



# **2017 SMP/SHIP National Conference**

**JULY 10–13, 2017 AUSTIN, TX**

## **ACL Grants Management**

Katie Glendening, OHIC

William Kim, OGM

Phil McKoy, OHIC

# Agenda

- Introductions
- Understanding the Terms and Conditions (T&Cs) and the Notice of Award (NoA)
- HHS Standard Form (SF) 425
- HHS Grants Policy
- Amendments
- ACL Resources for Grantees
- Questions



Phil McKoy

## **UNDERSTANDING THE TERMS AND CONDITIONS (T&CS) AND THE NOTICE OF AWARD (NOA)**



# Understanding the NOA & Terms and Conditions

- Provides detailed information on the grant award including:
  - Date Issued (section 1)
  - Grant Number (section 4)
  - Project Period (section 6)
  - Budget Period (section 7)
  - Grantee (Section 9a) and Key Personnel (9b & 10a)
  - ACL Project Officer (Section 10b)
  - Approved Budget Breakout by Budget Category (Section 11)



1. DATE ISSUED MM/DD/YYYY 12/18/2013	2. CFDA NO. 93.048	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated 09/26/2013 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 90SM0011-01-01 Formerly	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From MM/DD/YYYY 09/01/2013	Through MM/DD/YYYY 02/28/2015	
7. BUDGET PERIOD From MM/DD/YYYY 09/01/2013	Through MM/DD/YYYY 02/28/2015	

**Department of Health and Human Services**  
**Administration For Community Living**  
**AOA - Senior Medicare Patrol Program Integration**  
 One Massachusetts Avenue NW  
 Washington, DC 20001

**NOTICE OF AWARD**  
 AUTHORIZATION (Legislation/Regulations)  
 42 USC 3001 et seq.

8. TITLE OF PROJECT (OR PROGRAM) LGBT Older Adult Senior Medicare Patrol Integration Initiative	
9a. GRANTEE NAME AND ADDRESS Services & Advocacy for GLBT Elders (SAGE) 305 7th Ave New York, NY 10001-6008	9b. GRANTEE PROJECT DIRECTOR Hilary Meyer 3325 Wilshire Blvd Ste 1300 Suite 1300 Los Angeles, CA 90010-1729 Phone: 323-577-4034
10a. GRANTEE AUTHORIZING OFFICIAL Mr. Scott French 305 7th Ave Fl 15 New York, NY 10001-6152 Phone: 2127412247	10b. FEDERAL PROJECT OFFICER Mr. Phillip J McKoy 1 Massachusetts Ave Administration for Community Living Washington, DC 20201-0001 Phone: 202-357-3525

**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 150,000.00	
II Total project costs including grant funds and all other financial participation <span style="border: 1px solid black; padding: 2px;">I</span>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages .....	48,778.00	c. Less Cumulative Prior Award(s) This Budget Period 150,000.00	
b. Fringe Benefits .....	10,229.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs .....	59,007.00	13. Total Federal Funds Awarded to Date for Project Period 150,000.00	
d. Equipment .....	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies .....	0.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel .....	980.00	YEAR	TOTAL DIRECT COSTS
g. Construction .....	0.00	a. 2	d. 5
h. Other .....	65,013.00	b. 3	e. 6
i. Contractual .....	25,000.00	c. 4	f. 7
j. TOTAL DIRECT COSTS →	150,000.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	0.00	a. DEDUCTION	
		b. ADDITIONAL COSTS	
		c. MATCHING	
		d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
l. TOTAL APPROVED BUDGET	150,000.00	<span style="border: 1px solid black; padding: 10px; display: inline-block;">b</span>	
m. Federal Share	150,000.00		
n. Non-Federal Share	0.00		
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

1. DATE ISSUED MM/DD/YYYY 12/18/2013		2. CFDA NO. 93.048	3. ASSISTANCE TYPE Cooperative Agreement
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4. GRANT NO. 90SM0011-01-01 Formerly		5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From 09/01/2013		Through 02/28/2015	
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8. TITLE OF PROJECT (OR PROGRAM) LGBT Older Adult Senior Medicare Patrol Integration Initiative			
9. GRANTEE NAME AND ADDRESS		10. GRANTEE PROJECT DIRECTOR	

