



2021

# Post Award Manual

Developed by the ANA Regional T/TA Centers

Western Region • Eastern Region • Pacific Region • Alaska Region





THE PICTURES FEATURED ON THE FRONT COVER ARE FROM:

**1. Tolowa Dee-ni' Nation**

Grant #: 90NR0296

A tribal environmental employee observes keystone marine species as part of the Nation's Si~s-xa Lhee-wi; Si~s-xa Shu' Netlh-'ii~-ne (Ocean Balance: Ocean Stewards) Project.

**2. Waipa Foundation**

Grant #: 90NA8278

The Waipa community and project staff process taro into poi.

**3. Oglala Lakota College**

Grant # 90NL0570

Oglala Lakota child in the classroom.

**4. Yakutat Tlingit Tribe**

Grant # 90NL0605

An Elder holds a Tlingit app created for language learning as part of Yaakwdaat Lingft Haa Yatx'i Jeeyfs, "For Our Yakutat Tlingit Children" Project.

# Introduction

BOOZHOO. ALOHA. BEZON. TA NA Á NÉE SEE. QAĞAASAKUNG. DAGOT'EE.  
NAYAAFABAA. MIQUE WUSH. KHAHOWYA. O-SI-YO.°

**WELCOME** to the Administration for Native Americans (ANA) post award training. The goal of this training is to help you understand the federal requirements related to managing your new ANA project. Throughout this manual “tribes” refers to federally recognized and non-federally recognized tribes, while “organizations” denotes native non-profit organizations. Native Americans, as used in this manual, include American Indians, Alaska Natives, Native Hawaiians, Native Samoans, and the Native peoples of Guam and the Northern Mariana Islands.

**GOOD LUCK** on your ANA project and if you have any questions, do not hesitate to contact your ANA Program Specialist and regional training and technical assistance center.

*Yawłkó. Miigwech. Gunalchéesh. Fa’afetai. Nia:went*

*° Greetings in Ojibwe, Hawaiian, Shawnee, Plains Apache, Aleut, White Mountain Apache, Inupiaq, Ute, Chinook, Cherokee*

*† Thank you in Oneida, Anishinaabemowin, Tlingit, Samoan, Mohawk*

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# Chapter 1

## BASICS OF MANAGING AN ANA GRANT

# About ANA

## HISTORY OF THE ADMINISTRATION FOR NATIVE AMERICANS (ANA)

Housed under the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS), ANA has its roots in a collection of ideals that were officially brought together in January 1964 when President Lyndon B. Johnson declared a “War on Poverty.” In his call to action, President Johnson asked communities to prepare “long-range plans for the attack on poverty.” Eight months later, the Economic Opportunity Act was signed into law, and shortly thereafter the Office of Economic Opportunity (OEO) began awarding grants. Early in the 1970s, the OEO was terminated.

However, in 1974, many of its “War on Poverty” concepts became the foundation for ANA. ANA was established in 1974 through the Native American Programs Act (NAPA). This new agency embraced the goal of Indian self-determination, which was endorsed by President Johnson in 1968 and later by President Nixon.

Today, ANA works to achieve its mission and goals and serves all Native Americans, including 574 federally recognized tribes, American Indian and Alaska Native organizations, Native Hawaiian organizations and native populations throughout the Pacific basin (including American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands).

## MISSION OF ANA

ANA promotes the goal of self-sufficiency for Native Americans by providing funding through competitive discretionary grants for community-based projects and for training and technical assistance to eligible tribes and native organizations. Those tribes and organizations represent nearly 4.3 million individuals. ANA’s vision is to see that Native communities are thriving!

## ANA GOALS

The major goals of ANA are to:

1. Foster the development of stable, diversified local economies and economic activities that will provide jobs, promote economic well-being, and reduce dependency on public funds and social services.
2. Support local access to, control of, and coordination of services and

programs that safeguard the health and well-being of people and are essential to a thriving and self-sufficient community.

3. Increase the number of projects involving youth and intergenerational activities in Native American communities.

## **PHILOSOPHY OF ANA**

ANA's philosophy of native self-sufficiency is based on the following core beliefs:

1. ANA believes a native community is self-sufficient when it can generate and control the resources necessary to meet its social and economic goals, and the needs of its members.
2. ANA believes the responsibility for achieving self-sufficiency resides with the native governing bodies and local leadership.
3. ANA believes progress toward self-sufficiency is based on efforts to plan and direct resources in a comprehensive manner consistent with long-range goals.

## **ANA STRUCTURE AND LEADERSHIP**

ANA is organizationally comprised of three operational Divisions and management operations staff. The Division of Program Operations (DPO) is primarily responsible for the pre-award and post-award administration of discretionary grants to eligible Tribes and nonprofit Native American organizations. The Division of Program Evaluation and Planning (DPEP) is responsible for evaluations of recipient project effectiveness and impact. The Division of Policy (DoP) is responsible for providing support and guidance to define, establish, and disseminate policy affecting Native American communities, including, but not limited to current recipients. The Management Operations Staff provides administrative, budget, technical, and logistics support to ANA.

## **ANA COMMISSIONER**

The ANA Commissioner, appointed by the President of the United States and confirmed by the United States Senate, provides executive leadership for ANA. The Commissioner makes award decisions, implements special initiatives, and provides overall policy guidance to ANA.

In addition, the Commissioner is the Deputy Assistant Secretary for Native American Affairs and the Chair of the Intra-Departmental Council on Native American Affairs (IDCNAA). The Council is composed of senior leadership

from major agencies within HHS and is the departmental focal point for all initiatives affecting Native American people. Under its charter, the IDCNAA coordinates and encourages the cooperation of the department's and other federal agencies' resources for Native American people. IDCNAA also develops and implements a meaningful policy on Native American affairs for the entire department and ensures that this policy will be applied consistently throughout the department and, where possible, throughout the federal government.

## Roles and Responsibilities

The recipient, ANA, the ACF Office of Grants Management, and the Payment Management System have specific roles and responsibilities in the implementation and management of an ANA grant.

### THE RECIPIENT

#### You

The grant is an agreement between the awarded tribe or organization and the federal government. You are responsible for implementing the approved project on time and within budget. The recipient must comply with all federal regulations, including requesting approval for changes as outlined in this manual, 45 CFR Part 75, the HHS Grants Policy Statement (GPS) (available at <http://www.acf.hhs.gov/grants-forms>) and by submitting correct reports on time.

### ADMINISTRATION FOR NATIVE AMERICANS (ANA)

#### Program Specialist

The primary purpose of a Program Specialist is to help you accomplish your project on time, within budget, and within compliance of federal regulations. Each Program Specialist in the ANA Division of Program Operations has a portfolio of grants and is responsible for monitoring the programmatic activities and the financial elements that may impact the grant's programmatic activities. Some examples of when recipients should contact their Program Specialist are:

1. To discuss making programmatic changes to a project such as key personnel changes, budget modifications, carry over budgets, and no-

- cost extensions;
- 2. To request technical assistance;
- 3. With questions on ANA policies;
- 4. With questions about the semi-annual Ongoing progress reports (OPRs) and other reporting requirements; and
- 5. With questions regarding how to track and monitor the project's progress.

