line 1 | 36 Germay Drive |
| Address Line 2 | |
| Address Line 3 | |
| City | Wilmington |
| State | DE |
| Zip | 19804 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Delaware Nurses Association

| | |
|-----|-----------|
| TIN | 510066729 |
| | |

| | |
|---|----------------------------|
| Unique Entity Identifier | GWHQKPADCX93 |
| POC Email Address | |
| Address Line 1 | 4765 Ogletown Stanton Road |
| Address Line 2 | Suite L10 |
| Address Line 3 | |
| City | Newark |
| State | DE |
| Zip | 19713 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Children and Families first

| | |
|---|---------------------|
| TIN | 510065731 |
| Unique Entity Identifier | RBLCLKH1RDD8 |
| POC Email Address | |
| Address Line 1 | 555 Justison 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: Advanced Family Care

| | |
|---|------------------|
| TIN | 852998668 |
| Unique Entity Identifier | DX8TKN8Q7LW5 |
| POC Email Address | |
| Address Line 1 | 212 Carter Drive |
| Address Line 2 | Suite C |
| Address Line 3 | |
| City | Middletown |
| State | DE |
| Zip | 19709 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Jewish Family Services

| | |
|---|------------------|
| TIN | 510097026 |
| Unique Entity Identifier | LC2CTWYBUKP5 |
| POC Email Address | |
| Address Line 1 | 99 Passmore Road |
| 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: Millcroft

| | |
|--|----------------------|
| TIN | 842344739 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 255 Possum Park 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? | 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: Foulk Manor North

| | |
|--------------------------|---------------|
| TIN | 842344739 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 1212 Foulk Rd |
| 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: Kind to Kids Foundation

| | |
|---|--------------------|
| TIN | 800641000 |
| Unique Entity Identifier | MDZWVL6EQFT5 |
| POC Email Address | |
| Address Line 1 | 100 W. 10th Street |
| Address Line 2 | Suite 606 |
| Address Line 3 | |
| City | Wilmington |
| State | DE |
| Zip | 19801 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: United Way of Delaware

| | |
|---|-------------------------|
| TIN | 510073399 |
| Unique Entity Identifier | KMTJYP7U9NC7 |
| POC Email Address | |
| Address Line 1 | 625 North Orange 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: University of Delaware

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| | |
|---|-------------------|
| TIN | 516000297 |
| Unique Entity Identifier | T72NHKM259N3 |
| POC Email Address | |
| Address Line 1 | 210 Hullihen Hall |
| 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: DTCC Owens Campus

| | |
|---|------------------|
| TIN | 516000279 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 21179 COLLEGE DR |
| Address Line 2 | |
| Address Line 3 | |
| City | GEORGETOWN |
| State | DE |
| Zip | 19947 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: DTCC WILMINGTON CAMPUS

| | |
|--------------------------|-----------------|
| TIN | 516000279 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 300 N ORANGE ST |
| Address Line 2 | |
| Address Line 3 | |
| City | Wilmington |
| State | DE |
| Zip | 19801 |
| Zip+4 | |
| Entity Type | Contractor |

| | |
|---|-----|
| Is the Recipient Registered in SAM.Gov? | Yes |
|---|-----|

Subrecipient Name: DTCC STANTON CAMPUS

| | |
|---|---------------------------|
| TIN | 516000279 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 400 STANTON-CHRISTIANA RD |
| Address Line 2 | |
| Address Line 3 | |
| City | NEWARK |
| State | DE |
| Zip | 19713 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: DTCC TERRY CAMPUS

| | |
|---|---------------|
| TIN | 516000279 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 100 CAMPUS DR |
| Address Line 2 | |
| Address Line 3 | |
| City | Dover |
| State | DE |
| Zip | 19901 |
| 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: The Delaware Academy of Medicine, Inc.

| | |
|---|----------------------------|
| TIN | 510075162 |
| Unique Entity Identifier | MFXFFJQ5A2A5 |
| POC Email Address | |
| Address Line 1 | 4765 Ogletown-Stanton Road |
| Address Line 2 | Suite L10 |
| Address Line 3 | |
| City | Newark |
| State | DE |
| Zip | 19713 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: LANDMARK ENGINEERING INC

| | |
|---|-----------------------|
| TIN | 510300485 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 200 CONTINENTAL DRIVE |
| Address Line 2 | |
| Address Line 3 | |
| City | Newark |
| State | DE |
| Zip | 19713 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: SYNERFAC INC

| | |
|--------------------------|-----------------------|
| TIN | 510302216 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 100 WEST COMMONS BLVD |
| Address Line 2 | |
| Address Line 3 | |

| | |
|---|------------|
| Address Line 3 | |
| City | NEW CASTLE |
| State | DE |
| Zip | 19720 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: BUCK SIMPERS ARCHITECT AND ASSOCIATES

| | |
|---|---------------------|
| TIN | 510267133 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 954 JUSTISON 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? | Yes |

Subrecipient Name: TEVEBAUGH ASSO

| | |
|---|-------------------|
| TIN | 510301521 |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 2 MILL RD STE 210 |
| Address Line 2 | |
| Address Line 3 | |
| City | Wilmington |
| State | DE |
| Zip | 19806 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: GIPE ASSOC INC

| | |
|--------------------------|-----------|
| TIN | 521164876 |
| Unique Entity Identifier | |
| | |

| | |
|---|-------------------|
| POC Email Address | |
| Address Line 1 | 8719 Brooks Drive |
| Address Line 2 | |
| Address Line 3 | |
| City | EASTON |
| State | MD |
| Zip | 21601 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subawards

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: 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 | 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 |

| | |
|-----------------------------|---|
| | <p>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: 18636

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$589,990.00 |
| 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: 18804-26169

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$1,806,375.00 |
| Subaward Date | 4/26/2022 |
| Place of Performance Address 1 | 820 North 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 | Building Improvements |
| Subrecipient | DelDeo Builders |
| Period of Performance Start | 4/26/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18804-29660

| | |
|--------------------------------|---------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$151,270.25 |
| Subaward Date | 5/3/2022 |
| Place of Performance Address 1 | 820 North 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 | Building Improvement |
| Subrecipient | "Johnson, Mirmiran & Thomspson" |
| Period of Performance Start | 5/3/2022 |
| Period of Performance End | 12/31/2024 |

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: 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: 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: 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: 18656-25833

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$394,748.64 |
| Subaward Date | 6/10/2022 |
| Place of Performance Address 1 | 954 JUSTISON STREET |
| 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 | 19801 |
| Place of Performance Zip+4 | |
| Description | Construction project Design SE/Building HVAC |
| Subrecipient | BUCK SIMPERS ARCHITECT AND ASSOCIATES |
| Period of Performance Start | 6/10/2022 |
| Period of Performance End | 12/31/2022 |

Subward No: 18656-26428

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$61,400.00 |
| Subaward Date | 3/25/2022 |
| Place of Performance Address 1 | 200 CONTINENTAL 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 | Construction/Building Services |
| Subrecipient | LANDMARK ENGINEERING INC |
| Period of Performance Start | 5/27/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18658-9004040000

| | |
|--------------------------------|---|
| Subaward Type | Transfer: Lump Sum Payment(s) |
| Subaward Obligation | \$75,255.00 |
| Subaward Date | 3/2/2022 |
| Place of Performance Address 1 | 300 N ORANGE ST |
| 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 | Training Delaware National Guard as CNAs |
| Subrecipient | DTCC WILMINGTON CAMPUS |
| Period of Performance Start | 3/2/2022 |
| Period of Performance End | 12/31/2024 |
| Primary Sector | public health work |
| Purpose of Funds | Training of CNA to respond to nursing shortages resulting from pandemic |

Subward No: 18658-9004050000

| | |
|--------------------------------|--|
| Subaward Type | Transfer: Lump Sum Payment(s) |
| Subaward Obligation | \$62,280.00 |
| Subaward Date | 2/15/2022 |
| Place of Performance Address 1 | 400 STANTON-CHRISTIANA RD |
| 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 | Training Delaware National Guard as CNAs |
| Subrecipient | DTCC STANTON CAMPUS |
| Period of Performance Start | 2/15/2022 |
| Period of Performance End | 12/31/2024 |

| | |
|------------------|---|
| Primary Sector | public health work |
| Purpose of Funds | Training of CNA to respond to nursing shortages resulting from pandemic |

Subward No: 18658-9004060000

| | |
|--------------------------------|---|
| Subaward Type | Transfer: Lump Sum Payment(s) |
| Subaward Obligation | \$57,090.00 |
| Subaward Date | 2/15/2022 |
| Place of Performance Address 1 | 100 CAMPUS DR |
| 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 | Training Delaware National Guard as CNAs |
| Subrecipient | DTCC TERRY CAMPUS |
| Period of Performance Start | 2/15/2022 |
| Period of Performance End | 12/31/2024 |
| Primary Sector | public health work |
| Purpose of Funds | Training of CNA to respond to nursing shortages resulting from pandemic |

Subward No: 18660-29838

| | |
|--------------------------------|--------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$562,500.00 |
| Subaward Date | 6/3/2022 |
| Place of Performance Address 1 | 8719 Brooks Drive |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Easton |
| Place of Performance State | MD |
| Place of Performance Zip | 21601 |
| Place of Performance Zip+4 | |
| Description | Construction/Building Services |
| Subrecipient | GIPE ASSOC INC |
| Period of Performance Start | 6/3/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18657-26428

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| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$72,467.07 |
| Subaward Date | 6/9/2022 |
| Place of Performance Address 1 | 200 CONTINENTAL 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 | Engineering Services for building construction planning |
| Subrecipient | LANDMARK ENGINEERING INC |
| Period of Performance Start | 6/9/2022 |
| Period of Performance End | 12/31/2024 |
| Primary Sector | educational work, school nutrition work, and other work required to operate a school facility |
| Purpose of Funds | Culinary Education Program |

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 |

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 |

Subaward 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 |

Subaward No: 18897-27226

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$270,400.00 |
| Subaward Date | 4/1/2022 |
| 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 | 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. |
| Subrecipient | PROGRESSIVE SOFTWARE COMP INC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18897-18102

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$588,238.76 |
| Subaward Date | 4/1/2022 |
| 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 | 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. |
| Subrecipient | COMPUTER AID INC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subaward No: 18897-133149

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$164,025.24 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 11493 SUNSET HILLS ROAD |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | RESTON |
| Place of Performance State | VA |
| Place of Performance Zip | 20190 |
| Place of Performance Zip+4 | |
| 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. |
| Subrecipient | CARASOFT TECHNOLOGY CORPORATION |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subaward No: 18598-238174

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$652,088.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 23450 SUSSEX HWY |
| 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 | Emergency Housing payments, hotel/motel stays |
| Subrecipient | MALL AND SONS LLC |
| Period of Performance Start | 6/30/2022 |
| Period of Performance End | 12/31/2024 |