**Department of Health and Human Services**  
**Administration For Community Living**  
 AOA - Senior Medicare Patrol Program Integration  
 One Massachusetts Avenue NW  
 Washington, DC 20001

**NOTICE OF AWARD**  
 AUTHORIZATION (Legislation/Regulations)  
 42 USC 3001 et seq.

- Date Issued
- Grant Number
- Project Period
- Budget Period

# Key Personnel

<b>9a. GRANTEE NAME AND ADDRESS</b> Services & Advocacy for GLBT Elders (SAGE) 305 7th Ave New York, NY 10001-6008	<b>9b. GRANTEE PROJECT DIRECTOR</b> Hilary Meyer 3325 Wilshire Blvd Ste 1300 Suite 1300 Los Angeles, CA 90010-1729 Phone: 323-577-4034
<b>10a. GRANTEE AUTHORIZING OFFICIAL</b> Mr. Scott French 305 7th Ave Fl 15 New York, NY 10001-6152 Phone: 2127412247	<b>10b. FEDERAL PROJECT OFFICER</b> Mr. Phillip J McKoy 1 Massachusetts Ave Administration for Community Living Washington, DC 20201-0001 Phone: 202-357-3525

- Authorizing Official/Representative (AOR):
  - This is the person that has the authority to commit the agency to the award/funding and the conditions attached to it.
  - Designated by the grantee – this is not an ACL decision.
- Principle Investigator/Project Director (PI/PD):
  - This should be the person responsible for managing the grant.

**Note:** Only these **two** individuals will be sent official notices on the grant award. Be sure that whomever your agency designates is going to be responsive to these messages from ACL.

# Key Personnel

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<b>9a. GRANTEE NAME AND ADDRESS</b> Services & Advocacy for GLBT Elders (SAGE) 305 7th Ave New York, NY 10001-6008	<b>9b. GRANTEE PROJECT DIRECTOR</b> Hilary Meyer 3325 Wilshire Blvd Ste 1300 Suite 1300 Los Angeles, CA 90010-1729 Phone: 323-577-4034
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- ACL Project Officer



ALL AMOUNTS ARE SHOWN IN USD			
<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>		<b>12. AWARD COMPUTATION</b>	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m)	
II Total project costs including grant funds and all other financial participation <span style="border: 1px solid black; padding: 2px;">I</span>		b. Less Unobligated Balance From Prior Budget Periods	
a. Salaries and Wages .....	48,778.00	c. Less Cumulative Prior Award(s) This Budget Period	
b. Fringe Benefits .....	10,229.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	
c. Total Personnel Costs .....	59,007.00	3. Total Federal Funds Awarded to Date for Project Period	
d. Equipment .....	0.00	150,000.00	
e. Supplies .....	0.00	<b>4. RECOMMENDED FUTURE SUPPORT</b>	
f. Travel .....	980.00	(Subject to the availability of funds and satisfactory progress of the project):	
g. Construction .....	0.00	YEAR	TOTAL DIRECT COSTS
h. Other .....	65,013.00	YEAR	TOTAL DIRECT COSTS
i. Contractual .....	25,000.00	a. 2	d. 5
j. TOTAL DIRECT COSTS →	150,000.00	b. 3	e. 6
k. INDIRECT COSTS	0.00	c. 4	f. 7
l. TOTAL APPROVED BUDGET	150,000.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
m. Federal Share	150,000.00	a. DEDUCTION	
n. Non-Federal Share	0.00	b. ADDITIONAL COSTS	
		c. MATCHING	
		d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		<span style="border: 1px solid black; padding: 2px;">b</span>	
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:			
a. The grant program legislation.			
b. The grant program regulations.			
c. This award notice including terms and conditions, if any, noted below under REMARKS.			
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

- Approved Budget

# Terms and Conditions

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- Terms and Conditions are the rules that applicants must follow in order to be compliant with the terms of the grant.
- Examples of terms and conditions are as follows:



# Examples of Terms and Conditions

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- Salary Limitation
- Reporting Requirements
- Collaborate with ACL for any in-scope modifications and execution of the work plan, initially within 45 days of the award.
- Evaluate the impact of overall project activities and ensure quality assurance systems are in place.



# Where to find Terms and conditions

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## II. Award Information

The Grantee will execute the responsibilities of the cooperative agreement as listed below:

1. Collaborate with ACL for any in-scope modifications and execution of the work plan, initially within 45 days of the award.
2. Evaluate the impact of overall project activities and ensure quality assurance systems are in place.
3. Share information with ACL, the SMP network, national, state, and local partner organizations, and other entities as appropriate.

