# **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)



12/	ISSUED	perative	agreement	Department of Health and Human Services  Administration For Community Living  AOA - Senior Medicare Patrol Program Integration				ing
except	t that any additions or restrictions previously impose ct unless specifically rescinded				One Massach	usetts Avenue on, DC 20001	NW	
4. GRAN 90S Form	M0011-01-01	5. ACTION TY Post A Amendo	Award		washingt	on, DC 20001		
	ECT PERIOD MM/DD/YYYY		MM/DD/YYYY	t	NOTICE	OF AWAR	D	
From	09/01/2013	Through	02/28/2015				-	
7. BUDG From	ET PERIOD MM/DD/YYYY 09/01/2013	Through	MM/DD/YYYY 02/28/2015	AUTHORIZATION (Legislation/Regulations) 42 USC 3001 et seq.				
8. TITLE LGB	OF PROJECT (OR PROGRAM) T Older Adult Senior Medio	care Pat	rol Integration	on Init:	iative			
	NTEE NAME AND ADDRESS			1	EE PROJECT DIRECTOR			
305	ices & Advocacy for GLBT Eld 7th Ave York, NY 10001-6008	ers (SAG	E)	3325 Suite Los A	ry Meyer Wilshire Blvd Ste 13 : 1300 ngeles, CA 90010-172 : 323-577-4034			
Mr. 305 New	ANTEE AUTHORIZING OFFICIAL Scott French 7th Ave Fl 15 York, NY 10001-6152 e: 2127412247			Mr. P 1 Mas Admin Washi Phone	RAL PROJECT OFFICER Phillip J McKoy sachusetts Ave istration for Commun ngton, DC 20201-0001 1: 202-357-3525			
11. APPE	ROVED BUDGET (Excludes Direct Assistance)		ALL AMOUNTS AR		IN USD COMPUTATION			
	cial Assistance from the Federal Awarding Agency (	Only			of Federal Financial Assistance (from	item 11m)		150,000.00
II Total	project costs including grant funds and all other fina	ncial participat	ion	b. Less Und	obligated Balance From Prior Budget	Periods		0.00
a.	Salaries and Wages	48	,778.00	1	nulative Prior Award(s) This Budget F	_		150,000.00
b.	Fringe Benefits		,229.00		OF FINANCIAL ASSISTANCE TH			0.00
C.	Total Personnel Costs		-		deral Funds Awarded to Date for P MENDED FUTURE SUPPORT	roject Period		150,000.00
d.			59,007.00		the availability of funds and satisfactor	ry progress of the p	project):	
			0.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTA	L DIRECT COSTS
е.	Supplies		0.00	a. 2		d. 5		
f.	Travel		980.00	b. 3		e. 6		
g.	Construction		0.00	c. 4		f. 7		
h.	Other		65,013.00	15. PROGRAM ALTERNATIVE	INCOME SHALL BE USED IN ACCORD WITH 8:	ONE OF THE FOLLOW	NG	l —
i.	Contractual		25,000.00	a. b.	DEDUCTION ADDITIONAL COSTS			b
j.	TOTAL DIRECT COSTS	→	150,000.00	c. d.	MATCHING OTHER RESEARCH (Add / Deduct Option)			
k.	INDIRECT COSTS		0.00	e.	OTHER (See REMARKS)			
I.	TOTAL APPROVED BUDGET		150,000.00	ON THE ABOVE	RD IS BASED ON AN APPLICATION SUBMITTI TITLED PROJECT AND IS SUBJECT TO THE 1 NCE IN THE FOLLOWING: The grant program legislation The grant program regulations.	TERMS AND CONDITION	8 INCORPORAT	EDERAL AWARDING AGENCY FED EITHER DIRECTLY
m.	Federal Share	I	150,000.00	c. d.	This award notice including terms and condition Federal administrative requirements, cost princi	ples and audit requireme	nts applicable to	
n.	Non-Federal Share		0.00	prevall. Accep	ere are conflicting or otherwise inconsistent p tance of the grant terms and conditions is ac the grant payment system.	olicles applicable to th knowledged by the gra	e grant, the ab intee when fun	ove order of precedence shall ds are drawn or otherwise

DATE ISSUED MM/DD/YYYY     12/18/2013      SUPERSEDES AWARD NOTI     except that any additions or rest	93.048 CE dated 09/2	26/2013	PE ve Agreement		
in effect unless specifically resci SKANT NO. 90SM0011-01-01 Formerly		5. ACTION TYPE Post Award			
	01/2013	Through	MM/DD/YYY 02/28/2015		
	01/2013	Through	MM/DDYYYY 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.