### **Impact Evaluators**

The Native American Programs Act (NAPA) calls for ANA to assess the impact and effectiveness of ANA funding in native communities at least once every three years. To meet this mandate, impact evaluators in the ANA Division of Program Evaluation and Planning conduct impact visits. The purpose of the visit is to collect information on the overall impact and effectiveness of funded projects. The visit is a chance for recipients to share the benefits, best practices, and general challenges met during the life of the project. Specifically, the impact evaluators:

1. Assess the impact of ANA funding on native communities;
2. Increase ANA's knowledge about the recipients' successes and challenges and analyze data from the visits to improve ANA service delivery; and
3. Collect information from funded projects to increase transparency and collaboration by sharing the unique stories of ANA recipients with fellow native communities, Congress, and the American public.

### **Training and Technical Assistance Providers (TA Providers)**

ANA provides free training and technical assistance to potential applicants and current recipients through contractors in each ANA geographic region. Separate TTA centers exist for each of the four regions: East, West, Alaska, and Pacific. A fifth TTA center has been established strictly to support Native Language Community Coordination projects, as well.

TA providers are experts in project management and development. They are knowledgeable of ANA policies and programs as well as other funding opportunities and partnerships. They can provide guidance electronically or at a recipient's site. TA providers conduct:

1. One-on-one assistance to recipients in the administration and implementation of an ANA funded project;

2. One-on-one assistance in preparing and submitting a grant application;
3. Training in project development, pre-application, and post award trainings.

## **OFFICE OF GRANTS MANAGEMENT (OGM)**

OGM is an office within ACF that is responsible for awarding grants and monitoring the fiscal aspects of those grants. OGM provides guidance on the federal terms and conditions of awards, issues the Notice of Grant Award (NGA), approves all grant amendments, assists in the setting up of financial accounts to receive federal grant awards, and maintains the official grant file with the original copies of the applications, reports, and close-out information.

### **Grant Management Specialist**

The Grants Management Specialist is responsible for overseeing and approving the financial management activities of the grant. Grants Management Specialists review the financial reports and work with the ANA Program Specialist on monitoring the ANA grant. Some examples of when recipients should contact their Grants Management Specialist are:

1. To discuss making budget modifications to a grant, such as a revision of the indirect cost rate or a carry over budget;
2. With questions regarding program income generation;
3. With questions about the financial report, the SF-425; and
4. With questions regarding the terms and conditions of award.

## **PAYMENT MANAGEMENT SYSTEM (PMS)**

PMS is part of the Program Support Center for HHS and is responsible for all payment related activities from the time of award through the closeout of the ANA grant. PMS makes payments to recipients, manages cash flow, reports disbursement data to ANA and OGM, and coordinates the debt collection. PMS processes requests for payment and reviews the FFR-425 report to ensure the recipient does not have excess cash on hand.

### **Liaison Accountant**

The Liaison Accountant is responsible for overseeing financial accounts for many grants. The Liaison assists recipients in resolving disbursement reporting as well as other PMS issues that recipients experience.

Please note that ANA does not have access or control over the Department of Payment Management (DPM) or the Payment Management System (PMS). If you experience any technical difficulties, you will need to reach out to your Liaison Accountant.

To contact the PMS, please use the following information:

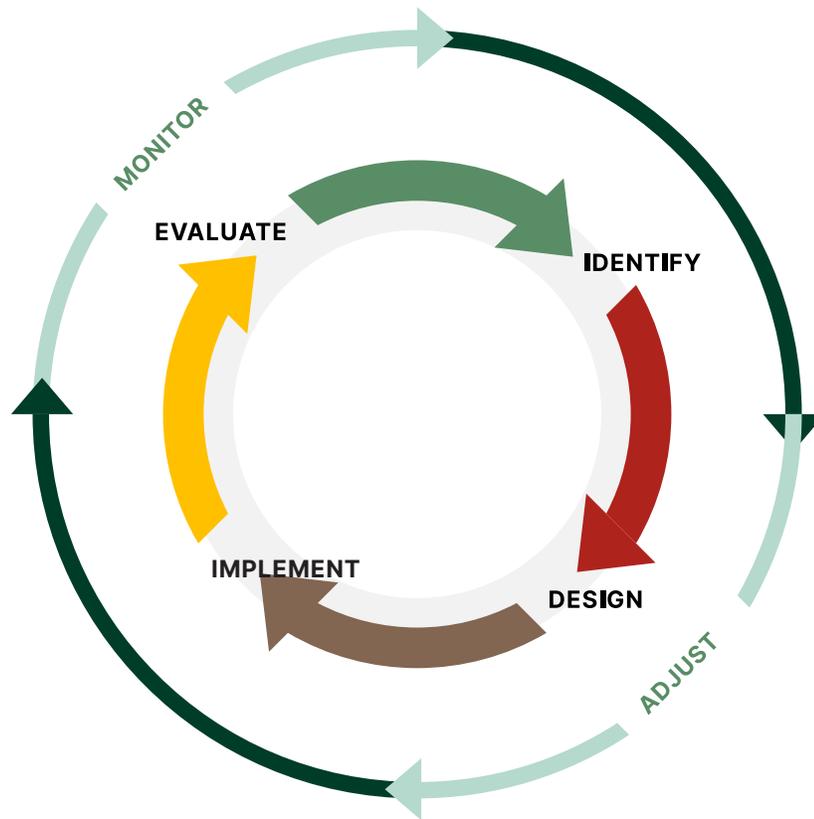
Website: [pms.psc.gov](https://pms.psc.gov)

Email: [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov)

Phone: 877-614-5533

# Planning and Organizing

FIGURE 1: PROJECT CYCLE



## THE PROJECT CYCLE

A project is different from a grant. The project is the goal, objectives, and activities a community works on to meet a defined set of outputs (products and services) and outcomes (community level changes). While, the grant is the agreement between the recipient and the funding organization to fund the project. In other words, the project is the idea while the grant is the funding which makes that idea a reality. The process of planning and managing projects follows a logical, continuous cycle where each phase of the project leads to the next.

Recipients in the post award training have completed two steps of the project cycle, identify and design, and are now in the project implementation stage. Since project development is a continuous cycle, evaluating the

implementation of the project allows recipients to identify and design improved implementation strategies as well as potential future project ideas. Project evaluation is completed through monitoring practices that occur throughout all stages, allowing for small adjustments in the project's planning, design, and implementation to ensure success. There are certain monitoring activities the recipient must engage in to meet the funding requirements of the ANA grant, including submitting reports, documenting the match obligation, and tracking leveraged resources, partnerships, project specific indicators, and community support.

### **THE GRANT YEAR**

During the project period, recipients will engage in project and administrative activities, including start-up activities, on-going activities, and close-out. The following pages provide an outline of activities that are common to most projects.