Subaward No: 18598-214677

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$278,303.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 20762 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 | emergency housing costs, hotel/motel stays |
| Subrecipient | BHAVANI HOSPITALITY INC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subaward No: 18598-583623

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$500,640.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 365 Airport Road |
| 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 | Emergency Housing payments, hotel/motel stays |
| Subrecipient | HERSHA HOSPITALITY MANAGEMENT |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subaward No: 18598-275196

| | |
|--------------------------------|--------------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$338,791.95 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 1119 S College Ave |
| 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 | Emergency Housing payments, hotel/motel stays |
| Subrecipient | SHRI SWAMI NARAYAN LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-214883

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$289,765.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 1426 N DuPont Highway |
| 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 | emergency housing costs, hotel/motel stays |
| Subrecipient | DOVER BUDGET INN INC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-411282

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$271,150.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 1612 North Dupont Hwy |
| 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 | emergency housing costs, hotel/motel stays |
| Subrecipient | LABURNUM HOSPITALITY LLC |
| Period of Performance Start | 2/1/2022 |

| | |
|---------------------------|------------|
| Period of Performance End | 12/31/2024 |
|---------------------------|------------|

Subward No: 18598-299798

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$270,715.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 16218 Coastal Hwy |
| 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 | emergency housing costs, hotel/motel stays |
| Subrecipient | MALL MANAGEMENT LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-319890

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$262,645.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 17010 S DuPont Highway |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Harrington |
| Place of Performance State | DE |
| Place of Performance Zip | 19952 |
| Place of Performance Zip+4 | |
| Description | emergency housing costs, hotel/motel stays |
| Subrecipient | RP HOSPITALITY LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-238178

| | |
|--------------------------------|----------------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$206,042.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 22512 Sussex Highway |

| | |
|--------------------------------|--|
| 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 | emergency housing costs, hotel/motel stays |
| Subrecipient | SAS DE LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-44505

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$122,918.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 1213 West Ave |
| 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 | emergency housing costs, hotel/motel stays |
| Subrecipient | AATMEEYA HOSPITALITIES LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-206023

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$64,355.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 1120 S College |
| 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 | emergency house, hotel/motel stay costs |

| | |
|-----------------------------|-----------------|
| Subrecipient | BHAVI MOTEL LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-309551

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$59,075.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 9544 Ocean Highway |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Delmar |
| Place of Performance State | MD |
| Place of Performance Zip | 21875 |
| Place of Performance Zip+4 | |
| Description | emergency house, hotel/motel stay costs |
| Subrecipient | SOUKOON INC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-302881

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$54,131.67 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 5209 Concord Pike |
| 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 | emergency house, hotel/motel stay costs |
| Subrecipient | DIPNA INC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-215216

| | |
|---------------------|----------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$93,105.00 |
| | |

| | |
|--------------------------------|--|
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 3 Memorial Dr |
| 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 | emergency housing costs, hotel/motel stays |
| Subrecipient | SAHAJ NEW CASTLE HOSPITALITY LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subaward No: 18598-295926

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$78,392.57 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 1200 West Ave |
| 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 | emergency housing costs, hotel/motel stays |
| Subrecipient | 300 GATEWAY LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subaward No: 18598-34055

| | |
|--------------------------------|----------------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$72,050.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 12036 Sussex Highway |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Greenwood |
| Place of Performance State | DE |
| Place of Performance Zip | 19950 |

| | |
|-----------------------------|---|
| Place of Performance Zip+4 | |
| Description | emergency house, hotel/motel stay costs |
| Subrecipient | AKSHAR LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18598-300258

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$69,020.00 |
| Subaward Date | 2/1/2022 |
| Place of Performance Address 1 | 28344 DuPont Blvd |
| 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 | emergency house, hotel/motel stay costs |
| Subrecipient | CHUDASAMA ENTERPRISE LLC |
| Period of Performance Start | 2/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18667-0001

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$773,540.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 2117 N Dupont Hwy |
| 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 | Emergency housing |
| Subrecipient | FAIRFIELD INN & SUITES |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 35-1400-2022-67

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| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$0.00 |
| 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 | \$0.00 |
| 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. |

Subward No: 35-1400-2022-65

| | |
|---------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$0.00 |

| | |
|--------------------------------|---|
| 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 | \$0.00 |
| 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. |

Subaward 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. |

Subaward No: 35-1400-2022-63

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$0.00 |
| 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. |

Subaward No: 18749-

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$78,333.00 |
| Subaward Date | 4/1/2022 |
| 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 | Vaccine Booster distribution |
| Subrecipient | Cape Pharmacy |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18749-187529

| | |
|--------------------------------|------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$78,333.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 337 Civic Ave |
| Place of Performance Address 2 | Suite 20 |
| 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 | Vaccine Booster distribution |
| Subrecipient | Civic Health Services |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18749-566117

| | |
|--------------------------------|--------------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$78,333.00 |
| Subaward Date | 4/1/2022 |
| 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 | vaccine booster program distribution |
| Subrecipient | Focus Pharmacy |
| Period of Performance Start | 4/1/2022 |

| | |
|---------------------------|------------|
| Period of Performance End | 12/31/2024 |
|---------------------------|------------|

Subward No: 18749-582824

| | |
|--------------------------------|--------------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$78,333.00 |
| Subaward Date | 4/1/2022 |
| 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 | vaccine booster program distribution |
| Subrecipient | Living Well Pharmacy |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18749-577283

| | |
|--------------------------------|------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$78,333.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 2500 West 4th Street |
| Place of Performance Address 2 | Suite 1 |
| 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 | vaccine booster distribution |
| Subrecipient | Shayona Health |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

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: 502453

| | |
|--------------------------------|--------------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$1,392,351.00 |
| 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." |

Subaward No: 18869-288188

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$1,302,692.92 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 39209 W SIX MILE ROAD |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | LIVONIA |
| Place of Performance State | MI |
| Place of Performance Zip | 48152 |
| Place of Performance Zip+4 | |
| Description | Aid the Division to continue to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |
| Subrecipient | ACRO SERVICE CORP |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subaward No: 18869-549012

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$910,990.38 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 792 EAST 280 SOUTH |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | AMERICAN FORK |
| Place of Performance State | UT |
| Place of Performance Zip | 84003 |
| Place of Performance Zip+4 | |
| Description | Help the Division continues to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |
| Subrecipient | ROI SOLUTIONS LLC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subaward No: 18869-26950

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$359,272.48 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | POST OFFICE BOX 75343 |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Chicago |
| Place of Performance State | IL |
| Place of Performance Zip | 60675 |
| Place of Performance Zip+4 | |
| Description | Help the Division continues to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |
| Subrecipient | DELMARVA TEMP STAFFING INC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subaward No: 18869-553545

| | |
|---------------------|----------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$350,257.00 |
| Subaward Date | 4/1/2022 |

| | |
|--------------------------------|--|
| Place of Performance Address 1 | 422 COUNTY ROAD D EAST |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | ST PAUL |
| Place of Performance State | MN |
| Place of Performance Zip | 55117 |
| Place of Performance Zip+4 | |
| Description | Help the Division continues to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |
| Subrecipient | SAGITEC SOLUTIONS LLC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subward No: 18869-24324

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$275,825.82 |
| Subaward Date | 4/1/2022 |
| 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 | Help the Division continue to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |
| Subrecipient | Goodwill DE and DE County |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subward No: 18869-18102

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$201,996.05 |
| Subaward Date | 4/1/2022 |
| 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 | Help the Division continue to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |
| Subrecipient | COMPUTER AID INC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subward No: 18869-133149

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$120,993.80 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 11493 SUNSET HILLS ROAD |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | RESTON |
| Place of Performance State | VA |
| Place of Performance Zip | 20190 |
| Place of Performance Zip+4 | |
| Description | Help the Division continue to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |
| Subrecipient | CARASOFT TECHNOLOGY CORPORATION |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subward No: 18869-302906

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$120,982.88 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 710 OLD BRIDGE TPKE &EDGEBORO RD |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | EAST BRUNSWICK |
| Place of Performance State | NJ |
| Place of Performance Zip | 08816 |
| Place of Performance Zip+4 | |
| Description | Help the Division continue to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |

| | |
|-----------------------------|-----------------------|
| Subrecipient | AUM TECH INCORPORATED |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subward No: 18869-28172

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$88,600.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 4001 MILLER ROAD SUITE 3 |
| 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 | Help the Division continues to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |
| Subrecipient | DIAMOND TECHNOLOGIES INC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subward No: 18869-630696

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$50,000.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 18 JAMES PLACE |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | CINCINNATI |
| Place of Performance State | OH |
| Place of Performance Zip | 45246 |
| Place of Performance Zip+4 | |
| Description | Help the Division continues to work through a backlog of claims, adjudications, fraud investigations, and appeals (~10,000) claimants. |
| Subrecipient | RUSSELL ALLEN PARTNERS |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subward No: 18790-18102

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$1,144,860.00 |
| Subaward Date | 4/1/2022 |
| 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 | ARPA funding for business transformation and the modernization of its aging unemployment insurance IT systems, including benefit payment, tax assessment and collection, audit, benefit accuracy management, adjudication/appeals, and quality control IT infrastructure. |
| Subrecipient | COMPUTER AID INC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subward No: 18790-133149

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$643,157.90 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 11493 SUNSET HILLS ROAD |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | RESTON |
| Place of Performance State | VA |
| Place of Performance Zip | 20190 |
| Place of Performance Zip+4 | |
| Description | Setting up metrics to ensure all aspects of project are covered. |
| Subrecipient | CARAHSOFT TECHNOLOGY CORPORATION |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subward No: 18823-30078

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$705,900.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 1 Park Avenue |

| | |
|--------------------------------|--|
| 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 | Design DE NG Pandemic Readiness Center |
| Subrecipient | Davis Bowen & Friedel Inc |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19108

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$1,137,650.00 |
| Subaward Date | 4/20/2022 |
| Place of Performance Address 1 | 4765 Ogletown-Stanton Road |
| Place of Performance Address 2 | Suite L10 |
| Place of Performance Address 3 | |
| Place of Performance City | Wilmington |
| Place of Performance State | DE |
| Place of Performance Zip | 19713 |
| Place of Performance Zip+4 | |
| Description | Delaware Health Force database initiative, tracking all types of healthcare providers against changing demographics, and current acute and chronic disease data. |
| Subrecipient | The Delaware Academy of Medicine, Inc. |
| Period of Performance Start | 4/20/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19110

| | |
|--------------------------------|----------------------------|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$41,000,000.00 |
| Subaward Date | 4/28/2022 |
| Place of Performance Address 1 | 210 Hullihen Hall |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Newark |
| Place of Performance State | DE |
| Place of Performance Zip | 19716 |
| Place of Performance Zip+4 | |

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|-----------------------------|--|
| Description | Construct a faculty for education and research in understanding, treatment, and prevention of diseases. This is a rebuild of the McKinley Lab that was destroyed on the University of Delaware's campus in 2018 due to a fire. |
| Subrecipient | University of Delaware |
| Period of Performance Start | 4/28/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19161