LGBT Older Adult Senior Medicare Patrol Integration Initiative

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

#### **2017** SMP/SHIP National Conference

# **Key Personnel**

#### CANTEE NAME AND ADDRESS Services & Advocacy for GLBT Elders (SAGE Hilary Meyer 3325 Wilshire Blvd Ste 1300 New York, NY 10001-6008 Los Angeles, CA 90010-172 Phone: 323-577-4034 102 GRANTEE AUTHORIZING OFFICIAL 10b. FEDERAL PROJECT OFFICER Mr. Scott French Mr. Phillip J McKoy 305 7th Ave Fl 15 1 Massachusetts Ave New York, NY 10001-6152 Administration for Community Living Phone: 2127412247 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

# **Key Personnel**

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 PEDERAL PROJECT OFFICER Mr. Phillip J McKoy 1 Massachusetts Ave Administration for Community Living Washington, DC 20201-0001 Phone: 202-357-3525

ACL Project Officer

. APP	ROVED BUDGET (Exclude	es Direct Assistance)		12. AWARD	COMPUTATION					
Finan	cial Assistance from the Fe	ederal Awarding Agency Only		a. Amount	of Federal Financial Assistance (fro	om item 11m)		150,000.0		
Total	project costs including gra	nt funds and all other financial part	ticipation	b. Less Un	nobligated Balance From Prior Budge	et Periods		0.0		
a. Salaries and Wages			48,778.00		mulative Prior Award(s) This Budge			150,000.0		
b	Fringe Benefits			d. AMOUN	IT OF FINANCIAL ASSISTANCE T	HIS ACTION	0.0			
D.			10,229.00	3. Total Federal Funds Awarded to Date for Project Period				150,000.00		
C.	Total Personnel	Costs	59,007.00		MENDED FUTURE SUPPORT					
d.	Equipment		0.00	(Subject to	the availability of funds and satisfac	tory progress of the p	roject):			
e.	Supplies		0.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL	DIRECT COSTS		
	Travel			a. 2		d. 5	2			
1.	ITavei	***************************************	980.00	b. 3		e. 6				
g.	Construction	***************************************	0.00	c. 4		f. 7	0.000			
h.	Other		65,013.00	15. PROGRA	M INCOME SHALL BE USED IN ACCORD WITES:	TH ONE OF THE FOLLOWS	40			
i.	Contractual		25,000.00	a. b.	DEDUCTION ADDITIONAL COSTS			b		
j.	TOTAL DIRECT	costs —	150,000.00	c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)						
k.	INDIRECT COSTS		0 . 0 0					ERAL AWARDING AGENC		
ı,	I. TOTAL APPROVED BUDGET 150,00			ON THE ABOV	E TITLED PROJECT AND IS SUBJECT TO THE ENCE IN THE FOLLOWING: The grant program legislation					
m. Federal Share			150,000.00	The grant program regulations.     This award notice including terms and conditions     defears administrative requirements, cost princip				ns, if any, noted below under REMARKS.  Spies and audit requirements applicable to this grant.		
	Non-Federal Share		0.0	In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of preceding prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or other				e order of precedence si		
n.	Non-r ederal Share		0.00		the grant payment system.	con conceged by the gra	THE REAL PROPERTY.	are drawn or ourse mose		

#### Approved Budget

#### Terms and Conditions

- 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**

- 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

#### II. Award Information

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

- 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.
- Share information with ACL, the SMP network, national, state, and local partner organizations, and other entities as appropriate.

8 of 34

- 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. 9	OMP0216-01-00	

#### 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
MP17000655	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		Non-Competing Continuation	Awarded	View Application Budget Worksheet View Memo View NGA Award Summary Award Workflow History View Terms & Conditions
MP16000545		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)	View Application View Memo
MP16000505		06/27/2016	06/01/2015 to 05/31/2018	06/01/2016 to 05/31/2017	*****	Post Award Amendment (ACL Other)	Disapproved (Post Award)	View Application View Memo
MP16000482	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		Non-Competing Continuation	Awarded	View Application Budget Worksheet View Memo View NGA Award Summary Award Workflow History View Terms & Conditions
MP15000276	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	View Application Budget Worksheet View Memo View NGA Award Summary Award Workflow History View Terms & Conditions