9 MONTH PROJECT PERIOD: LANGUAGE P & M AND EMI													
ACTIVITY	YEAR 1										YEAR 2		
	SEP 30	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN 30	JUL	AUG	SEP
<b>QUARTER 1: 9/30 – 12/31</b>													
Receive & review award documents													
Hire Project Staff	According to OWP												
Orient Staff on revised project documents	As staff are hired												
Establish GrantSolutions.gov account													
Establish the PMS account													
Submit PMS FCTR report the period 9/29 - 9/30													
Establish the grant file													
Start grant activities													
Develop and implement data collection protocols													
Attend Post Award Training if this is the first year													
<b>QUARTER 2: 1/01 - 3/31</b>													
Submit 1st quarter PMS FFR/FCTR report no later than Jan. 30th													
Submit 1st programmatic report (OPR) no later than Jan. 30th													
Watch for NCC application notification from ANA if a multi-year grant													
Submit continuation application if a multi-year recipient													
<b>QUARTER 3: 4/01 - 6/30</b>													
Submit 2nd quarter PMS FFR/FFCTR & FSR report no later than April 30th													
<b>YEAR END REPORTS (SUBMITTED YEAR 2 7/01 - 10/30)</b>													
Submit 3RD quarter PMS report (FFR/FCTR) no later than July 30th **													
Submit annual ADR, FFR/FSR by Oct. 30th													
Submit 2nd programmatic report (OPR) no later than Jul. 30th													
<b>THROUGHOUT PROJECT PERIOD: 9/30 - 6/30</b>													
Draw down funds from PMS	CONTINUOUS THROUGHOUT PROJECT												
Continue grant activities	CONTINUOUS THROUGHOUT PROJECT												
Collect project data	CONTINUOUS THROUGHOUT PROJECT												
Monitor expenses versus budget	CONTINUOUS THROUGHOUT PROJECT												

**PROGRAM YEAR: LANGUAGE P & M AND EMI**

ACTIVITY	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>QUARTER 1: 7/1 – 9/30</b>															
Receive & review award documents															
Hire Project Staff	According to OWP														
Orient Staff on revised project documents	As staff are hired														
Establish GrantSolutions.gov account															
Establish the PMS account															
Submit PMS FCTR report the period 9/29 - 9/30															
Establish the grant file															
Start grant activities															
Develop and implement data collection protocols															
<b>QUARTER 2: 10/01 - 12/31</b>															
Submit 1st quarter PMS FFR/FCTR report no later than Oct. 30th															
<b>QUARTER 3: 10/01 - 12/31</b>															
Submit 1st programmatic report (OPR) no later than Jan. 30th															
Submit 2nd quarter PMS FFR/FCTR & FSR report no later than Jan. 30th **															
Watch for NCC application notification from ANA if a multi-year recipient															
<b>QUARTER 4: 4/01 - 6/30</b>															
Submit 3RD quarter PMS report (FFR/ FCTR) no later than April 30th **															
Submit continuation application if a multi-year recipient															
<b>YEAR END REPORTS (SUBMITTED YEAR 2 7/01 - 10/30)</b>															
Submit 2nd programmatic report (OPR) no later than July 30th															
Submit 4th quarter PMS report (FFR/ FCTR & FSR) no later than July 30th															
Possibly participate in an ANA impact visit if in final year															
If in final year, complete grant activities and obligate funds no later than 7/31															
Submit annual FFR/FSR															
Liquidate all project financial obligations before submitting Final reports															
If in final year, submit final reports no later than 90 days after end of project period															
<b>THROUGHOUT PROJECT PERIOD: 9/30 - 6/30</b>															
Draw down funds from PMS	CONTINUOUS THROUGHOUT PROJECT														
Continue grant activities	CONTINUOUS THROUGHOUT PROJECT														
Collect project data	CONTINUOUS THROUGHOUT PROJECT														
Monitor expenses versus budget	CONTINUOUS THROUGHOUT PROJECT														

**PROGRAM YEAR: SEDS, ERE & SPECIAL INITIATIVE GRANTS**

ACTIVITY	SEP											SEP				
	30	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	29	OCT	NOV	DEC
<b>QUARTER 1: 9/30 – 12/31</b>																
Receive & review award documents																
Hire Project Staff	According to OWP															
Orient Staff on revised project documents	As staff are hired															
Establish GrantSolutions.gov account																
Establish the PMS account																
Submit PMS FCTR report the period 9/29 - 9/30																
Establish the grant file																
Start grant activities																
Develop and implement data collection protocols																
Attend Post Award Training if this is the first year																
<b>QUARTER 2: 1/01 - 3/31</b>																
Submit 1st quarter PMS FFR/FCTR report no later than Jan. 30th																
Watch for NCC application notification form ANA if a multi-year grant																
<b>QUARTER 3: 4/01 - 6/30</b>																
Submit 1st programmatic report (OPR) no later than April 30th																
Submit 2nd quarter PMS FFR/FCTR & FSR report no later than Apr. 30th **																
Submit continuation application if a multi-year recipient																
<b>QUARTER 4: 7/01 - 9/29</b>																
Submit 3 quarter PMS report (FFR/FCTR) no later than July 30th **																
If in a final year, participate in an ANA impact visit																
If in final year, complete grant activities & obligate all funds no later than Sep. 29th																
<b>YEAR END ACTIVITIES AND REPORTS OCCURING IN NEXT YEAR</b>																
Submit 4th quarter reports (OPR, PMS, FFR/FCTR) no later than Oct. 30th **																
Submit annual FFR/FSR																
Liquidate all project financial obligations before submitting the final reports																
If in final year, submit final reports no later than 90 days after end of project period.																
<b>THROUGHOUT PROJECT PERIOD: 9/30 - 6/30</b>																
Draw down funds from PMS	CONTINUOUS THROUGHOUT PROJECT															
Continue grant activities	CONTINUOUS THROUGHOUT PROJECT															
Collect project data	CONTINUOUS THROUGHOUT PROJECT															
Monitor expenses versus budget	CONTINUOUS THROUGHOUT PROJECT															

## **THE GRANT FILE**

The grant file is a physical collection of important grant-related documentation. In the event that you hire new staff or experience staff turnover, maintaining a grant file will enable a smooth transition and ensure that everyone is aware of grant status and expectations. The following is detail on the list of recommended grant file content (with the exception of HR and employee documentation which should be kept separately).

### **1. Notice of Grant Award Documents**

### **2. Current Notice of Award (NOA) and Previous NOAs (if applicable)**

### **3. Project Documents**

- a. Approved OWP
- b. Approved indicator
- c. Current 424a and budget
- d. Revised project application if applicable (for year 2, 3, 4 and 5, the revised continuation applications)
- e. Original project application (for year 2, 3, 4 and 5, the original continuation applications)
- f. Staff orientation letters

### **4. Reporting**

- a. Ongoing Progress Report (OPR) (semi-annual)
- b. SF-425s (semi-annual and budget year end final)
- c. Year 2, 3, 4 and 5 reports, if applicable
- d. Recipients must submit Semi-annual reports to ANA and quarterly reports to PMS

### **5. Community Involvement Documentation**

- a. Meeting sign-in sheets and meeting minutes
- b. Publicity/marketing materials
- c. Testimonials
- d. Other

### **6. Project Data Tracking**

- a. Non-federal share documentation
- b. Leveraged resources tracking (recommended, but not required)
- c. Partnership tracking
- d. Project specific indicator tracking (Outcome Tracker)
- e. Photos
- f. Other tracking documents developed by the recipient

### **7. Correspondence between Recipient and ANA**

## What Is in the Grant File?

### 1. Notice of Grant Award Documents

The Notice of Grant Award (NGA) document is the official award document establishing the agreement between the recipient and the government and is used by HHS for discretionary financial assistance programs such as ANA. The NGA states the Federal award, Non-Federal Share obligation, and approved budget category amounts. No costs can be incurred prior to start of the project period and the receipt of the NGA unless prior approval has been granted by ACF/ANA. The purpose of the NGA document is to:

- Notify the recipient and others of the ANA grant award;
- Incorporate by reference all terms and conditions of the award; and
- Record the obligation of ANA funds.