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$166,700.00 |
| Subaward Date | 5/16/2022 |
| Place of Performance Address 1 | 4765 Ogletown Stanton Road |
| Place of Performance Address 2 | Suite L10 |
| 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 | The development of a 'HealthyNurse Healthy Delaware' comprehensive program with overarching focus on measurably improving mental health, post-traumatic growth and overall wellbeing of Delaware's nursing workforce. |
| Subrecipient | Delaware Nurses Association |
| Period of Performance Start | 5/16/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19315

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$300,000.00 |
| Subaward Date | 6/2/2022 |
| Place of Performance Address 1 | 800 N. State Street |
| Place of Performance Address 2 | Suite 301 |
| 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 | Expanded access to telemedicine healthcare services, mental health resources, and substance abuse prevention for Delaware's restaurant workforce. |
| Subrecipient | Delaware Restaurant Association |

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|-----------------------------|------------|
| Period of Performance Start | 6/2/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19320

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$276,625.00 |
| Subaward Date | 6/7/2022 |
| Place of Performance Address 1 | 555 Justison 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 | Behavioral health supports for children & youth in Delaware. |
| Subrecipient | Children and Families first |
| Period of Performance Start | 6/7/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19323

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$183,400.00 |
| Subaward Date | 6/7/2022 |
| Place of Performance Address 1 | 212 Carter Drive |
| Place of Performance Address 2 | Suite C |
| 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 | Advanced Family Care's Healthy Minds, Healthy Lives project will bring mental health awareness through continued community outreach efforts in the cities of Middletown, Odessa, Townsend and beyond. |
| Subrecipient | Advanced Family Care |
| Period of Performance Start | 6/7/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19324

| | |
|---------------|----------------------------|
| Subaward Type | Grant: Lump Sum Payment(s) |
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| | |
|--------------------------------|---|
| Subaward Obligation | \$1,000,000.00 |
| Subaward Date | 6/6/2022 |
| Place of Performance Address 1 | 99 Passmore 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 staffing of therapists and case managers, open new counseling office in Newark, renovate main campus in Wilmington to accommodate more staff and expand food pantry space. |
| Subrecipient | Jewish Family Services |
| Period of Performance Start | 6/6/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19162-24423

| | |
|--------------------------------|--|
| Subaward Type | Contract: Definitive Contract |
| Subaward Obligation | \$1,000,000.00 |
| Subaward Date | 5/17/2022 |
| Place of Performance Address 1 | 625 North Orange 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 | Governors Summer Fellowship program at a cost of up to \$1 million. The Governors Summer Fellowship is a joint partnership between the United Way of Delaware (UWDE), the Delaware Department of Education (DDOE), and the Office of Governor John Carney. The program will use APRA funds to support elementary and middle school aged youth to enroll in high-quality summer learning experiences. |
| Subrecipient | United Way of Delaware |
| Period of Performance Start | 5/17/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19297

| | |
|---------------------|-------------------------------|
| Subaward Type | Contract: Definitive Contract |
| Subaward Obligation | \$400,000.00 |

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|--------------------------------|--|
| Subaward Date | 6/13/2022 |
| Place of Performance Address 1 | 19 Lambson Lane |
| Place of Performance Address 2 | Suite 001 |
| 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 | ARPA Funding to partially fund a business development initiative for small local contractors proposed by local non-profit L.E.E.P., Inc. (LEEP). The Program is designed to span three years and will serve as a training and business incubator/accelerator program for up to 100 small local contractors. The Program is focused on local contractors with annual sales between \$100,000 and \$2 million and is designed to help them compete for public and private capital improvement projects throughout the State. |
| Subrecipient | LEEP Inc Pathways to Apprenticeship |
| Period of Performance Start | 6/13/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 19141-133149

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$77,189.75 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 11493 SUNSET HILLS ROAD |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | RESTON |
| Place of Performance State | VA |
| Place of Performance Zip | 20190 |
| Place of Performance Zip+4 | |
| Description | The project is to develop a platform/application to support increased security measures related to the substantial workforce turnover that has taken place during the pandemic. The application that was built to support the Employee Attestation mandate from the Governor and manages vaccination status or testing on a weekly basis across the state. |
| Subrecipient | CARAHSOFT TECHNOLOGY CORPORATION |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subward No: 19144-33778

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|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$358,468.24 |
| Subaward Date | 4/1/2022 |
| 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 | Hardware Purchase |
| Subrecipient | DELL MARKETING LP |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subward No: 19144-49758

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$456,815.00 |
| Subaward Date | 4/1/2022 |
| 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 | Technology Purchase |
| Subrecipient | Info Solutions LLC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2023 |

Subward No: 19176-16884

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$211,218.00 |
| Subaward Date | 4/1/2022 |
| 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 | Software Service Maintenance |
| Subrecipient | SHI INTERNATIONAL CORP |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subward No: 19279-511907

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$250,000.00 |
| Subaward Date | 4/1/2022 |
| 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 | Splunk License renewal and Capacity increase Quote #798 |
| Subrecipient | NUHARBOR SECURITY INC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subward No: 19280-16884

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$1,153,773.99 |
| Subaward Date | 4/1/2022 |
| 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 | Agency Training, evaluation and reporting duties and developer tools. |
| Subrecipient | SHI INTERNATIONAL CORP |
| Period of Performance Start | 4/1/2022 |
| | |

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|---------------------------|-----------|
| Period of Performance End | 6/30/2022 |
|---------------------------|-----------|

Subward No: 19109

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$200,000.00 |
| Subaward Date | 4/12/2022 |
| Place of Performance Address 1 | 100 W. 10th Street |
| Place of Performance Address 2 | Suite 606 |
| 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 | Funding to address educational disparities for foster children that were exacerbated by the COVID-19 pandemic. |
| Subrecipient | Kind to Kids Foundation |
| Period of Performance Start | 4/12/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 24878_18015

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$57,600.00 |
| Subaward Date | 1/20/2022 |
| 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 | Emergency operations put life safety first, property preservation and economic impact as priorities in managing disasters |
| Subrecipient | P&C Roofing |
| Period of Performance Start | 1/20/2022 |
| Period of Performance End | 4/20/2022 |

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 |

Subaward 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 |

Subaward 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: 621429_17949

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$1,350,000.00 |
| Subaward Date | 1/12/2022 |
| Place of Performance Address 1 | 1575 McKee Rd |
| Place of Performance Address 2 | Suite 6 |
| 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 | COVID testing program. Ensuring the general public has access to COVID testing per the State Plan |
| Subrecipient | Transpara EHLP LLC dba Zebra Health Solutions |
| Period of Performance Start | 1/12/2022 |
| Period of Performance End | 6/24/2022 |

Subward 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: 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 |

Subaward 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: 18396-17673

| | |
|--------------------------------|------------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$566,679.00 |
| Subaward Date | 4/28/2022 |
| Place of Performance Address 1 | 100 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 | Construction and building services |
| Subrecipient | WOHLSSEN CONSTRUCTION COMPANY |
| Period of Performance Start | 4/28/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18541-25395

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$1,319,150.00 |
| 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: 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: 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: 18214-327000

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$800,000.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 500 East John Carpenter FRWY |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Irving |
| Place of Performance State | TX |
| Place of Performance Zip | 75062 |
| Place of Performance Zip+4 | |
| Description | Design software project: a unified e-filing, case management and document management system. |
| Subrecipient | FSX HOLDINGS LLC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18215-472209

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$2,076,734.01 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 1401 17th Street |
| Place of Performance Address 2 | STE 525 |
| Place of Performance Address 3 | |
| Place of Performance City | Denver |
| Place of Performance State | CO |
| Place of Performance Zip | 80202 |
| Place of Performance Zip+4 | |
| Description | Funding to upgrade Courtroom technology and technology expansion to prepare for remote and hybrid hearings. Upgrades of courtroom technology, include cameras and A/V system to allow eCourtroom proceedings to take place. |

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|-----------------------------|------------|
| Subrecipient | FTR LTD |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18489-49758

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$55,166.77 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 920 Justison 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 | Software purchase |
| Subrecipient | Info Solutions LLC |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Subward No: 18298-17144

| | |
|--------------------------------|--|
| Subaward Type | Contract: Definitive Contract |
| Subaward Obligation | \$120,000.00 |
| 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: 18300-24324

| | |
|---------------------|-------------------------------|
| Subaward Type | Contract: Definitive Contract |
| Subaward Obligation | \$210,633.00 |
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|--------------------------------|---|
| 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 |

Subaward No: 0000256563

| | |
|--------------------------------|--------------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$3,494,650.50 |
| 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 |

Subaward No: 0000018807

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$2,521,864.98 |
| 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 |

Subaward 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 |

Subaward No: 0000007311

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$0.00 |
| 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: 0000586945

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$958,380.00 |
| Subaward Date | 3/3/2022 |
| Place of Performance Address 1 | 1 Vavala Way |
| | |

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|--------------------------------|-------------------------------------|
| 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 | \$0.00 |
| 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: 18508-33778

| | |
|--------------------------------|------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$329,970.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | ONE DELL WAY |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | ROUND ROCK |
| Place of Performance State | TX |
| Place of Performance Zip | 78682 |
| Place of Performance Zip+4 | |
| Description | technology purchase, laptops |

| | |
|-----------------------------|-------------------|
| Subrecipient | DELL MARKETING LP |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

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: 18205-7285

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$144,444.44 |
| Subaward Date | 10/26/2021 |
| Place of Performance Address 1 | 725 Horsepond Road |
| 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 | UHS of Dover 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: 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

| | |
|--------------------------------|---|
| 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

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|--------------------------------|---|
| 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 |

Subaward 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 |

Subaward 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 | \$271,651.00 |
| 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: 18206-104427

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$831,130.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 110 W. North Street |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | HARRISON SENIOR LIVING OF GEORGETOWN |
| Period of Performance Start | 1/1/2022 |
| 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: 18206-205753

| | |
|---------------------|----------------------------|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$780,962.00 |
| | |

| | |
|--------------------------------|---|
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 700 Marvel Road |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | 700 MARVEL ROAD OPERATIONS LLC |
| Period of Performance Start | 1/1/2022 |
| 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 |

Subaward No: 18206-19849

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$769,070.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 5651 Limestone Rd |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | MANOR CARE - PIKE CREEK |
| Period of Performance Start | 1/1/2022 |
| 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 |

Subaward No: 18206-607565

| | |
|---------------|----------------------------|
| Subaward Type | Grant: Lump Sum Payment(s) |
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| | |
|--------------------------------|---|
| Subaward Obligation | \$742,424.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 1080 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 | 19904 |
| 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 | COMPLETE CARE AT SILVER LAKE LLC |
| Period of Performance Start | 1/1/2022 |
| 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: 18205-149872