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

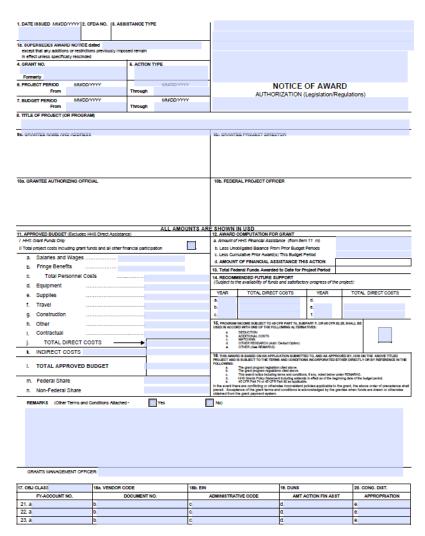


# Required documents to Complete SF-425

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

www.acl.gov/grants/managinggrant

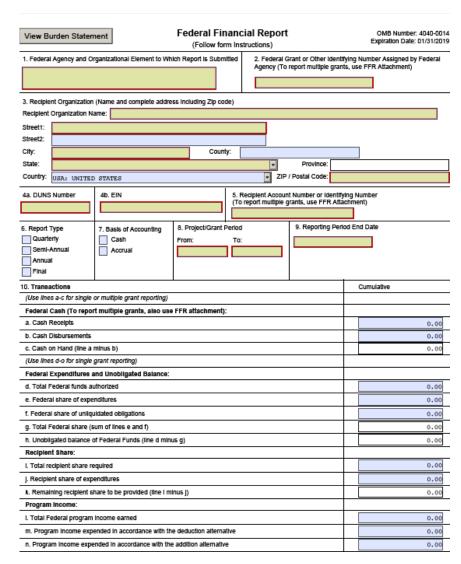
www.grants.gov/web/grants/forms





# Completing SF-425

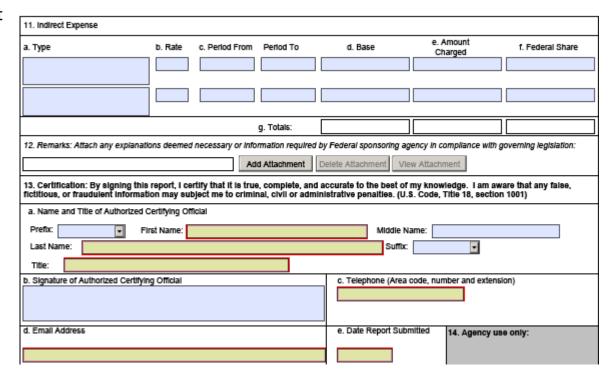
- Box 2 Grant Identifying Number-Enter the grant number assigned to the award by the Federal agency.
- Box 10d Total Federal Funds Authorized-Enter the total Federal funds authorized as of the reporting period end date.
- Box 10e Federal Share Expenditures-Enter the amount of Federal fund expenditures.
- Box 10f Federal Share of Unliquidated
   Obligations Unliquidated obligations on a
   cash basis are obligations incurred, but not
   yet paid.
- Box 10g Total Federal Share -Enter the sum of Lines 10e and 10f.
- Box 10h Unobligated Balance of Federal Funds- Enter the amount of Line 10d minus Line 10g.





## 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 from-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.

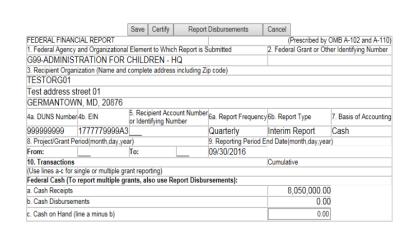


## Reconciling SF-425 with PMS

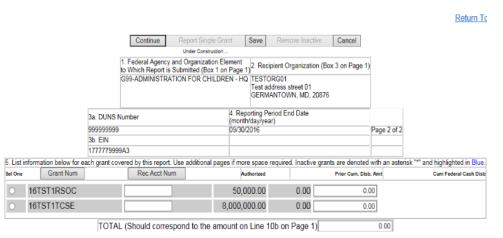
#### Federal Cash Transaction Report

 When completing the semiannual, 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).

https://pms.psc.gov/resources and training/fct roverview.html



#### **Federal Financial Report Attachment**





# **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 (<u>OMB SF-424A</u>, <u>Budget Information</u>), which should include the following information:
    - The unobligated amount for each line item being carried over
- 2. The Federal Financial Report (<u>SF-425</u>) 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)
- Revised budget Only if there are significant modifications to the budget (explained on next slide)