### When Does a Recipient Receive an NGA?

- An NGA is prepared and sent to the recipient with the NOA to signify the grant award has been made;
- A recipient will receive a new NGA when OGM issues approval for a change to the grant that requires prior approval, such as a key personnel change, budget modification, carry over budget, or no cost extension; and
- When a non-competing continuation is approved for multi-year grants.

The NGA includes key reference information for the recipient, including:

- Award number. The award number is the grant number the recipient should reference in all correspondence with ANA and include on the program and financial reports.
- Budget Period. The budget period is the timeframe expenses can be incurred for grant activities. ANA's budget period is 12 months.
- Project Period is the full duration of the project, from the project start to end date.
- Principal Investigator or Program Director. The individual designated to be the contact person to ANA on issues relating to the grant.
- Approved Budget. The federal and non-federal dollar amounts for the object class categories approved for the grant.
- Award Computation. The dollar amount for the non-federal share provided by the recipient and the federal dollar amounts provided by ANA for the grant expressed as a percentage. The recipient must ensure it meets the non-federal share requirement as cited on line

17A. This amount must be contributed even if it exceeds the minimal amount required by law, regulation, or other ACF provision. Failure to provide this amount of non-federal share will result in a proportionate reduction of the federal share or other disallowance action.

- Authorized Treatment of Program Income. This authorizes the use of program income generated as a result of grant activities.
- Remarks. States how the grant is paid, regulations incorporated by reference, and other requirements of the grant. Examples of remarks include a link to the HHS grants policy statement and a statement that initial expenditure of funds by the recipient constitutes acceptance of the award. The grant is paid through the HHS centralized Payment Management System by PMS.
- Award Terms and Conditions. These include both standard terms as well as special terms the government is requiring of the recipient.

## **2. Notice of Award (NOA)**

The NOA is official government correspondence to the tribe or organization. The NOA is sent to the authorizing official and announces the award of funding for the proposed project. The NOA provides key reference information to the recipient:

Contact information for the ANA Program Specialist and the OGM Grants Management Specialist assigned to work with the recipient. Contact information includes the names, addresses, telephone numbers, email addresses, and fax numbers of the specialists;

- Terms and conditions for award; and
- Information on setting up a PMS account.

## **3. Project Documents**

- Approved OWP. The approved OWP serves as a blueprint for project implementation and is an essential reference for reporting requirements. Progress on the project is reported semiannually in the OPR.
- Approved indicator. The approved indicator(s) are used to gauge progress in meeting the project goal.
- Current 424a and budget. The current 424a and budget must match the current NGAt
- Revised project application if applicable (for year 2, 3, 4 and 5, the

revised continuation applications). The revised project application and revised continuation application include the information submitted during negotiations with ANA and OGM.

- Original project application (for year 2, 3, 4 and 5, the original continuation applications). The original project application and continuation applications are what was initially submitted to ANA for funding consideration.
- **Staff orientation letters.** Staff orientation letters are a recipient's internal management tool to track project staff orientation to the project, the grant, and the post award manual. Recipients do not need to submit these letters to ANA.

The approved OWP serves as a blueprint for project implementation and is an essential reference for reporting requirements. Progress on the project is reported semiannually in the OPR. The approved indicator(s) are used to gauge progress in meeting the project goal. The current 424a and budget must match the current NGA. The revised project application and revised continuation application include the information submitted during negotiations with ANA and OGM. The original project application and continuation applications are what was initially submitted to ANA for funding consideration.

Staff orientation letters are a recipient's internal management tool to track project staff orientation to the project, the grant, and the post award manual. Recipients do not need to submit these letters to ANA.

#### **4. Reporting**

ANA requires reporting on grant functions throughout the project period. The following reports will be required each year of the project, regardless of length (from 12 months to 60 months and beyond). Recipients must submit Semi-annual reports to ANA and quarterly reports to PMS.

- Ongoing Progress Report (OPR). Submitted semi-annually, the OPR is the report that will document your project status and inform ANA of any successes or challenges the project has experienced.
- SF-425s. The SF-425 is comprised of various reports submitted through the PMS on a quarterly, semi-annual and year-end basis.

More detail is provided on all reporting mechanisms in later chapters of this manual.

## **5. Community Involvement Documentation**

ANA seeks to fund community development projects that reflect the cultural values, collective vision, and long-range development goals of native communities. ANA supports this approach because community involvement in the project planning and project implementation phases is a key factor in achieving success. In addition, many funding agencies look favorably on applications that document community involvement in the planning and implementation of a project. Track community involvement through detailed

- Meeting sign-in sheets and meeting minutes
- Publicity/marketing materials
- Testimonials
- Other

These are good tools to demonstrate to funding organizations and the public the extent of community involvement in the project.

## **6. Project Data Tracking**

Recipients should collect quantitative data (e.g., the number of partnerships formed, the dollar amount of resources leveraged, etc.) as well as qualitative data (e.g., collecting the anecdotes and viewpoints that tell the story of the project) during the course of the project period. ANA asks for this data through semiannual OPRs and during impact visits.

Templates for tracking this information can be found in the “Preparing for the Impact Visit” section of this manual.

It is recommended that you keep detailed records of:

- Non-federal share documentation
- Leveraged resources tracking (recommended, but not required)
- Partnership tracking
- Project specific indicator tracking (Outcome Tracker)
- Photos
- Other tracking documents developed by the recipient

## **7. Correspondence between Recipient and ANA**

Official and unofficial correspondence between the recipient and ANA (such as the ANA Program Specialist monthly emails) should be included in the grant file for reference. ANA recommends the correspondence be organized

as follows: official correspondence under one tab; a phone log broken down by quarter under another tab; and emails and letters broken down by importance, including any requests for grant actions under the third tab.

Toolkit Page 6  
Activity 1

Toolkit Page 7  
Activity 2

## DATA MANAGEMENT

Monitoring and evaluating your project is an important part of project implementation. Determining what, when who and how the information is to be collected should be a startup activity. There are several parts of the application that will help you determine what information needs to be collected. Start with the Outcome Tracker and Tracker Strategy, it will identify your indicator for successful objective implementation and what to use as a means of measurement. It also gives you the targets you are trying to reach each year to demonstrate progress on your project. The Approach narrative will tell you more about key activities and the implementation plan for your project. Finally, the objective work plan will provide the blueprint for project implementation. It is a snapshot of the project's milestone activities, assigned key personnel, and the outputs you expect to produce during the project period. It also established a timeline for completing those tasks to ensure the project is implemented within the project period. This information, combined with required reporting information, will give you a complete picture of how you document successful implementation of your project.

The chart on the next page gives you a method for developing your data collection plan. In addition, the USB2021 folder includes spreadsheets for each type of grant, with cells to fill in project specific data and reporting information that will necessarily be collected so that you can create a comprehensive data plan.