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$740,453.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 1100 Norman Eskridge Highway |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | 1100 NORMAN ESKRIDGE HIGHWAY LLC |
| Period of Performance Start | 1/1/2022 |
| 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: 18206-56917

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| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$738,597.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 1225 Walker Road |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | CAPITOL HEALTHCARE |
| Period of Performance Start | 1/1/2022 |
| 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: 18205-582771

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$720,981.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 700 Foulk Rd |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | MANOR CARE OF WILMINGTON DE LLC |
| Period of Performance Start | 1/1/2022 |
| 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: 18206-185132

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$716,138.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 715 East King Street |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | 715 EAST KING STREET OPERATIONS LLC |
| Period of Performance Start | 1/1/2022 |
| 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: 18206-6670

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$704,874.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 26002 John J Williams Hwy |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | PENINSULA HEALTHCARE LLC |
| Period of Performance Start | 1/1/2022 |
| 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 |

Subaward No: 18206-220637

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$609,830.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 3322 Silverside 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 | ONIX SILVERSIDE LLC |
| Period of Performance Start | 1/1/2022 |
| 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 |

Subaward No: 18206-56916

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$609,064.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 500 South 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | BROADMEADOW HEALTHCARE |
| Period of Performance Start | 1/1/2022 |
| 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 |

Subaward No: 18206-554978

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$604,892.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 101 Delaware Avenue |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Delmar |
| Place of Performance State | DE |
| Place of Performance Zip | 19940 |
| 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 | 101 E DELAWARE AVENUE OPERATIONS LLC |
| Period of Performance Start | 1/1/2022 |
| 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 |

Subaward No: 18206-606004

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$539,659.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 100 St. Claire Road |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | COMPLETE CARE AT BRACKENVILLE LLC |
| Period of Performance Start | 1/1/2022 |
| Period of Performance End | 12/31/2024 |
| Primary Sector | home- and community-based health care or assistance with activities of daily living |
| | to provide LTC facilities with grant funding for retaining |

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|------------------|---|
| Purpose of Funds | and recruiting staffing due to COVID-19 |
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Subward No: 18206-24796

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$430,438.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 889 South Little Creek Road |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | Courtland Manor Inc. |
| Period of Performance Start | 1/1/2022 |
| 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: 18206-7689

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$532,456.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 3540 Three Little Bakers 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 | 19808 |
| 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 | PIKE CREEK HEALTHCARE SVCS LLC |
| Period of Performance Start | 1/1/2022 |
| Period of Performance End | 12/31/2024 |
| Primary Sector | home- and community-based health care or assistance with activities of daily living |

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| Purpose of Funds | to provide LTC facilities with grant funding for retaining and recruiting staffing due to COVID-19 |
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Subward No: 18206-258050

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$318,000.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 11 Independence Way |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | EXCEPTIONAL CARE FOR CHILDREN INC |
| Period of Performance Start | 1/1/2022 |
| 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: 18206-607002

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$198,967.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 26890 Lewes Georgetown Hwy |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Harbeson |
| Place of Performance State | DE |
| Place of Performance Zip | 19961 |
| 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 | PEACHTREE HEALTH GROUP |
| Period of Performance Start | 1/1/2022 |
| Period of Performance End | 12/31/2024 |
| | home- and community-based health care or assistance with |

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| Primary Sector | 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: 18205-21

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$159,177.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 1605 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | INGLESIDE HOMES INC |
| Period of Performance Start | 1/1/2022 |
| 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: 18206-494561

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$293,356.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 185 Salem Church Rd. |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | LITTLE SISTERS OF THE POOR INC |
| Period of Performance Start | 1/1/2022 |
| Period of Performance End | 12/31/2024 |

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| 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: 18206-551251

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$73,903.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 150 Saulsbury Rd |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | EMERITUS CORPORATION |
| Period of Performance Start | 1/1/2022 |
| 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: 18206-52504

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$259,615.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 1175 McKee Road |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | PRESBYTERIAN HOMES INC |
| Period of Performance Start | 1/1/2022 |

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| 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: 18206-582192

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$228,021.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 21 W Clarke Avenue |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | POLARIS HEALTHCARE |
| Period of Performance Start | 1/1/2022 |
| 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: 18206-580584

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$89,797.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 4800 Lancaster Pike |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Wilmington |
| Place of Performance State | DE |
| Place of Performance Zip | 19807 |
| 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 | MADLINE CARE CENTER LLC |

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| Period of Performance Start | 1/1/2022 |
| 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: 18205-583910

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$51,161.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 500 S DuPont Blvd |
| 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 | expect to recruit and retain additional staff to assist with staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | MILFORD AID II OPCO LLC |
| Period of Performance Start | 1/1/2022 |
| 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: 18203-607564

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$697,237.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 810 S. 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 | 19805 |
| 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 |
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| Subrecipient | COMPLETE CARE AT HILLSIDE LLC |
| Period of Performance Start | 1/1/2022 |
| 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: 18205-Millcroft

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$299,892.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 255 Possum Park 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 | 19711 |
| 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 | Millcroft |
| Period of Performance Start | 1/1/2022 |
| 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: 18205-Foulk

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$134,414.00 |
| Subaward Date | 1/1/2022 |
| Place of Performance Address 1 | 1212 Foulk 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 | |
| | expect to recruit and retain additional staff to assist with |

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|-----------------------------|--|
| Description | staff shortages as a result of the COVID-19 pandemic |
| Subrecipient | Foulk Manor North |
| Period of Performance Start | 1/1/2022 |
| 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: 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 |

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|------------------|--------------------------------------|
| 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 |

Subward 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 |

Subward No: 018054380

| | |
|---------------------|----------------------------|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$892,695.00 |

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|--------------------------------|---|
| 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 | \$0.00 |
| 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: 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 |

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|--------------------------------|---|
| 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: 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 |

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 | |

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|-----------------------------|--|
| 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: 18050-9004010000

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$791,505.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | RT 13 & DENNY'S ROAD |
| 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 | Facilitate workforce training and course development for negatively impacted industry sectors. |
| Subrecipient | Delaware Tech Community College |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subward No: 18050-9539000040

| | |
|--------------------------------|-----------------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$93,706.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 823 Walnut Shade Road |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |

| | |
|-----------------------------|---------------------------------|
| Place of Performance City | Woodside |
| Place of Performance State | DE |
| Place of Performance Zip | 19980 |
| Place of Performance Zip+4 | |
| Description | Adult education course training |
| Subrecipient | POLYTECH ADULT EDUCATION |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subward No: 0000473032

| | |
|--------------------------------|-------------------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$287,194.00 |
| 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 | 12/31/2022 |

Subward No: 0000034426

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$1,229,765.00 |
| 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 |
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|-----------------------------|------------|
| Period of Performance Start | 11/1/2021 |
| Period of Performance End | 12/31/2022 |

Subward 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 |

Subward 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 | |
| | Funding to provide workforce development training and other supportive services. The restaurant and hospitality industries have been significantly negatively impacted as a |

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| Description | 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 |

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 | |
| Description | Central to the success of the REACH redevelopment of Wilmington's Riverside neighborhood is creating a 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: 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. |

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 | \$2,848,006.99 |
| 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 | 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: 17850-27226

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$451,148.00 |
| 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: 17850-35084

| | |
|--------------------------------|-----------------------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$511,895.25 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 7125 Columbia Gateway Drive |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |

| | |
|-----------------------------|-----------------|
| Place of Performance City | Columbia |
| Place of Performance State | MD |
| Place of Performance Zip | 21046 |
| Place of Performance Zip+4 | |
| Description | Telecom Charges |
| Subrecipient | AT&T MOBILITY |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 6/30/2022 |

Subward No: 17850-26171

| | |
|--------------------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$97,500.00 |
| Subaward Date | 4/1/2022 |
| Place of Performance Address 1 | 701 Cornell Drive |
| Place of Performance Address 2 | Suite F-13 |
| 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 | IT Professional Services |
| Subrecipient | Versalign |
| Period of Performance Start | 4/1/2022 |
| Period of Performance End | 12/31/2024 |

Expenditures

Expenditures for Awards more than \$50,000

Expenditure: EN-00332077

| | |
|--------------------|----------------------------|
| Project Name | OGOVS 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-00444107

| | |
|--------------------|----------------------------|
| Project Name | OGOVS 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 | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$84,305.46 |

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-00284428

| | |
|--------------------|--|
| Project Name | OGOVS Dover Interfaith Mission for Housing |
| Subaward ID | SUB-0187967 |
| Subaward No | 18636 |
| Subaward Amount | \$589,990.00 |
| 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-00462122

| | |
|--------------------|--|
| Project Name | OGOVS Dover Interfaith Mission for Housing |
| Subaward ID | SUB-0187967 |
| Subaward No | 18636 |
| Subaward Amount | \$589,990.00 |
| 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 | \$8,000.00 |

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-00449545

| | |
|--------------|----------------------------------|
| Project Name | OMB HVAC Upgrades CSOB 8th Floor |
| Subaward ID | SUB-0194132 |

| | |
|--------------------|---------------------------------|
| Subaward No | 18805-29660 |
| Subaward Amount | \$128,462.62 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | "Johnson, Mirmiran & Thomspson" |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$12,128.67 |

Expenditure: EN-00449520

| | |
|--------------------|---|
| Project Name | OMB HVAC Upgrades Jesse Cooper Building |
| Subaward ID | SUB-0193500 |
| Subaward No | 18807-151568 |
| Subaward Amount | \$243,000.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | DEDC LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$12,993.14 |

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-00449483

| | |
|-------------------|--|
| 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 | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$43,711.33 |

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-00449492

| | |
|--------------------|---|
| 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 | 4/1/2022 |
| Expenditure End | 6/3/2022 |
| Expenditure Amount | \$57,585.08 |

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-00449498

| | |
|--------------------|--|
| 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 | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$47,482.51 |

Expenditure: EN-00461005

| | |
|--------------------|--------------------------|
| Project Name | DTCC Child Care Center |
| Subaward ID | SUB-0366530 |
| Subaward No | 18656-26428 |
| Subaward Amount | \$61,400.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | LANDMARK ENGINEERING INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$4,269.75 |

Expenditure: EN-00447167

| | |
|--------------------|-------------------------------|
| Project Name | DTCC CNAs |
| Subaward ID | SUB-0345863 |
| Subaward No | 18658-9004040000 |
| Subaward Amount | \$75,255.00 |
| Subaward Type | Transfer: Lump Sum Payment(s) |
| Subrecipient Name | DTCC WILMINGTON CAMPUS |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$75,255.00 |

Expenditure: EN-00447173

| | |
|--------------|------------------|
| Project Name | DTCC CNAs |
| Subaward ID | SUB-0345866 |
| Subaward No | 18658-9004050000 |

| | |
|--------------------|-------------------------------|
| Subaward Amount | \$62,280.00 |
| Subaward Type | Transfer: Lump Sum Payment(s) |
| Subrecipient Name | DTCC STANTON CAMPUS |
| Expenditure Start | 3/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$62,280.00 |