**2017** SMP/SHIP National Conference

#### 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**

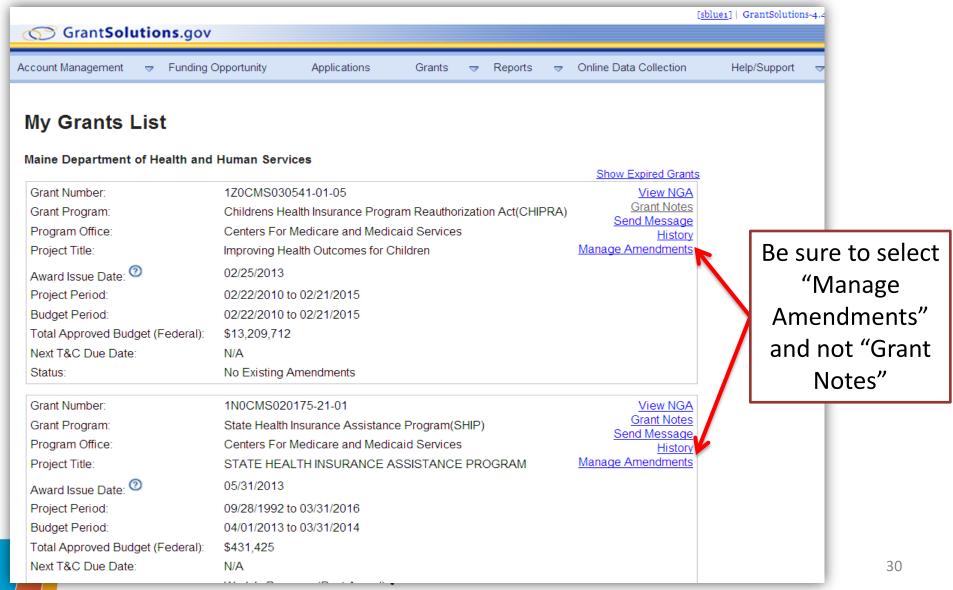
- 1. Request letter from AOR or PI/PD including contact information (email, mailing address, telephone) of new personnel
- 2. Resume or curriculum vitae (CV) for incoming key personnel

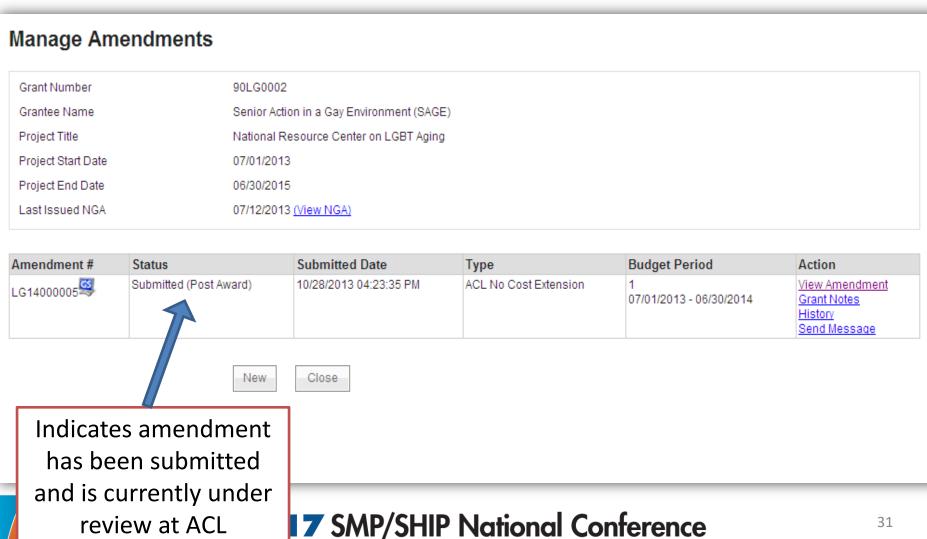


#### **2017** SMP/SHIP National Conference

- 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







 ACL has GS video training on our website here: <a href="https://www.acl.gov/grants/managing-grant">https://www.acl.gov/grants/managing-grant</a>

- 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. The are available Monday thru Friday from 8 a.m. to 6 p.m. EST
  - (202) 401-5282 or (866) 577-0771
  - 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.

Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.



### **Contact Information**

Phil McKoy

Phillip.McKoy@acl.hhs.gov

Katie Glendening Katherine. Glendening@acl.hhs.gov

William Kim

William.Kim@acl.hhs.gov



# **QUESTIONS?**