There are other data issues beyond the collection plan to consider before you begin collecting data:

**DATA SECURITY** Masking (securing) of participants is required. In addition to complying with 45 CFR Part 75.303 for personally identifiable information, consider how you will ensure that information provided to you throughout the project cannot be linked to specific individuals; i.e. masking or coding of participants. In addition, how will you control the storage of data; i.e. double locked system with only designated individuals having access to data.

**OWNERSHIP OF DATA** Who has ownership of the data? Does your organization or Tribe have codes or policies that detail who has ownership of the data and if so where the final data will be stored and who has access to it?

**EXPANDED USE OF DATA** Evaluate if the data you collect could be used by other departments or organizations to assist them in either identifying other

challenges in the community or ways to address challenges. If so identify who to share data with and what data can be shared.

Toolkit Page 8  
Activity 3

## **RECIPIENT REPORTING**

Upon receipt and acceptance of a grant award from ANA, the recipient is responsible for submitting reports to two separate divisions within HHS:

The Administration for Native Americans (ANA):

### **Quarterly Reports (due 30 days after end of reporting period):**

- The Federal Financial Report/Federal Cash Transaction Report (FFR/FCTR)

### **Semi-Annual Reports (due 30 days after end of reporting period):**

- The Performance Progress Report (OPR awarded 2020+) [also known as the Ongoing Progress Report (OPR) or semi-annual OPR report]
- The Federal Financial Report/Financial Status Report (FFR/FSR)

### **Annual Reporting:**

- The end of year OPR, which includes additional questions on outcomes and impact.
- The annual FFR/FSR (which is in addition to the semi-annual report)
- Tangible Property Report (SF-428) [see note below]

### **Closeout Reporting:**

- Second Semi-Annual OPR for the Final Project Year

The semi-annual OPR Report is due no later than 30 days after the end of the project period-10/30. The semi-annual report summarizes project

accomplishments during the last reporting period. This report is completed using the Online Data Collection System (OLDC) in GrantSolutions.

- Second Semi-Annual SF-425 for the Final Project Year

Submit your second semi-annual Financial Status Report no later than 30 days after the end of the project period.

- Final FFR/FSR (SF-425)

Your FINAL 425 is due 90 days after the end of the project and is submitted in the Payment Management System (PMS).

Reporting is done by budget year. ANA allocates funding on a yearly basis therefore reports during a budget year focus on the approved activities and funding for the current year only. The exception is the close out reports that are cumulative for the project period.

Timely reporting is a requirement of the grant. Recipients are encouraged to submit reports as early as possible to avoid any last-minute circumstances that might result in delinquent submissions. Missing report deadlines may result in consequences that might restrict funds, require additional monthly reporting, or relinquishing of the award. Grant amendments are not possible if there are any outstanding required reports.

### **Tangible Personal Property Report Final Report (SF-428)**

Recipients that purchase any tangible personal property (e.g., equipment with a unit cost of \$5,000 or more and residual unused supplies with an aggregate fair market value exceeding \$5,000) are required to complete a **Final SF-428 report** which should also be submitted along with the final SF-425 report within 90 days from the end of the project period. The final SF-428 report must be cumulative, covering all years of the grant term.

Please upload the SF-428 reports as a Grant Note in GrantSolutions using the following naming convention: Correspondence- Budget Information Request- 428-Annual or Final-YYYY

If you did not have any project purchases that meet the definition of Equipment to report, you do not need to submit this report.

ANA's goal is for all recipients to get the needed support to fully implement their funded projects. ANA Program Specialists and TA providers closely review the reports to monitor progress, provide technical assistance when necessary, and better understand the ANA funded projects.

Toolkit Page 9  
Activity4

## **PREPARING FOR THE IMPACT VISIT**

The purpose of the visit is to assess the outcomes of ANA funding, increase ANA knowledge about successes and challenges of ANA projects, and to share stories of ANA projects with fellow native communities, Congress and the American public. The impact visit serves as an opportunity for the recipient to explain how the project resulted in measurable reduction to, or elimination of, the problems and needs described in the original application. Prior to the impact visit, an ANA impact evaluator will contact the recipient.

The visits generally occur between the last three months of a project to the three months after completion of the project.

## **IMPACT VISIT OUTLINE**

The goals of the Impact Visit are:

1. To assess the impact of ANA funding on Native American communities.
2. To learn more about the successes and challenges of ANA recipients to improve ANA service delivery.
3. To increase transparency and share the recipients' unique stories.

The visit is conducted by an ANA staff member. We will ask questions from a survey; most questions can be answered by the project manager. In addition to meeting with project staff, we want to see as much of the project as possible. This can include group meetings with participants, site visits, participating in classes, events, etc.

The following is a brief outline of a more extensive survey instrument, as well as information from the Ongoing Progress Report we use during the visit. We provide this outline in hopes that having this information ready prior to the visit will allow us more time to meet and speak with participants, staff, and the community. The survey is broken down into the following sections:

## **OBJECTIVE WORK PLAN**

During the impact visit we will discuss your OWP and your progress and accomplishments towards project objectives. We recommend that you be prepared to:

- Provide information on the extent to which you achieved project objectives.

- Share best practices.

We will gather information on the results and benefits of project activities. We recommend that you be prepared to:

- Discuss the extent to which your project addressed the original current community condition as stated in your application.
- Discuss your project specific indicator(s), the extent to which you were able to meet your end of project target, and what change you predict three years from now.
- Discuss who benefited from the project (including how many individuals directly benefited), and what impact the project had on each beneficiary you identified. We encourage you to invite project beneficiaries to the impact visit.
- Discuss how you plan to sustain the project outcomes, services and activities after the project ends.

### **PROJECT DEVELOPMENT**

We will ask about the application development process. We recommend you be prepared to discuss:

- How the project was developed?
- We also wish to learn about project marketing and outreach strategies.

### **PROJECT CHALLENGES**

We will gather information on the challenges encountered during project planning and implementation. This could be presented to the impact evaluators through a slide presentation along with solutions used to address these challenges.

### **PROJECT BENEFITS**

We will ask you to reflect on what steps you have taken to ensure your project continues after ANA funding ends and share what your next steps will be to continue project services.

- Discuss, if applicable, whether project activities or outcomes have become a routine part of the organization, if business(es) were created through the project; if project activities generated income and the amount generated; if additional funding was sought, and if any codes, ordinances, or regulations were developed through the project.

## **PARTNERSHIPS**

Provide the number of partnerships; including how many partners were new and how many existed prior to the project. You can demonstrate this through MOAs or even invite partners, volunteers or participants to attend the impact visit meeting and share their experiences in partnering with your organization.

## **PROGRAM-AREA SPECIFIC QUESTIONS**

ANA has developed specific questions for some of the program areas, to better understand the patterns and trends prevalent in each. Some questions you may want to prepare for ahead of time include, as applicable:

## **ENVIRONMENTAL REGULATORY ENHANCEMENT PROJECTS**

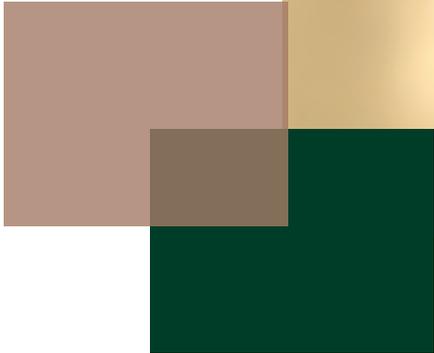
- What is the main focus of the project?
- Use of other federal funding?
- Did the project result in increased capacity for the Tribe to manage its physical resources and/or the environmental quality on tribal lands?