Expenditure: EN-00447176

| | |
|--------------------|-------------------------------|
| Project Name | DTCC CNAs |
| Subaward ID | SUB-0345871 |
| Subaward No | 18658-9004060000 |
| Subaward Amount | \$57,090.00 |
| Subaward Type | Transfer: Lump Sum Payment(s) |
| Subrecipient Name | DTCC TERRY CAMPUS |
| Expenditure Start | 3/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$57,090.00 |

Expenditure: EN-00461123

| | |
|--------------------|--------------------------|
| Project Name | DTCC Culinary Program |
| Subaward ID | SUB-0366538 |
| Subaward No | 18657-26428 |
| Subaward Amount | \$72,467.07 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | LANDMARK ENGINEERING INC |
| Expenditure Start | 6/26/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$5,632.93 |

Expenditure: EN-00433433

| | |
|-------------------|----------------------------|
| Project Name | DTI Digital Government GIS |
| Subaward ID | SUB-0213474 |
| Subaward No | 18780-2867 |
| Subaward Amount | \$265,225.88 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Sandborn Map |
| Expenditure Start | 4/1/2022 |
| | |

| | |
|--------------------|--------------|
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$132,612.95 |

Expenditure: EN-00443403

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344664 |
| Subaward No | 18598-238174 |
| Subaward Amount | \$652,088.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | MALL AND SONS LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$652,088.00 |

Expenditure: EN-00443405

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344667 |
| Subaward No | 18598-275196 |
| Subaward Amount | \$338,791.95 |
| Subaward Type | Direct Payment |
| Subrecipient Name | SHRI SWAMI NARAYAN LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$338,791.95 |

Expenditure: EN-00443406

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344668 |
| Subaward No | 18598-214883 |
| Subaward Amount | \$289,765.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | DOVER BUDGET INN INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$289,765.00 |

Expenditure: EN-00443420

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344685 |
| Subaward No | 18598-302881 |
| Subaward Amount | \$54,131.67 |
| Subaward Type | Direct Payment |
| Subrecipient Name | DIPNA INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$54,131.67 |

Expenditure: EN-00443404

| | |
|--------------------|-------------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344666 |
| Subaward No | 18598-583623 |
| Subaward Amount | \$500,640.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | HERSHA HOSPITALITY MANAGEMENT |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2024 |
| Expenditure Amount | \$500,640.00 |

Expenditure: EN-00443418

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344682 |
| Subaward No | 18598-206023 |
| Subaward Amount | \$64,355.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | BHAVI MOTEL LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$64,355.00 |

Expenditure: EN-00443407

| | |
|-----------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344669 |
| Subaward No | 18598-214677 |
| Subaward Amount | \$278,303.00 |

| | |
|--------------------|-------------------------|
| Subaward Type | Direct Payment |
| Subrecipient Name | BHAVANI HOSPITALITY INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$278,303.00 |

Expenditure: EN-00443408

| | |
|--------------------|--------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344670 |
| Subaward No | 18598-411282 |
| Subaward Amount | \$271,150.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | LABURNUM HOSPITALITY LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$271,150.00 |

Expenditure: EN-00443411

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344673 |
| Subaward No | 18598-319890 |
| Subaward Amount | \$262,645.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | RP HOSPITALITY LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$262,645.00 |

Expenditure: EN-00443417

| | |
|-------------------|--------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344680 |
| Subaward No | 18598-300258 |
| Subaward Amount | \$69,020.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | CHUDASAMA ENTERPRISE LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |

| | |
|--------------------|-------------|
| Expenditure Amount | \$69,020.00 |
|--------------------|-------------|

Expenditure: EN-00443410

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344671 |
| Subaward No | 18598-299798 |
| Subaward Amount | \$270,715.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | MALL MANAGEMENT LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$270,715.00 |

Expenditure: EN-00443412

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344674 |
| Subaward No | 18598-238178 |
| Subaward Amount | \$206,042.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | SAS DE LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$206,042.00 |

Expenditure: EN-00443413

| | |
|--------------------|----------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344675 |
| Subaward No | 18598-44505 |
| Subaward Amount | \$122,918.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | AATMEEYA HOSPITALITIES LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$122,918.00 |

Expenditure: EN-00443414

| | |
|--------------|------------------------|
| Project Name | DHSS Emergency Housing |
|--------------|------------------------|

| | |
|--------------------|----------------------------------|
| Subaward ID | SUB-0344676 |
| Subaward No | 18598-215216 |
| Subaward Amount | \$93,105.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | SAHAJ NEW CASTLE HOSPITALITY LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$93,105.00 |

Expenditure: EN-00443415

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344678 |
| Subaward No | 18598-295926 |
| Subaward Amount | \$78,392.57 |
| Subaward Type | Direct Payment |
| Subrecipient Name | 300 GATEWAY LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$78,392.57 |

Expenditure: EN-00443419

| | |
|--------------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344683 |
| Subaward No | 18598-309551 |
| Subaward Amount | \$59,075.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | SOUKOON INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$59,075.00 |

Expenditure: EN-00443416

| | |
|-----------------|------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0344679 |
| Subaward No | 18598-34055 |
| Subaward Amount | \$72,050.00 |
| Subaward Type | Direct Payment |

| | |
|--------------------|-------------|
| Subrecipient Name | AKSHAR LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$72,050.00 |

Expenditure: EN-00441477

| | |
|--------------------|--------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward ID | SUB-0341408 |
| Subaward No | 18667-0001 |
| Subaward Amount | \$773,540.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | FAIRFIELD INN & SUITES |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$245,743.63 |

Expenditure: EN-00333184

| | |
|--------------------|---|
| Project Name | DHSS Vaccine Booster for Homebound Adults |
| Subaward ID | SUB-0222439 |
| Subaward No | 35-1400-2022-67 |
| Subaward Amount | \$0.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Laurel Health Services |
| Expenditure Start | 3/1/2022 |
| Expenditure End | 3/28/2022 |
| Expenditure Amount | \$0.00 |

Expenditure: EN-00441303

| | |
|--------------------|---|
| Project Name | DHSS Vaccine Booster for Homebound Adults |
| Subaward ID | SUB-0341230 |
| Subaward No | 18749- |
| Subaward Amount | \$78,333.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Cape Pharmacy |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$828.75 |

Expenditure: EN-00441316

| | |
|--------------------|---|
| Project Name | DHSS Vaccine Booster for Homebound Adults |
| Subaward ID | SUB-0222443 |
| Subaward No | 35-1400-2022-64 |
| Subaward Amount | \$78,333.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Laurel Health Services |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$1,530.00 |

Expenditure: EN-00441309

| | |
|--------------------|---|
| Project Name | DHSS Vaccine Booster for Homebound Adults |
| Subaward ID | SUB-0341237 |
| Subaward No | 18749-187529 |
| Subaward Amount | \$78,333.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Civic Health Services |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$120.00 |

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-00333172

| | |
|--------------------|--|
| Project Name | DHSS Meals, Meal Delivery, Case Management |
| Subaward ID | SUB-0222467 |
| Subaward No | 502453 |
| Subaward Amount | \$1,392,351.00 |
| 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-00432690

| | |
|--------------------|--------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333174 |
| Subaward No | 18869-288188 |
| Subaward Amount | \$1,302,692.92 |
| Subaward Type | Direct Payment |
| Subrecipient Name | ACRO SERVICE CORP |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$1,302,692.92 |

Expenditure: EN-00432692

| | |
|-------------------|--------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333177 |
| Subaward No | 18869-549012 |
| Subaward Amount | \$910,990.38 |
| Subaward Type | Direct Payment |
| Subrecipient Name | ROI SOLUTIONS LLC |

| | |
|--------------------|--------------|
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$910,990.38 |

Expenditure: EN-00432694

| | |
|--------------------|----------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333180 |
| Subaward No | 18869-26950 |
| Subaward Amount | \$359,272.48 |
| Subaward Type | Direct Payment |
| Subrecipient Name | DELMARVA TEMP STAFFING INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$359,272.48 |

Expenditure: EN-00432695

| | |
|--------------------|--------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333184 |
| Subaward No | 18869-553545 |
| Subaward Amount | \$350,257.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | SAGITEC SOLUTIONS LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$350,257.00 |

Expenditure: EN-00432699

| | |
|--------------------|---------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333188 |
| Subaward No | 18869-24324 |
| Subaward Amount | \$275,825.82 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Goodwill DE and DE County |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$275,825.82 |

Expenditure: EN-00432702

| | |
|--------------------|--------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333557 |
| Subaward No | 18869-18102 |
| Subaward Amount | \$201,996.05 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | COMPUTER AID INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$201,996.05 |

Expenditure: EN-00432703

| | |
|--------------------|----------------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333558 |
| Subaward No | 18869-133149 |
| Subaward Amount | \$120,993.80 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | CARAHSOFT TECHNOLOGY CORPORATION |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$120,993.80 |

Expenditure: EN-00432705

| | |
|--------------------|--------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333560 |
| Subaward No | 18869-302906 |
| Subaward Amount | \$120,982.88 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | AUM TECH INCORPORATED |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$120,982.88 |

Expenditure: EN-00432706

| | |
|--------------|--------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333562 |
| Subaward No | 18869-28172 |

| | |
|--------------------|--------------------------|
| Subaward Amount | \$88,600.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | DIAMOND TECHNOLOGIES INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$88,600.00 |

Expenditure: EN-00432707

| | |
|--------------------|--------------------------|
| Project Name | DOL Operational Expenses |
| Subaward ID | SUB-0333574 |
| Subaward No | 18869-630696 |
| Subaward Amount | \$50,000.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | RUSSELL ALLEN PARTNERS |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$50,000.00 |

Expenditure: EN-00432487

| | |
|--------------------|-----------------------------|
| Project Name | DOL UI System Modernization |
| Subaward ID | SUB-0332473 |
| Subaward No | 18790-18102 |
| Subaward Amount | \$1,144,860.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | COMPUTER AID INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$488,137.20 |

Expenditure: EN-00432503

| | |
|-------------------|----------------------------------|
| Project Name | DOL UI System Modernization |
| Subaward ID | SUB-0332478 |
| Subaward No | 18790-133149 |
| Subaward Amount | \$643,157.90 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | CARAHSOFT TECHNOLOGY CORPORATION |
| Expenditure Start | 4/1/2022 |
| | |

| | |
|--------------------|-------------|
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$33,388.06 |

Expenditure: EN-00435739

| | |
|--------------------|---------------------------------|
| Project Name | DE NG Pandemic Readiness Center |
| Subaward ID | SUB-0336408 |
| Subaward No | 18823-30078 |
| Subaward Amount | \$705,900.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Davis Bowen & Friedel Inc |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$105,885.00 |