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4. Work with the ACL project officer to evaluate performance results reported semiannually and jointly develop strategies to address those areas requiring improvement.
5. Submit resumes of potential key staff hired as detailed under HHS grants prior approval requirements.
6. Budget for Center participation at the annual SMP/SHIP conference.

## NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 06/04/2015
GRANT NO. 90MP0216-01-00	

## STANDARD TERMS

### 1. STANDARD TERMS

1. The SMP grant is funded under two separate funding streams: Titles II and IV of the Older Americans Act (OAA) and the Health Care Fraud and Abuse Control Act (HCFAC) funds. Funds must be spent in a manner consistent with their authorized activities. The grantee is required to separately track the funds and their associated activities and costs. Throughout the project, the grantee must be able to account for activities and expenditures attributed to each of these funding portions.

The statutory authorities for grants under this program announcement are contained in Title II and Title IV of the Older Americans Act, (42 U.S.C. 3032), as amended by the Older Americans Act of 2006, P.L. 109-356 (Catalog of Federal Domestic Assistance 93.048, Title IV Discretionary Projects); and in HIPAA of 1996 (PL 104-191).

SF 425 Reporting: The cash drawdown section of the SF 425 allows for a supplemental page to be attached. Given the two funding sources for this award, grantees are required to distinguish cash drawn from OAA funds and HCFAC funds on this supplemental page.

## Grant History

Grantee Name	AgeOptions						
Project Title	Illinois Senior Medicare Patrol (SMP) Program						
Project Period	06/01/2015 to 05/31/2018						
Budget Year	3						

Application Number	Grant Number	Action Date	Project Period	Budget Period	Award Amount	Application Type	Status	Action
<a href="#">MP17000655</a>	90MP0216-03-00 Amendment Number:0 Budget Period:3	05/31/2017	06/01/2015 to 05/31/2018	06/01/2017 to 05/31/2018	\$165,505.00	Non-Competing Continuation	Awarded	<a href="#">View Application</a> <a href="#">Budget Worksheet</a> <a href="#">View Memo</a> <a href="#">View NSA</a> <a href="#">Award Summary</a> <a href="#">Award Workflow History</a> <a href="#">View Terms &amp; Conditions</a>
<a href="#">MP16000545</a>		09/30/2016	06/01/2015 to 05/31/2018	06/01/2016 to 05/31/2017	\$0.00	Post Award Amendment (ACL Carryover Request)	Disapproved (Post Award)	<a href="#">View Application</a> <a href="#">View Memo</a>
<a href="#">MP16000505</a>		06/27/2016	06/01/2015 to 05/31/2018	06/01/2016 to 05/31/2017	\$0.00	Post Award Amendment (ACL Other)	Disapproved (Post Award)	<a href="#">View Application</a> <a href="#">View Memo</a>
<a href="#">MP16000482</a>	90MP0216-02-00 Amendment Number:0 Budget Period:2	05/19/2016	06/01/2015 to 05/31/2018	06/01/2016 to 05/31/2017	\$331,010.00	Non-Competing Continuation	Awarded	<a href="#">View Application</a> <a href="#">Budget Worksheet</a> <a href="#">View Memo</a> <a href="#">View NSA</a> <a href="#">Award Summary</a> <a href="#">Award Workflow History</a> <a href="#">View Terms &amp; Conditions</a>
<a href="#">MP15000279</a>	90MP0216-01-00 Amendment Number:0 Budget Period:1	06/04/2015	06/01/2015 to 05/31/2018	06/01/2015 to 05/31/2016	\$320,960.00	New	Awarded	<a href="#">View Application</a> <a href="#">Budget Worksheet</a> <a href="#">View Memo</a> <a href="#">View NSA</a> <a href="#">Award Summary</a> <a href="#">Award Workflow History</a> <a href="#">View Terms &amp; Conditions</a>

William Kim

## **HHS STANDARD FORM (SF) 425 AND HHS GRANTS POLICY**



# Purpose of the Federal Financial Report (SF-425)

- Compliance with 45 CFR 75.302 Financial management and standards for financial management systems
- SF-425 provides a standard format for reporting the financial status of grant awards
- Grant Recipients are required by the Terms and Conditions located on the Notice of Award (NoA) to submit financial reports