## **NATIVE LANGUAGE PROJECTS**

- Provide information on the current status of the language.
- How many youth (0-18 years) and adults (19+ years) increased their ability to speak the native language as a result of the project?
- How many youth (0-18 years) and adults (19+ years) have achieved fluency as a result of the project?

Toolkit Page 10  
Activity 5





# Chapter 2

## ANA Grants Management System

# GrantSolutions

GrantSolutions.gov is a grants and program management website created to support Federal agencies that administer grant awards. While Federal staff utilize the site to monitor awards and approve any grant amendments, recipients use this site to access their grant documents as well as submit and track requests for changes and continuations to their projects. Specifically, it is the website where:

- The official electronic grant file and history are available, including:
  - Approved application
  - Notice of grant awards
  - Awarded amendments
  - Official correspondence
- Annual grant award continuations and any grant amendments are submitted for approval
- Programmatic reports are completed and submitted to ANA.

The Grant File Section of this manual went over creating a local grant file for keeping project related original/source documentation on the project. GrantSolutions is not a replacement for a physical grant file. GrantSolutions access is limited to only a few staff. Your physical grant file will contain much more information and is available and can be reviewed by both project and organizational staff, as needed.

## ACCESSING GRANTSOLUTIONS

The Office of Grants Management (OGM) creates recipient user accounts to access GrantSolutions during the processing of grant awards. Typically, two GrantSolutions accounts are assigned: one for the Authorized Official Representative listed on the SF424 and one for the Principal Investigator/Project Director (PI/PD). Your Program Specialist will confirm during their introductory call the assigned account holders that given access can access the GrantSolutions site.

If at any time during the duration of your project changes need to be made to user accounts, contact your Program Specialist who will initiate that process for you.

## NAVIGATING GRANTSOLUTIONS

When you first log on to GrantSolutions, take some time to familiarize yourself with the site. The user interface is being upgraded. The first screen you will see is the log in screen.

### NAVIGATING THE MY GRANTS LIST SCREEN



Recipient View: Grants List & Details  
Grants List Screen

## My Grants List Screen

### LOGIN

To access the “My Grants List” screen in the New Experience of GrantSolutions, perform the following steps:

1. From a browser such as Internet Explorer or Google Chrome, navigate to [www.grantsolutions.gov](http://www.grantsolutions.gov) and click the **Login** button.



Figure 1: GrantSolutions Home page with Login button

2. The “GrantSolutions Login” screen appears. Log in with your GrantSolutions username and password, PIV card, or Login.gov account if applicable.
3. The “My Grants List” screen appears.

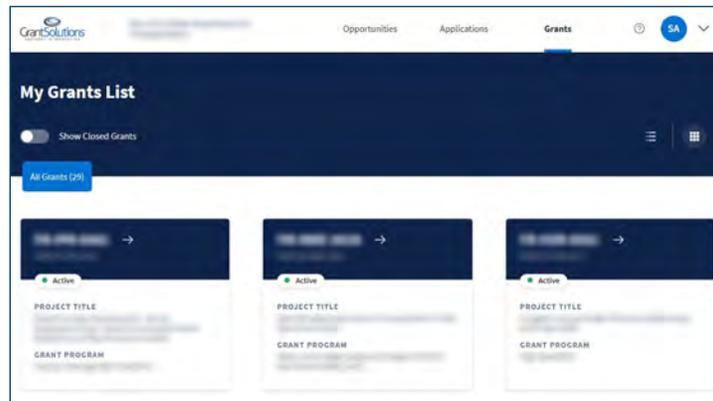


Figure 2: My Grants List screen

The Global Navigation Bar is white background area located at the top of the screen. The blue bubble with initials in it is called the User Avatar. When you are logged in your initial will be there.

### GRANT PROJECT CARD

Grant Project cards appear on the “My Grants List” screen, each representing an individual Grant Project. Grant Project information appears on each card and includes the *Grant Number*, *FAIN*, *Grant Project Status*, *Project Title*, and *Grant Program*.

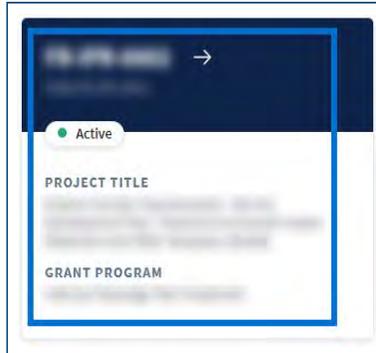


Figure 3: Grant Project card

### Grant Project Status

The *Grant Project Status* may appear as *Active*, *Active-Restricted*, or *Closed*, depending on the Grant Project.

#### *Active*

*Active* appears for a Grant Project if the Project Period is started and the Closeout process is not complete.

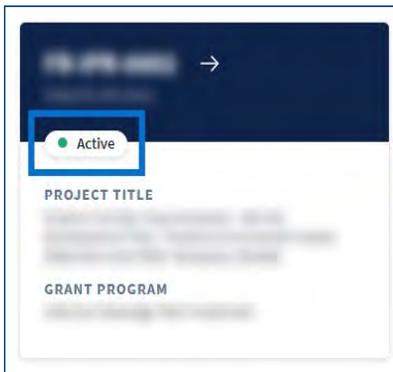


Figure 4: Grant Project card with Active status

#### *Active-Restricted*

*Active-Restricted* appears for a Grant Project if the Project Period is started, restricted funding is applied, and the Closeout process is not complete.

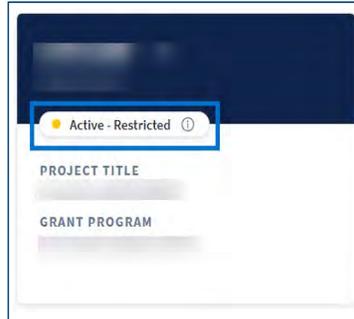


Figure 5: Grant Project card with Active-Restricted status

### Access Funding Restrictions

To access funding restrictions for Grant Projects with the *Active-Restricted* status:

1. Click the **Information** icon to the right of the status.

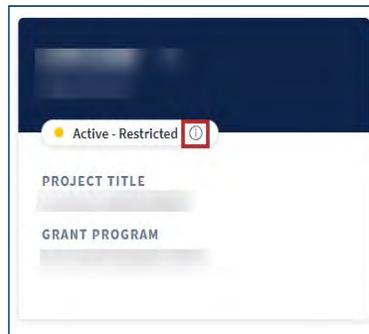


Figure 6: Grant Project card with Information icon

2. A “Restrictions have been placed on the funds allocated to this grant project” message appears. Click the **See full details** button for additional information.