Expenditure: EN-00457231

| | |
|--------------------|--|
| Project Name | OGOVS Academy of Medicine |
| Subaward ID | SUB-0359717 |
| Subaward No | 19108 |
| Subaward Amount | \$1,137,650.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | The Delaware Academy of Medicine, Inc. |
| Expenditure Start | 4/20/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$56,639.90 |

Expenditure: EN-00449670

| | |
|--------------------|--------------------------------|
| Project Name | OGOVS United Way DE Fellowship |
| Subaward ID | SUB-0350179 |
| Subaward No | 19162-24423 |
| Subaward Amount | \$1,000,000.00 |
| Subaward Type | Contract: Definitive Contract |
| Subrecipient Name | United Way of Delaware |
| Expenditure Start | 5/17/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$769,029.00 |

Expenditure: EN-00433911

| | |
|--------------------|---------------------------------|
| Project Name | DTI Employee Attestation |
| Subaward ID | SUB-0335680 |
| Subaward No | 19141-133149 |
| Subaward Amount | \$77,189.75 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | CARASOFT TECHNOLOGY CORPORATION |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$77,189.75 |

Expenditure: EN-00435025

| | |
|--------------------|---------------------------------|
| Project Name | DTI Security Incident Detection |
| Subaward ID | SUB-0335990 |
| Subaward No | 19279-511907 |
| Subaward Amount | \$250,000.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | NUHARBOR SECURITY INC |
| Expenditure Start | 4/25/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$250,000.00 |

Expenditure: EN-00462010

| | |
|--------------------|-------------------------------|
| Project Name | OGOVS Kind to Kids Foundation |
| Subaward ID | SUB-0345733 |
| Subaward No | 19109 |
| Subaward Amount | \$200,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Kind to Kids Foundation |
| Expenditure Start | 4/12/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$8,444.00 |

Expenditure: EN-00378976

| | |
|-----------------|---|
| Project Name | DEMA Emergency Operations Center Upgrades |
| Subaward ID | SUB-0314698 |
| Subaward No | 24878_18015 |
| Subaward Amount | \$57,600.00 |

| | |
|--------------------|--------------------------|
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | P&C Roofing |
| Expenditure Start | 4/20/2022 |
| Expenditure End | 4/20/2022 |
| Expenditure Amount | \$57,600.00 |

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-00378979

| | |
|--------------------|--|
| Project Name | DEMA COVID Testing Program |
| Subaward ID | SUB-0314697 |
| Subaward No | 621429_17949 |
| Subaward Amount | \$1,350,000.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Transpara EHLPLLC dba Zebra Health Solutions |
| Expenditure Start | 4/11/2022 |
| Expenditure End | 4/11/2022 |
| Expenditure Amount | \$612,360.00 |

Expenditure: EN-00449306

| | |
|--------------------|------------------------------|
| Project Name | Courts Holding Cell Upgrades |
| Subaward ID | SUB-0193499 |
| Subaward No | 18490-25395 |
| Subaward Amount | \$271,402.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Jaed Corp |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$18,963.14 |

Expenditure: EN-00449298

| | |
|--------------------|---------------------------|
| Project Name | OMB DHCI Project |
| Subaward ID | SUB-0193501 |
| Subaward No | 18396-30078 |
| Subaward Amount | \$3,141,700.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Davis Bowen & Friedel Inc |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$37,000.00 |

Expenditure: EN-00449245

| | |
|--------------|--------------------|
| Project Name | OMB Food Warehouse |
|--------------|--------------------|

| | |
|--------------------|--------------------------|
| Subaward ID | SUB-0193498 |
| Subaward No | 18541-25395 |
| Subaward Amount | \$1,319,150.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Jaed Corp |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$20,893.13 |

Expenditure: EN-00448128

| | |
|--------------------|--------------------------|
| Project Name | DNREC Lab |
| Subaward ID | SUB-0193502 |
| Subaward No | 18550-18283 |
| Subaward Amount | \$1,628,200.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Bernardon Delaware LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$9,824.00 |

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-00411987

| | |
|-----------------|---------------------------------------|
| 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 | (\$214,457.50) |

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-00435995

| | |
|--------------------|---|
| 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 | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$27,904.20 |

Expenditure: EN-00435996

| | |
|--------------------|---|
| Project Name | Courts eFiling Case and Document Management |
| Subaward ID | SUB-0336530 |
| Subaward No | 18214-327000 |
| Subaward Amount | \$800,000.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | FSX HOLDINGS LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$163,599.97 |

Expenditure: EN-00329840

| | |
|--------------------|---------------------------------|
| Project Name | DeIDOT CDL Training |
| Subaward ID | SUB-0220001 |
| Subaward No | 18298-17144 |
| Subaward Amount | \$120,000.00 |
| 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 | DeIDOT CDL Training |
| Subaward ID | SUB-0220001 |
| Subaward No | 18298-17144 |
| Subaward Amount | \$120,000.00 |
| 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 | \$210,633.00 |
| 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 | \$210,633.00 |
| 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-00446877

| | |
|--------------------|-------------------------------|
| Project Name | DeIDOT Keep DE Litter Free |
| Subaward ID | SUB-0219998 |
| Subaward No | 18300-24324 |
| Subaward Amount | \$210,633.00 |
| Subaward Type | Contract: Definitive Contract |
| Subrecipient Name | Goodwill DE and DE County |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$82,295.37 |

Expenditure: EN-00443989

| | |
|--------------------|---------------------------------|
| Project Name | DPH POINT OF CARE RAPID TESTING |
| Subaward ID | SUB-0034261 |
| Subaward No | 0000018807 |
| Subaward Amount | \$2,521,864.98 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | FISHER SCIENTIFIC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$536,354.79 |

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-00443434

| | |
|--------------------|--------------------------|
| Project Name | DHSS Health Data System |
| Subaward ID | SUB-0222469 |
| Subaward No | 0000018102 |
| Subaward Amount | \$579,818.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | COMPUTER AID INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$10,209.15 |

Expenditure: EN-00302698

| | |
|--------------------|-------------------------------|
| Project Name | DE NATL GUARD MOBILE BARRIERS |
| Subaward ID | SUB-0195108 |
| Subaward No | 0000587078 |
| Subaward Amount | \$0.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Davis Bowen & Friedel Inc |
| Expenditure Start | 3/3/2022 |
| Expenditure End | 3/3/2022 |
| Expenditure Amount | \$0.00 |

Expenditure: EN-00302702

| | |
|--------------------|------------------------------------|
| Project Name | DE NATL GUARD MOBILE BARRIERS |
| Subaward ID | SUB-0195100 |
| Subaward No | 0000586945 |
| Subaward Amount | \$958,380.00 |
| 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-00392740

| | |
|--------------|-------------------------------|
| Project Name | DE NATL GUARD MOBILE BARRIERS |
| Subaward ID | SUB-0195100 |
| Subaward No | 0000586945 |
| | |

| | |
|--------------------|------------------------------------|
| Subaward Amount | \$958,380.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Advanced Security Technologies LLC |
| Expenditure Start | 5/10/2022 |
| Expenditure End | 6/8/2022 |
| Expenditure Amount | \$493,297.00 |

Expenditure: EN-00435963

| | |
|--------------------|--------------------------|
| Project Name | DOJ Technology Upgrade |
| Subaward ID | SUB-0336525 |
| Subaward No | 18508-33778 |
| Subaward Amount | \$329,970.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | DELL MARKETING LP |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$329,970.00 |

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-00443969

| | |
|-------------------|---|
| 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 | 4/1/2022 |
| | |

| | |
|--------------------|------------|
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$2,714.13 |

Expenditure: EN-00446872

| | |
|--------------------|-------------------------------|
| Project Name | DELAWARE HOSPITAL RELIEF FUND |
| Subaward ID | SUB-0345807 |
| Subaward No | 18205-7285 |
| Subaward Amount | \$144,444.44 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | UHS of Dover LLC |
| Expenditure Start | 10/26/2021 |
| Expenditure End | 12/31/2021 |
| Expenditure Amount | \$144,444.44 |

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 |

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-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 | \$271,651.00 |
| 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 |

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

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|--------------------|--|
| 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 |
| 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 | \$0.00 |
| 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-00445223

| | |
|--------------------|--------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0344816 |
| Subaward No | 18206-104427 |
| Subaward Amount | \$831,130.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | HARRISON SENIOR LIVING OF GEORGETOWN |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$831,130.00 |

Expenditure: EN-00445235

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345729 |
| Subaward No | 18205-Foulk |
| Subaward Amount | \$134,414.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Foulk Manor North |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$134,414.00 |

Expenditure: EN-00445229

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0344911 |
| Subaward No | 18206-205753 |
| Subaward Amount | \$780,962.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | 700 MARVEL ROAD OPERATIONS LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$780,962.00 |

Expenditure: EN-00445237

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345726 |
| Subaward No | 18205-Millcroft |
| Subaward Amount | \$299,892.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Millcroft |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$299,892.00 |

Expenditure: EN-00445241

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0344915 |
| Subaward No | 18206-19849 |
| Subaward Amount | \$769,070.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | MANOR CARE - PIKE CREEK |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$769,070.00 |

Expenditure: EN-00445244

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345102 |
| Subaward No | 18206-607565 |
| Subaward Amount | \$742,424.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | COMPLETE CARE AT SILVER LAKE LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$742,424.00 |

Expenditure: EN-00445252

| | |
|--------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345245 |
| Subaward No | 18205-149872 |
| | |

| | |
|--------------------|----------------------------------|
| Subaward Amount | \$740,453.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | 1100 NORMAN ESKRIDGE HIGHWAY LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$740,453.00 |

Expenditure: EN-00445255

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345248 |
| Subaward No | 18206-56917 |
| Subaward Amount | \$738,597.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | CAPITOL HEALTHCARE |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$738,597.00 |

Expenditure: EN-00446054

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345572 |
| Subaward No | 18206-607002 |
| Subaward Amount | \$198,967.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | PEACHTREE HEALTH GROUP |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$198,967.00 |

Expenditure: EN-00445257

| | |
|-------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345251 |
| Subaward No | 18205-582771 |
| Subaward Amount | \$720,981.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | MANOR CARE OF WILMINGTON DE LLC |
| Expenditure Start | 4/1/2022 |
| | |

| | |
|--------------------|--------------|
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$720,981.00 |

Expenditure: EN-00445262

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345382 |
| Subaward No | 18206-6670 |
| Subaward Amount | \$704,874.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | PENINSULA HEALTHCARE LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$704,874.00 |

Expenditure: EN-00445260

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345287 |
| Subaward No | 18206-185132 |
| Subaward Amount | \$716,138.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | 715 EAST KING STREET OPERATIONS LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$716,138.00 |

Expenditure: EN-00445267

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345715 |
| Subaward No | 18203-607564 |
| Subaward Amount | \$697,237.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | COMPLETE CARE AT HILLSIDE LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$697,237.00 |