# Required documents to Complete SF-425

- Non-Federal entity's Financial Management System
- Notice of Award (NoA)
- OMB approved SF-425 with expiration date

[www.acl.gov/grants/managing-grant](http://www.acl.gov/grants/managing-grant)

[www.grants.gov/web/grants/forms](http://www.grants.gov/web/grants/forms)

1. DATE ISSUED MM/DD/YYYY		2. CFDA NO.		3. ASSISTANCE TYPE	
1a. SUPERSEDES AWARD NOTICE dated _____ except that any additions or restrictions previously imposed remain in effect unless specifically rescinded					
4. GRANT NO.		6. ACTION TYPE			
Formerly _____		_____			
6. PROJECT PERIOD		From MM/DD/YYYY		Through MM/DD/YYYY	
7. BUDGET PERIOD		From MM/DD/YYYY		Through MM/DD/YYYY	
8. TITLE OF PROJECT (OR PROGRAM)					
9a. GRANTEE NAME AND ADDRESS					
9b. GRANTEE PROJECT DIRECTOR					
10a. GRANTEE AUTHORIZING OFFICIAL					
10b. FEDERAL PROJECT OFFICER					
<b>ALL AMOUNTS ARE SHOWN IN US\$</b>					
11. APPROVED BUDGET (Excludes HHS Direct Assistance)				12. AWARD COMPUTATION FOR GRANT	
1. HHS Grant Funds Only				a. Amount of HHS Financial Assistance (from item 11. m)	
2. Total project costs including grant funds and all other financial participation				b. Less Unobligated Balance From Prior Budget Periods	
a. Salaries and Wages				c. Less Cumulative Prior Awards This Budget Period	
b. Fringe Benefits				d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	
c. Total Personnel Costs				13. Total Federal Funds Awarded to Date for Project Period	
d. Equipment				(Subject to the availability of funds and satisfactory progress of the project)	
e. Supplies				14. RECOMMENDED FUTURE SUPPORT	
f. Travel				YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS	
g. Construction				a. YEAR b. TOTAL DIRECT COSTS c. YEAR d. TOTAL DIRECT COSTS	
h. Other				e. YEAR f. TOTAL DIRECT COSTS	
i. Contractual				15. PROGRAM INCOME SUBJECT TO 45 CFR PART 14, SUBPART F, OR 45 CFR 84.6, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS				a. DEDUCTION	
k. INDIRECT COSTS				b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET				c. MATCHING	
m. Federal Share				d. OTHER (See REMARKS)	
n. Non-Federal Share				16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, HHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
REMARKS (Other Terms and Conditions Attached - <input type="checkbox"/> Yes <input type="checkbox"/> No)				a. The grant program regulations cited above.	
				b. The grant program regulations cited above.	
				c. This award notice including terms and conditions, if any, noted below under REMARKS.	
				d. HHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.	
				e. 45 CFR Part 14 or 45 CFR Part 84 as applicable.	
In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.					
GRANTS MANAGEMENT OFFICER:					
17. OBJ CLASS		18a. VENDOR CODE		18b. EIN	
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE	
21. a		b		c	
22. a		b		c	
23. a		b		c	
19. DUNS		20. CONG. DIST.		21. CONG. DIST.	
AMT ACTION FIN ASST		APPROPRIATION		APPROPRIATION	
d		e		f	
d		e		f	
d		e		f	

# 2017 SMP/SHIP National Conference

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View Burden Statement		<b>Federal Financial Report</b> (Follow form Instructions)		OMB Number: 4040-0014 Expiration Date: 01/31/2019
1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
3. Recipient Organization (Name and complete address including Zip code)				
Recipient Organization Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Street1: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
City: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Country: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
USA: UNITED STATES				
County: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Province: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
ZIP / Postal Code: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
4a. DUNS Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		4b. EIN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		8. Project/Grant Period From: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> To: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
9. Reporting Period End Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<b>10. Transactions</b>				<b>Cumulative</b>
(Use lines a-c for single or multiple grant reporting)				
<b>Federal Cash (To report multiple grants, also use FFR attachment):</b>				
a. Cash Receipts				0.00
b. Cash Disbursements				0.00
c. Cash on Hand (line a minus b)				0.00
(Use lines d-o for single grant reporting)				
<b>Federal Expenditures and Unobligated Balance:</b>				
d. Total Federal funds authorized				0.00
e. Federal share of expenditures				0.00
f. Federal share of unliquidated obligations				0.00
g. Total Federal share (sum of lines e and f)				0.00
h. Unobligated balance of Federal Funds (line d minus g)				0.00
<b>Recipient Share:</b>				
i. Total recipient share required				0.00
j. Recipient share of expenditures				0.00
k. Remaining recipient share to be provided (line i minus j)				0.00
<b>Program Income:</b>				
l. Total Federal program income earned				0.00
m. Program income expended in accordance with the deduction alternative				0.00
n. Program income expended in accordance with the addition alternative				0.00