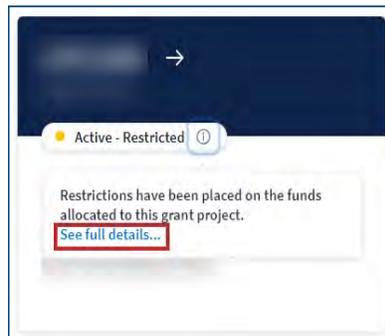


Figure 7: Grant Project card with See full details button

3. Users are routed to the “Track Funding Restrictions” screen in the GrantSolutions GMM.

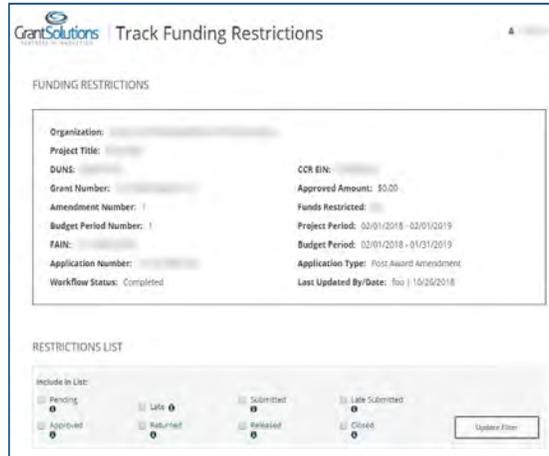


Figure 8: GrantSolutions GMM Track Funding Restrictions screen

### Closed

*Closed* appears for a Grant Project if the Project Period is complete and the Closeout process is complete.

**Note:** Grant Projects in the *Closed* status only appear if the **Show Closed Grants** slider is active (see [Show Closed Grants Slider](#) section).

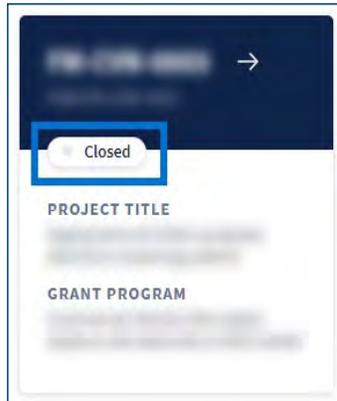


Figure 9: Grant Project card with Closed status

## MY GRANTS LIST HERO

The *My Grants List Hero* appears below the *Global Navigation* bar. The *My Grants List Hero* offers additional accessibility and sorting options for Grant Projects.



Figure 10: My Grants List Hero

## Show Closed Grants Slider

Click the **Show Closed Grants** slider to display *Closed Grant* Projects only. The *All Grants* indicator disappears.

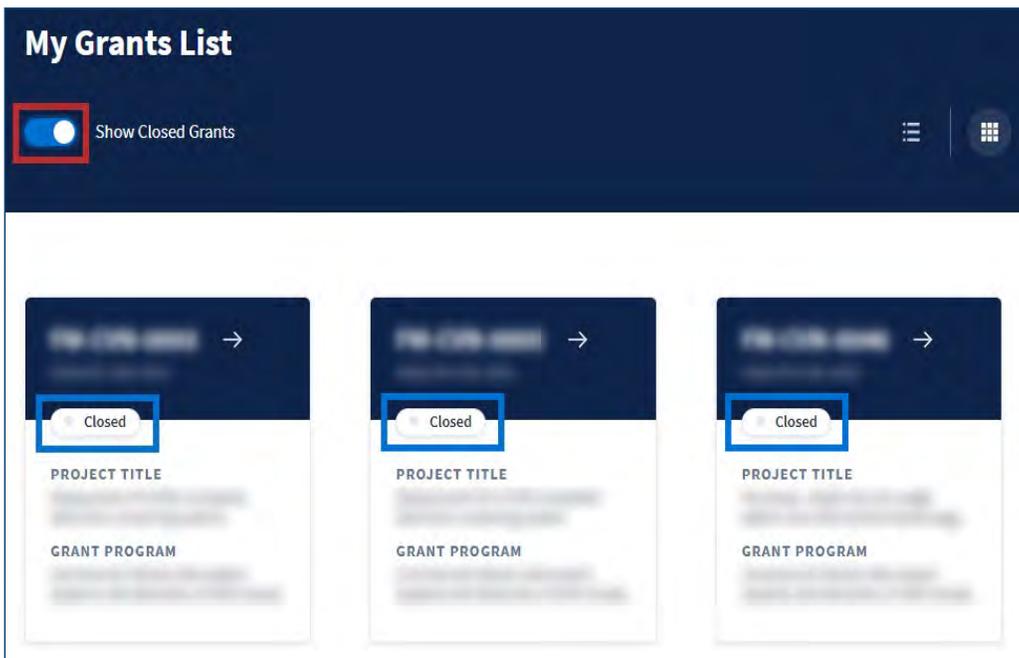


Figure 11: Show Closed Grants slider with Closed Grant Projects

Click the **Show Closed Grants** slider again to display *Active* and *Active-Restricted* Grant Projects. The *All Grants* indicator reappears with the number of Grant Projects displayed.

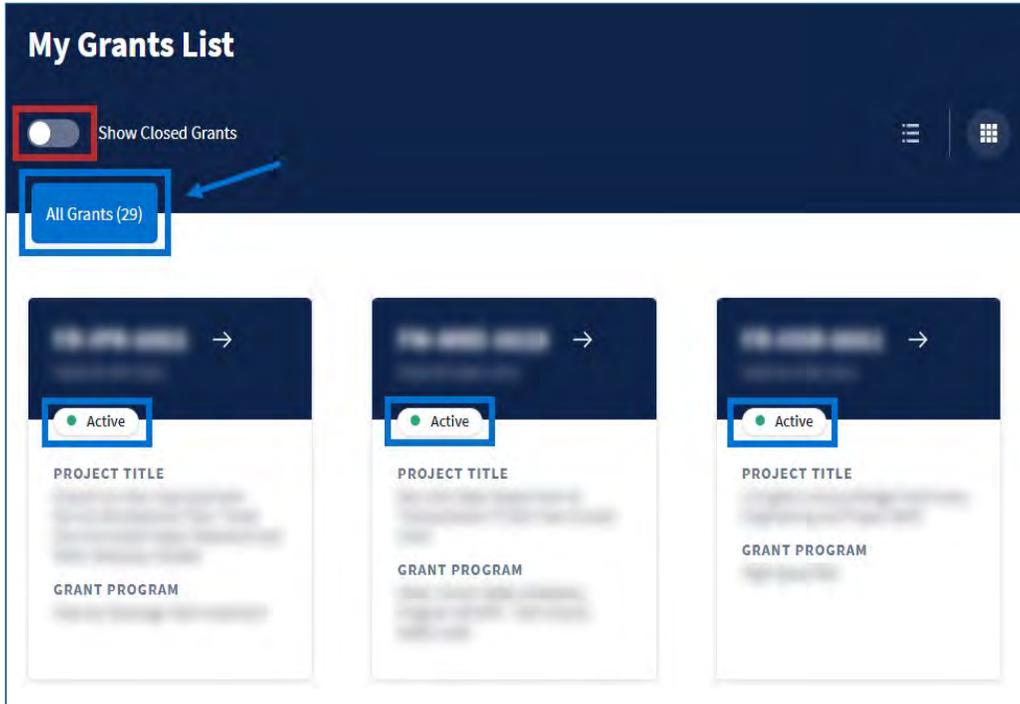


Figure 12: Show Closed Grants slider with Active Grant Projects and All Grants indicator

### Grid View and List View

Click the **Grid View** icon to view Grant Projects in grid format. Grant Projects appear as cards.