Expenditure: EN-00445271

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345384 |
| Subaward No | 18206-220637 |
| Subaward Amount | \$609,830.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | ONIX SILVERSIDE LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$609,830.00 |

Expenditure: EN-00445272

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345385 |
| Subaward No | 18206-56916 |
| Subaward Amount | \$609,064.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | BROADMEADOW HEALTHCARE |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$609,064.00 |

Expenditure: EN-00445532

| | |
|--------------------|--------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345388 |
| Subaward No | 18206-554978 |
| Subaward Amount | \$604,892.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | 101 E DELAWARE AVENUE OPERATIONS LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$604,892.00 |

Expenditure: EN-00445535

| | |
|-----------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345439 |
| Subaward No | 18206-606004 |
| Subaward Amount | \$539,659.00 |

| | |
|--------------------|-----------------------------------|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | COMPLETE CARE AT BRACKENVILLE LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$539,659.00 |

Expenditure: EN-00445539

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345441 |
| Subaward No | 18206-7689 |
| Subaward Amount | \$532,456.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | PIKE CREEK HEALTHCARE SVCS LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$532,456.00 |

Expenditure: EN-00445543

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345539 |
| Subaward No | 18206-24796 |
| Subaward Amount | \$430,438.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Courtland Manor Inc. |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$430,438.00 |

Expenditure: EN-00445544

| | |
|-------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345540 |
| Subaward No | 18206-258050 |
| Subaward Amount | \$318,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | EXCEPTIONAL CARE FOR CHILDREN INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |

| | |
|--------------------|--------------|
| Expenditure Amount | \$318,000.00 |
|--------------------|--------------|

Expenditure: EN-00445547

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345541 |
| Subaward No | 18206-494561 |
| Subaward Amount | \$293,356.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | LITTLE SISTERS OF THE POOR INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$293,356.00 |

Expenditure: EN-00445548

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345555 |
| Subaward No | 18206-52504 |
| Subaward Amount | \$259,615.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | PRESBYTERIAN HOMES INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$259,615.00 |

Expenditure: EN-00445549

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345570 |
| Subaward No | 18206-582192 |
| Subaward Amount | \$228,021.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | POLARIS HEALTHCARE |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$228,021.00 |

Expenditure: EN-00446060

| | |
|--------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
|--------------|-------------------------------------|

| | |
|--------------------|----------------------------|
| Subaward ID | SUB-0345586 |
| Subaward No | 18205-21 |
| Subaward Amount | \$159,177.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | INGLESIDE HOMES INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$159,177.00 |

Expenditure: EN-00446062

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345601 |
| Subaward No | 18206-580584 |
| Subaward Amount | \$89,797.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | MADLINE CARE CENTER LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$89,797.00 |

Expenditure: EN-00446064

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345615 |
| Subaward No | 18206-551251 |
| Subaward Amount | \$73,903.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | EMERITUS CORPORATION |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$73,903.00 |

Expenditure: EN-00446067

| | |
|-----------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0345616 |
| Subaward No | 18205-583910 |
| Subaward Amount | \$51,161.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |

| | |
|--------------------|-------------------------|
| Subrecipient Name | MILFORD AID II OPCO LLC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$51,161.00 |

Expenditure: EN-00446685

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0221714 |
| Subaward No | 550719 |
| Subaward Amount | \$271,651.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | SNH DEL TENANT LLC- SHIPLEY MANOR |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | (\$434,306.00) |

Expenditure: EN-00446709

| | |
|--------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward ID | SUB-0034258 |
| Subaward No | 075501627 |
| Subaward Amount | \$0.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Manor House - ACTS |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | (\$108,320.00) |

Expenditure: EN-00451987

| | |
|--------------------|---------------------------------|
| Project Name | OGOVS RODEL Career Pathways 2.0 |
| Subaward ID | SUB-0183922 |
| Subaward No | 18437 |
| Subaward Amount | \$2,500,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Delaware Community Foundation |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$749,984.00 |

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-00441359

| | |
|--------------------|---|
| 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 | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$360,892.00 |

Expenditure: EN-00432095

| | |
|--------------------|--------------------------------------|
| Project Name | DOL WORKFORCE DEVELOPMENT INITIATIVE |
| Subaward ID | SUB-0332426 |
| Subaward No | 18050-9004010000 |
| Subaward Amount | \$791,505.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Delaware Tech Community College |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$791,505.00 |

Expenditure: EN-00432096

| | |
|--------------|--------------------------------------|
| Project Name | DOL WORKFORCE DEVELOPMENT INITIATIVE |
|--------------|--------------------------------------|

| | |
|--------------------|--------------------------|
| Subaward ID | SUB-0332428 |
| Subaward No | 18050-9539000040 |
| Subaward Amount | \$93,706.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | POLYTECH ADULT EDUCATION |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$93,706.00 |

Expenditure: EN-00052079

| | |
|--------------------|--------------------------------------|
| Project Name | DOL WORKFORCE DEVELOPMENT INITIATIVE |
| Subaward ID | SUB-0043179 |
| Subaward No | 0000473032 |
| Subaward Amount | \$287,194.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | LEEP Inc Pathways to Apprenticeship |
| Expenditure Start | 11/1/2021 |
| Expenditure End | 12/31/2021 |
| Expenditure Amount | \$287,194.00 |

Expenditure: EN-00052057

| | |
|--------------------|--------------------------------------|
| Project Name | DOL WORKFORCE DEVELOPMENT INITIATIVE |
| Subaward ID | SUB-0043188 |
| Subaward No | 0000034426 |
| Subaward Amount | \$1,229,765.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Amer Driver Training ACAD |
| Expenditure Start | 11/1/2021 |
| Expenditure End | 12/31/2021 |
| Expenditure Amount | \$1,229,765.00 |

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-00462178

| | |
|--------------------|----------------------------|
| 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 | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$124,637.51 |

Expenditure: EN-00441318

| | |
|--------------------|---------------------------------------|
| Project Name | OGOVS Delaware Restaurant Association |
| Subaward ID | SUB-0184876 |
| Subaward No | 18446 |
| Subaward Amount | \$300,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Delaware Restaurant Association |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$167,371.00 |

Expenditure: EN-00042925

| | |
|--------------------|---------------------------------------|
| Project Name | OGOVS 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-00278751

| | |
|--------------------|---------------------------------------|
| Project Name | OGOV 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-00324911

| | |
|--------------------|----------------------------------|
| Project Name | DTI Broadband Infrastructure |
| Subaward ID | SUB-0213472 |
| Subaward No | 17850-17022 |
| Subaward Amount | \$2,848,006.99 |
| 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 | \$451,148.00 |
| 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-00435075

| | |
|--------------------|------------------------------|
| Project Name | DTI Broadband Infrastructure |
| Subaward ID | SUB-0336071 |
| Subaward No | 17850-35084 |
| Subaward Amount | \$511,895.25 |
| Subaward Type | Direct Payment |
| Subrecipient Name | AT&T MOBILITY |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$511,895.25 |

Expenditure: EN-00435078

| | |
|--------------------|------------------------------|
| Project Name | DTI Broadband Infrastructure |
| Subaward ID | SUB-0336175 |
| Subaward No | 17850-26171 |
| Subaward Amount | \$97,500.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Versalign |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 12/31/2024 |
| Expenditure Amount | \$9,230.00 |

Expenditure: EN-00435111

| | |
|-------------------|----------------------------------|
| Project Name | DTI Broadband Infrastructure |
| Subaward ID | SUB-0213472 |
| Subaward No | 17850-17022 |
| Subaward Amount | \$2,848,006.99 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | VERIZON WIRELESS SERVICES CELLCO |

| | |
|--------------------|----------------|
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$1,423,502.78 |

Expenditure: EN-00435113

| | |
|--------------------|-------------------------------|
| Project Name | DTI Broadband Infrastructure |
| Subaward ID | SUB-0213738 |
| Subaward No | 17850-27226 |
| Subaward Amount | \$451,148.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | PROGRESSIVE SOFTWARE COMP INC |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$121,940.00 |

Expenditure: EN-00435373

| | |
|--------------------|------------------------------|
| 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 | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$309,684.02 |

Aggregate Expenditures for Awards less than \$50,000

Expenditure: EN-00449547

| | |
|---------------------------------|----------------------------------|
| Project Name | OMB HVAC Upgrades CSOB 8th Floor |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$640.00 |
| Total Period Obligation Amount | \$640.00 |

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 |

Expenditure: EN-00452314

| | |
|---------------------------------|--------------------------------|
| Project Name | DTCC Child Care Center |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$3,196.86 |
| Total Period Obligation Amount | \$0.00 |

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-00447181

| | |
|---------------------------------|------------------------------|
| Project Name | DTCC CNAs |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | (\$194,625.00) |
| Total Period Obligation Amount | (\$194,625.00) |

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-00452294

| | |
|---------------------------------|--------------------------------|
| Project Name | DTCC Allied Health Center |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$14,867.38 |
| Total Period Obligation Amount | \$30,500.00 |

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-00452310

| | |
|--------------|--------------------|
| Project Name | DTCC HVAC Upgrades |
| | |

| | |
|---------------------------------|--------------------------------|
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$4,917.02 |
| Total Period Obligation Amount | \$8,000.00 |

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-00452309

| | |
|---------------------------------|--------------------------------|
| Project Name | DTCC Culinary Program |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$746.50 |
| Total Period Obligation Amount | \$0.00 |

Expenditure: EN-00435678

| | |
|---------------------------------|------------------------------|
| Project Name | DVCC Family Justice Center |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$26,282.75 |
| Total Period Obligation Amount | \$26,282.75 |

Expenditure: EN-00433409

| | |
|---------------------------------|--|
| Project Name | DTI Digital Government Platform Foundation |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$9,360.00 |
| Total Period Obligation Amount | \$9,360.00 |

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-00443424

| | |
|---------------------------------|------------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | (\$1,538,136.58) |
| Total Period Obligation Amount | (\$1,538,136.58) |

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-00441481

| | |
|---------------------------------|------------------------------|
| Project Name | DHSS Emergency Housing |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | (\$76,152.96) |
| Total Period Obligation Amount | (\$76,152.96) |

Expenditure: EN-00441322

| | |
|---------------------------------|---|
| Project Name | DHSS Vaccine Booster for Homebound Adults |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$13,244.91 |
| Total Period Obligation Amount | \$13,244.91 |

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-00383653

| | |
|---------------------------------|-------------------------------------|
| Project Name | OGO Administrative Costs & Overhead |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$53,968.14 |
| Total Period Obligation Amount | \$53,968.14 |

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-00432717

| | |
|----------------------------|------------------------------|
| Project Name | DOL Operational Expenses |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |

| | |
|---------------------------------|---------------|
| Total Period Expenditure Amount | (\$25,862.13) |
| Total Period Obligation Amount | (\$25,862.13) |