# Indirect Expense

- **Box 11a Type**- State whether indirect cost rate(s) is Provisional, Predetermined, Final, or Fixed.
- **Box 11b Rate**-Enter the indirect cost rate(s) in effect during the reporting period.
- **Box 11c Period from and to**-Enter the beginning and ending effective dates for the rate(s).
- **Box 11d Base**-Enter the amount of the base against which the rate(s) was applied.
- **Box 11e Amount Charged**-Enter the amount of indirect costs charged during the time period specified. (Multiply 11b. x 11d.)
- **Box 11f Federal Share**-Enter the Federal share of the amount in 11e.
- **Box 11g Totals**-Enter the totals for columns 11d, 11e, and 11f.

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:						
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>						
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, section 1001)						
a. Name and Title of Authorized Certifying Official						
Prefix: <input type="text"/> First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/> Title: <input type="text"/>						
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
<input type="text"/>				<input type="text"/>		
d. Email Address				e. Date Report Submitted		14. Agency use only:
<input type="text"/>				<input type="text"/>		

# Reconciling SF-425 with PMS

- When completing the semi-annual, annual or Final SF-425, recipients must reconcile the amount in box 10g with the reported amount on the quarterly Federal Cash Transaction report filed within the Payment Management System (PMS).

## Federal Cash Transaction Report

FEDERAL CASH TRANSACTION REPORT						
<div>Save Certify Report Disbursements Cancel</div>						
FEDERAL FINANCIAL REPORT (Prescribed by OMB A-102 and A-110)						
1. Federal Agency and Organization Element to Which Report is Submitted				2. Federal Grant or Other Identifying Number		
G99-ADMINISTRATION FOR CHILDREN - HQ						
3. Recipient Organization (Name and complete address including Zip code)						
TESTORG01						
Test address street 01						
GERMANTOWN, MD, 20876						
4a. DUNS Number		4b. EIN		5. Recipient Account Number or Identifying Number		6a. Report Frequency
999999999		1777779999A3				Quarterly
8. Project/Grant Period(month,day,year)				9. Reporting Period End Date(month,day,year)		
From: _____ To: _____				09/30/2016		
10. Transactions						
(Use lines a-c for single or multiple grant reporting)						
Federal Cash (To report multiple grants, also use Report Disbursements):						
a. Cash Receipts						8,050,000.00
b. Cash Disbursements						0.00
c. Cash on Hand (line a minus b)						0.00

## Federal Financial Report Attachment

[https://pms.psc.gov/resources\\_and\\_training/fctroverview.html](https://pms.psc.gov/resources_and_training/fctroverview.html)

[Return To](#)

FEDERAL FINANCIAL REPORT ATTACHMENT						
<div>Continue Report Single Grant Save Remove Inactive Cancel</div>						
Under Construction ...						
1. Federal Agency and Organization Element to Which Report is Submitted (Box 1 on Page 1)				2. Recipient Organization (Box 3 on Page 1)		
G99-ADMINISTRATION FOR CHILDREN - HQ				TESTORG01		
Test address street 01				GERMANTOWN, MD, 20876		
3a. DUNS Number		3b. EIN		4. Reporting Period End Date (month/day/year)		Page 2 of 2
999999999		1777779999A3		09/30/2016		
5. List information below for each grant covered by this report. Use additional pages if more space required. Inactive grants are denoted with an asterisk "*" and highlighted in Blue.						
Set One	Grant Num	Rec Acct Num	Authorized	Prior Cum. Disb. Amt	Cum Federal Cash Disb	
<input type="radio"/>	16TST1RSOC		50,000.00	0.00	0.00	
<input type="radio"/>	16TST1TCSE		8,000,000.00	0.00	0.00	
TOTAL (Should correspond to the amount on Line 10b on Page 1)					0.00	

