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| *Note: Rule Chapter 69I-5, Florida Administrative Code (F.A.C.), State Financial Assistance, incorporates the Catalog of State Financial Assistance and this form by reference in Rule 69I-5.005, F.A.C. The Catalog of State Financial Assistance and this form can be accessed via the Department of Financial Services’ website at https://apps.fldfs.com/fsaa/.* |

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| *Fillable form. Enter the requested information in the Word table cells (shaded areas) below.* |

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| **Name of State Agency:** | … |

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| **I certify that the attached copy of the Catalog of State Financial Assistance has been reviewed for accuracy and completeness.** | |
| *Enter “X” in table cell below to indicate status of proposed changes.* | |
|  | No changes are proposed. |
|  | Proposed changes, with applicable supporting documentation, are attached. |

|  |  |
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| **Signature:** | … |
|  |  |
| **Name:** | … |
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| **Title:** | … |
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| **Email:** | … |
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| **Telephone:** | … |
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| **Date:** | … |

Email completed forms to the FSAA Coordinator at the Department of Financial Services, Bureau of Auditing (FSAA@MyFloridaCFO.com). Contact the Bureau of Auditing at (850) 413-3060.