Expenditure: EN-00432731

| | |
|---------------------------------|------------------------------|
| Project Name | DOL FAST Program |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$1,338.28 |
| Total Period Obligation Amount | \$1,338.28 |

Expenditure: EN-00432584

| | |
|---------------------------------|------------------------------|
| Project Name | DOL Tableau Software |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$1,778.70 |
| Total Period Obligation Amount | \$1,778.70 |

Expenditure: EN-00432506

| | |
|---------------------------------|--------------------------------|
| Project Name | DOL UI System Modernization |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$19,751.84 |
| Total Period Obligation Amount | \$19,751.84 |

Expenditure: EN-00435746

| | |
|---------------------------------|---------------------------------|
| Project Name | DE NG Pandemic Readiness Center |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$7,335.50 |
| Total Period Obligation Amount | \$7,335.50 |

Expenditure: EN-00441457

| | |
|---------------------------------|-----------------------------|
| Project Name | OGOVS PAWS for People |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$0.00 |
| Total Period Obligation Amount | \$9,750.00 |

Expenditure: EN-00441462

| | |
|---------------------------------|-----------------------------|
| Project Name | OGOVS Brandywine Counseling |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$0.00 |
| Total Period Obligation Amount | \$32,697.50 |

Expenditure: EN-00432750

| | |
|---------------------------------|------------------------------|
| Project Name | DOL DET On the Job Training |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$1,378.84 |
| Total Period Obligation Amount | \$1,378.84 |

Expenditure: EN-00434357

| | |
|---------------------------------|--------------------------------|
| Project Name | DTI Data Center Modernization |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$10,890.00 |
| Total Period Obligation Amount | \$36,305.00 |

Expenditure: EN-00436005

| | |
|---------------------------------|--------------------------------------|
| Project Name | Courts eCourtroom Upgrades Expansion |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$11,399.00 |
| Total Period Obligation Amount | \$11,399.00 |

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-00443987

| | |
|---------------------------------|---------------------------------|
| Project Name | DPH POINT OF CARE RAPID TESTING |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | (\$1,202,128.87) |
| Total Period Obligation Amount | (\$1,202,128.87) |

Expenditure: EN-00443435

| | |
|---------------------------------|------------------------------|
| Project Name | DHSS Health Data System |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$25,000.00 |
| Total Period Obligation Amount | \$25,000.00 |

Expenditure: EN-00443436

| | |
|---------------------------------|--------------------------------|
| Project Name | DHSS Health Data System |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$6,450.00 |

| | |
|--------------------------------|------------|
| Total Period Obligation Amount | \$6,450.00 |
|--------------------------------|------------|

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-00443965

| | |
|---------------------------------|--|
| Project Name | DHSS Youth Risk Behavior Surveillance System |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$30,000.00 |
| Total Period Obligation Amount | \$30,000.00 |

Expenditure: EN-00332098

| | |
|---------------------------------|-------------------------------------|
| 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-00446081

| | |
|---------------------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | (\$12,268,272.00) |
| Total Period Obligation Amount | (\$12,268,272.00) |

Expenditure: EN-00446690

| | |
|---------------------------------|-------------------------------------|
| Project Name | DELAWARE HEALTHCARE FACILITIES FUND |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$22,742.00 |
| Total Period Obligation Amount | \$22,742.00 |

Expenditure: EN-00333621

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| | |
|---------------------------------|--------------------------------------|
| 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 |

Expenditure: EN-00432100

| | |
|---------------------------------|--------------------------------------|
| Project Name | DOL WORKFORCE DEVELOPMENT INITIATIVE |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | (\$887,182.24) |
| Total Period Obligation Amount | (\$887,182.24) |

Expenditure: EN-00435990

| | |
|---------------------------------|-------------------------------|
| Project Name | DOJ Community Engagement Unit |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$3,092.68 |
| Total Period Obligation Amount | \$3,092.68 |

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-00383691

| | |
|---------------------------------|------------------------------|
| 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-00042840

| | |
|---------------------------------|------------------------------|
| Project Name | OGOVS 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 |

Expenditure: EN-00323876

| | |
|---------------------------------|------------------------------|
| Project Name | DTI Broadband Infrastructure |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$45,236.84 |
| | |

| | |
|--------------------------------|-------------|
| Total Period Obligation Amount | \$45,236.84 |
|--------------------------------|-------------|

Payments To Individuals

Expenditure: EN-00435988

| | |
|---------------------------------|------------------------|
| Project Name | DOJ Backlog Assistance |
| Total Period Expenditure Amount | \$6,820.99 |
| Total Period Obligation Amount | \$6,820.99 |

Expenditure: EN-00379078

| | |
|---------------------------------|--------------------------------------|
| Project Name | Lake Forest SD COVID Leave Extension |
| Total Period Expenditure Amount | \$3,760.30 |
| Total Period Obligation Amount | \$3,760.30 |

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-00379211

| | |
|---------------------------------|----------------------------------|
| Project Name | Seaford SD COVID Leave Extension |
| Total Period Expenditure Amount | \$12,884.68 |
| Total Period Obligation Amount | \$12,884.68 |

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

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| | |
|---------------------------------|---|
| 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-00314861

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

Expenditure: EN-00433087

| | |
|---------------------------------|--------------------------------------|
| Project Name | Newark Charter COVID Leave Extension |
| Total Period Expenditure Amount | \$14,104.56 |
| Total Period Obligation Amount | \$14,104.56 |

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-00457116

| | |
|---------------------------------|--|
| Project Name | Providence Creek COVID Leave Extension |
| Total Period Expenditure Amount | \$6,283.28 |
| Total Period Obligation Amount | \$6,283.28 |

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-00457120

| | |
|---------------------------------|---------------------------------|
| Project Name | Smyrna SD COVID Leave Extension |
| Total Period Expenditure Amount | \$10,543.61 |
| Total Period Obligation Amount | \$10,543.61 |

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-00375593

| | |
|---------------------------------|--|
| Project Name | Las Americas ASPIRAS COVID Leave Extension |
| Total Period Expenditure Amount | \$11,974.00 |
| Total Period Obligation Amount | \$11,974.00 |

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-00453055

| | |
|---------------------------------|------------------------|
| Project Name | Milford SD COVID Leave |
| Total Period Expenditure Amount | \$28,692.48 |
| Total Period Obligation Amount | \$28,692.48 |

Expenditure: EN-00379057

| | |
|---------------------------------|----------------------------------|
| Project Name | 1st State Montessori COVID Leave |
| Total Period Expenditure Amount | \$12,452.84 |
| Total Period Obligation Amount | \$12,452.84 |

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-00415404

| | |
|---------------------------------|----------------------------|
| Project Name | DHSS Retention Premium Pay |
| Total Period Expenditure Amount | \$1,131,773.66 |
| Total Period Obligation Amount | \$1,131,773.66 |

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-00462448

| | |
|---------------------------------|----------------------------|
| Project Name | DOC Premium Pay & Overtime |
| Total Period Expenditure Amount | (\$1,218,140.79) |
| Total Period Obligation Amount | (\$1,218,140.79) |

Expenditure: EN-00319359

| | |
|---------------------------------|---------------------------|
| Project Name | Courts Backlog Assistance |
| Total Period Expenditure Amount | \$15,210.69 |
| Total Period Obligation Amount | \$15,210.69 |

Expenditure: EN-00436001

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

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-00378520

| | |
|---------------------------------|-------------------|
| Project Name | DSCYF PREMIUM PAY |
| Total Period Expenditure Amount | \$887,548.64 |
| Total Period Obligation Amount | \$887,548.64 |

Expenditure: EN-00042874

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

Expenditure: EN-00462457

| | |
|---------------------------------|-----------------|
| Project Name | DOC PREMIUM PAY |
| Total Period Expenditure Amount | \$2,081,379.94 |
| Total Period Obligation Amount | \$2,081,379.94 |

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-00332058

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

Expenditure: EN-00383627

| | |
|---------------------------------|---------------------------------|
| Project Name | DOF Admin & Oversight Personnel |
| Total Period Expenditure Amount | \$29,575.36 |
| Total Period Obligation Amount | \$29,575.36 |

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-00383631

| | |
|---------------------------------|---------------------------------|
| Project Name | OMB Admin & Oversight Personnel |
| Total Period Expenditure Amount | \$19,584.16 |
| Total Period Obligation Amount | \$19,584.16 |

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-00383633

| | |
|---------------------------------|---------------------------------|
| Project Name | OMB Admin & Oversight Personnel |
| Total Period Expenditure Amount | \$37,528.96 |
| Total Period Obligation Amount | \$37,528.96 |

Expenditure: EN-00049172

| | |
|---------------------------------|------------------------------|
| Project Name | DTI Broadband Infrastructure |
| Total Period Expenditure Amount | \$116,174.59 |
| Total Period Obligation Amount | \$116,174.59 |

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 | \$6,990,266,369.00 |
| Growth Adjustment Used | 5.20% |
| Base Year Fiscal Year End Date | 6/30/2019 |
| Total Estimated Revenue Loss | \$210,724,617.00 |
| Are you reporting Actual General Revenue using calendar year or fiscal year? | Calendar 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 | For the period ending December 31, 2021, there were no revenue replacement funds allocated to government services. |

2021

| | |
|--|--|
| Actual General Revenue | \$8,333,057,833.00 |
| 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 | For the period ending June 30, 2022, \$1.3 million was allocated to DNREC for shoreline replenishment. As of June 30, 2022, no funds have been expended. |

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? | No |
| Please provide an explanation of how revenue replacement funds were allocated to government services | |

Ineligible Activities: Tax Offset Provision

| | |
|---|----|
| Do you have revenue-reducing covered change(s) to report for the requested fiscal year and for future fiscal years? | No |
|---|----|

Baseline Revenue and De Minimis Threshold

| | |
|---|--------|
| Total Value of Revenue-Reducing Covered Change | \$0.00 |
| Enter Baseline Revenue | |
| De Minimis Threshold | \$0.00 |
| Aggregate value of the Revenue-Reducing Covered Change(s) for the requested fiscal year as a percentage of Baseline Revenue | |

Actual Tax Revenue and Reduction in Net Tax Revenue

| | |
|---|--------|
| Baseline Revenue | |
| Actual Tax Revenue | |
| Reduction in Net Tax Revenue: Baseline Revenue minus Actual Tax Revenue | \$0.00 |

Overview

| | |
|------------------------------|------------------|
| Total Obligations | \$252,210,872.64 |
| Total Expenditures | \$135,589,020.49 |
| Total Number of Projects | 132 |
| Total Number of Subawards | 181 |
| Total Number of Expenditures | 269 |

Certification

| | |
|-------------------------------------|--|
| Authorized Representative Name | Claire Marie Marquardt |
| Authorized Representative Telephone | 302 588-7000 |
| Authorized Representative Title | Special Assistant to the Governor |
| Authorized Representative Email | claire.dematteis@delaware.gov |
| Submission Date | 7/30/2022 6:37 PM |