# Cost Allowability

- Terms and Conditions
- Cost Principles
- Necessary and Reasonable
- Allocable



# Costs Commonly Questioned

- Meals
  - 45 CFR 75.432 Conferences
- Volunteer Travel
  - 45 CFR 75.474
- Incentive & Recognition
  - 45 CFR 75.430 Compensation – Personal Services
- Advertising and Public Relations
  - 45 CFR 75.421



Katie Glendening

## **AMENDMENTS**



# Amendments

- Amendments = Prior Approvals Requests
  - Grantees must receive ACL's approval prior to making the change.
  - Result in the revision of a Notice of Award (NoA).
  - Must be submitted via GrantSolutions



# Common Amendments

- **Budget Revision**
- **Carryover Request**
- **Change in Key Personnel**
  - **Authorized Organizational Representative (AOR) or Project Director (PI/PD)**
- **Change in Grantee Address**
- **Change in Institution Name or EIN (Not Both)**
- **Change in Scope**
- **No Cost Extension**
- **Transfer of Award (Closeout current award, Award to New)**



# Carryover of Funds

- A carryover is forwarding an unobligated balance from current budget year to cover allowable costs in a future budget year.
- A carryover must be requested in support of activities aligned with a grantee's existing project goals and objectives to cover costs not already incurred by the recipient.
- If funds have been obligated but not yet expended i.e., funds not drawn down from PMS to liquidate expenses already incurred, then a carryover request is not required to complete those transactions.
- Carryover can be requested anytime during the grant period.





# Carryover Required Documents

1. A request letter which includes the following information:
  - a. Total amount of unobligated funds requested to carryover;
  - b. An explanation of why the carryover is needed, including the reason for having unobligated funds from the prior budget year;
  - c. A cost break-down/narrative for each activity and budget category requiring the carryover of funds
  - d. A revised budget worksheet ([OMB SF-424A, Budget Information](#)), which should include the following information:
    - The unobligated amount for each line item being carried over
2. The Federal Financial Report ([SF-425](#)) for the fiscal year that has the unobligated balance of federal funds.



# No Cost Extension

- A no-cost extension allows grantees additional time to complete activities not already incurred by the recipient and aligned with a grantee's existing project goals and objectives.
- Must be submitted at least 30 days prior to the end of the grant.
- If not submitted within 30 days before the award expiration, a corrective action plan (CAP) should be included with the other information. It should describe the plan to improve management tasks, i.e. timely requests.



# No Cost Extension Required Documents

1. A cover letter that includes:
  - a. Grant Award number
  - b. Specific proposed end date, e.g., to July 31, 20XX (not the # of months).
  - c. Written justification that:
    - Explains why the work has not been completed
    - Includes a detailed revised work plan (work plans are currently not required for SHIPs)
2. Recent SF-425 (may accompany the request or uploaded in Notes)
3. Revised budget – Only if there are significant modifications to the budget (explained on next slide)

# Other Amendments

## **Significant Rebudgeting (Budget Modification) Required Documents**

Applicable if there are modifications to the budget exceeding 25% of the total project budget or a new budget category is being added.

1. SF 424A outlining new category amounts resulting from proposed revision
2. Budget narrative explaining how each of the budget line items you plan to change will increase and/or decrease.

## **Change in Key personnel Required Documents**

1. Request letter from AOR or PI/PD including contact information (email, mailing address, telephone) of new personnel
2. Resume or curriculum vitae (CV) for incoming key personnel



# Submitting an Amendment to ACL

- All amendment requests must be submitted use GrantSolutions (GS)
  - Use the Manage Amendments feature in GS
    1. Start a new amendment by clicking “New”
    2. Select the type of amendment you are creating
    3. Upload all required documents
    4. Click Verify Submission
    5. Click Final Submission



# Submitting an Amendment to ACL


GrantSolutions.gov

Account Management ▾ Funding Opportunity ▾ Applications ▾ Grants ▾ Reports ▾ Online Data Collection ▾ Help/Support ▾


## My Grants List

Maine Department of Health and Human Services

[Show Expired Grants](#)

Grant Number:	1Z0CMS030541-01-05	<a href="#">View NGA</a>
Grant Program:	Childrens Health Insurance Program Reauthorization Act(CHIPRA)	<a href="#">Grant Notes</a>
Program Office:	Centers For Medicare and Medicaid Services	<a href="#">Send Message</a>
Project Title:	Improving Health Outcomes for Children	<a href="#">History</a>
Award Issue Date: 	02/25/2013	<a href="#">Manage Amendments</a>
Project Period:	02/22/2010 to 02/21/2015	
Budget Period:	02/22/2010 to 02/21/2015	
Total Approved Budget (Federal):	\$13,209,712	
Next T&C Due Date:	N/A	
Status:	No Existing Amendments	


Grant Number:	1N0CMS020175-21-01	<a href="#">View NGA</a>
Grant Program:	State Health Insurance Assistance Program(SHIP)	<a href="#">Grant Notes</a>
Program Office:	Centers For Medicare and Medicaid Services	<a href="#">Send Message</a>
Project Title:	STATE HEALTH INSURANCE ASSISTANCE PROGRAM	<a href="#">History</a>
Award Issue Date: 	05/31/2013	<a href="#">Manage Amendments</a>
Project Period:	09/28/1992 to 03/31/2016	
Budget Period:	04/01/2013 to 03/31/2014	
Total Approved Budget (Federal):	\$431,425	
Next T&C Due Date:	N/A	

Be sure to select  
“Manage  
Amendments”  
and not “Grant  
Notes”

# Submitting an Amendment to ACL

## Manage Amendments

Grant Number 90LG0002  
Grantee Name Senior Action in a Gay Environment (SAGE)  
Project Title National Resource Center on LGBT Aging  
Project Start Date 07/01/2013  
Project End Date 06/30/2015  
Last Issued NGA 07/12/2013 [\(View NGA\)](#)

Amendment #	Status	Submitted Date	Type	Budget Period	Action
LG14000005 	Submitted (Post Award)	10/28/2013 04:23:35 PM	ACL No Cost Extension	1 07/01/2013 - 06/30/2014	<a href="#">View Amendment</a> <a href="#">Grant Notes</a> <a href="#">History</a> <a href="#">Send Message</a>

Indicates amendment  
has been submitted  
and is currently under  
review at ACL

# Submitting an Amendment to ACL

- ACL has GS video training on our website here: <https://www.acl.gov/grants/managing-grant>
- ACL strives to provide a response to a grantee's request within 30 days of submission.
  - If any revisions are needed on an amendment ACL will typically return the amendment to the grantee for editing and resubmission.





Katie Glendening

## **ACL RESOURCES FOR GRANTEES**



# Website Resources and Training

- Information for Current Grantees:
  - <https://www.acl.gov/grants/managing-grant>
  - Most common resources located on this page include:
    - GrantSolutions Grantee Resources
    - Reporting Requirements: link to PDF of SF 424A and SF 425
    - Terms and Conditions
    - Requesting Amendments: link to Factsheets on how to submit Carryover and NCE requests
    - Grantee Product Disclaimer



# GrantSolutions Grantee Resources

- Recorded trainings
  - Requesting access to GrantSolutions, including new user, removing users, and changing user access
  - Logging in and Navigating GrantSolutions
  - Accessing and Viewing your Official Grant File
  - How to Submit Grant Notes (programmatic reports and financial reports)
  - Requesting an Amendment
- Factsheets on Grantee Basics and an FAQ Document



# GrantSolutions

- ACL uses GrantSolutions to manage all discretionary grants (including MIPPA with next NoA).
- Grantees must submit all official grant reports and requests through GrantSolutions.
- Grantees must maintain an active GrantSolutions account and password.
- ACL will not accept reports or requests via email.



# Grant Solutions Support

- If you cannot locate your grant or have questions about using GrantSolutions, contact GrantSolutions User Support. They are available Monday thru Friday from 8 a.m. to 6 p.m. EST
  - (202) 401-5282 or (866) 577-0771
  - [help@grantsolutions.gov](mailto:help@grantsolutions.gov)



# Grantee Product Disclaimer

- All ACL discretionary grantee products must include this disclaimer on the first page or preface of all documents and web pages produced, all or in part, with ACL funding:

This project was supported, in part by grant number 90XX####, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

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# QUESTIONS?