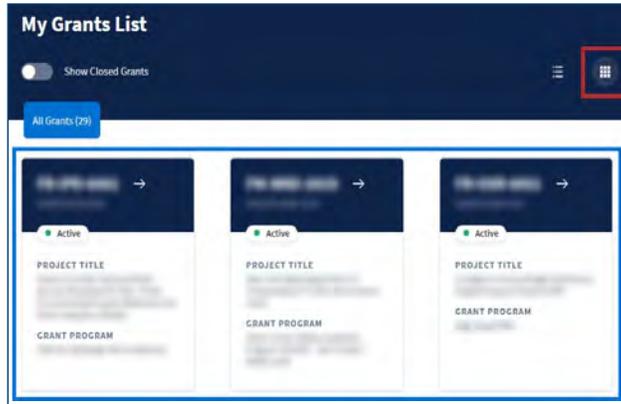


Figure 13: My Grants List screen in Grid View with Grid View icon

Click the **List View** icon to view Grant Projects in list format. Grant Projects appear as rows. All fields in *Grid View* are columns in *List View*.

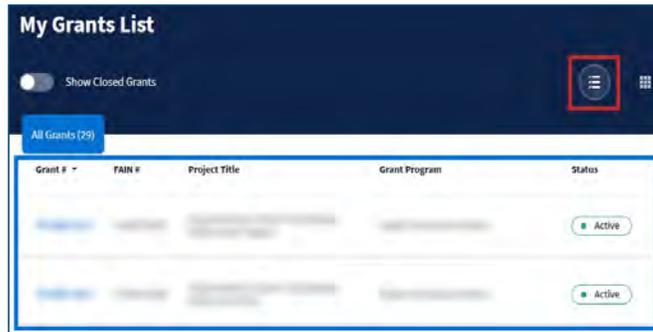


Figure 14: My Grants List screen in List View with List View icon

#### List View – Sorting by Column

If *List View* is active, click a **column name** to sort Grant Projects by that column in descending order. Click the **column name** again to sort Grant Projects by that column in ascending order. The column selected is indicated by an arrow to the right of the column name.

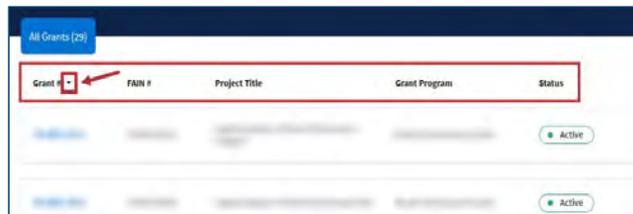


Figure 15: List View with column names and arrow indicator

## NAVIGATING THE GRANTS DETAILS

The graphic below shows the Grant Detail page in GrantSolutions. You get there by double clicking on your grant number in the grid or list view of My Grants List. This page gives you quick access to important grant information.

The screenshot displays the Grant Detail page in GrantSolutions. At the top, a dark blue navigation bar contains a back arrow, the status 'Active', the grant number '90NR', and the FAIN: 90NF. The current budget period is shown as 09/30/2020 to 09/29/2022 (2 of 2). The main content area features tabs for 'Details', 'History', 'Reports', 'Amendments', and 'Notes'. The 'Details' tab is selected. On the left, a box shows the current approved budget of \$266,407.00 and a 'View Notice of Award' button. Below this, the grant program is identified as 'NR - Environmental Regulatory Enhancement' and the project title as 'Implementing Seventh Generation Research and Monitoring Goals for Culturally Important Wildlife'. The 'Grant Details' section includes a 'Notice of Award' issued on 08/18/2021. The 'Federal Information' section lists the Program Office as 'ACF/ANA Central Office', the Federal Project Officer as 'Ms. Maria Boyd' (MB), and the Grants Management Officer as 'Timothy Chappelle' (TC). The 'Recipient Information' section lists the Name & Address as 'Tribal Community', the Project Director as 'Ms.' (KS), and the Authorizing Official as 'FC'.

On the following five pages you will be shown step by step what each component on the Grant Detail page is for and/or where more specific information is found.

The tabs under the dark blue Hero Navigation Bar toward the right are not used by ANA Grants. They are the **Reports** and **Amendments** tabs. How you access reports will be explained under the Online Data Collection section in a few pages. Amendments is addressed directly after reviewing the information included on the Grants Detail page.

## Grant Details Navigation

The “Grant Details” screen includes the same *Global Navigation bar* found on the “My Grants List” screen. The *Global Navigation bar* appears on the “Grant Details” screen regardless of the active tab (see [Global Navigation Bar](#) section).



Figure 69: Global Navigation bar

Similarly, the “Grant Details” screen also includes the same *Footer* found on the “My Grants List” screen. This *Footer* appears on the “Grant Details” screen regardless of the active tab (see [Footer](#) section).



Figure 70: Footer

## GRANT DETAILS HERO AND LEFT RAIL

On the “Grant Details” screen, a *Grant Details Hero* and *Left Rail* appear regardless of the active tab. Both the *Grant Details Hero* and the *Left Rail* display basic information about the Grant Project.

### Grant Details Hero

The *Grant Details Hero* appears below the *Global Navigation bar*.

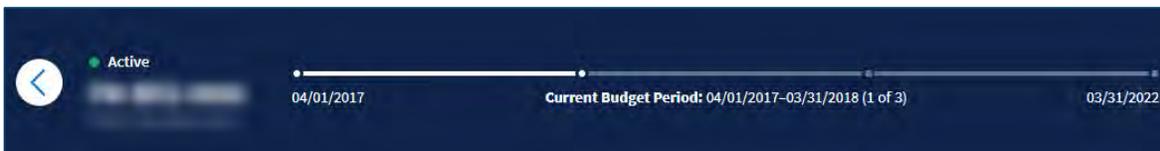


Figure 71: Grant Details Hero

Click the **Back** button to return to the “My Grants List” screen.

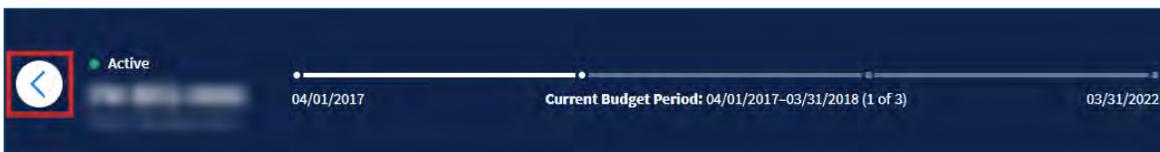


Figure 72: Grant Details Hero with Back button



The *Grant Project Status*, *Grant Number*, and *FAIN* appear on the left side of the hero.

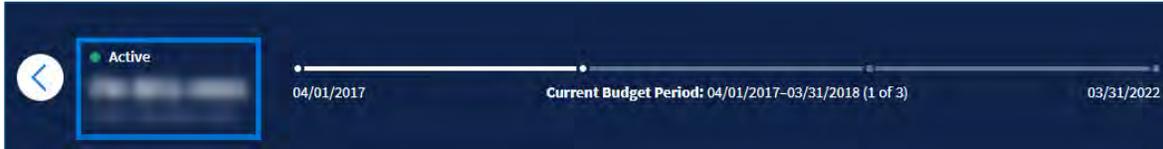


Figure 73: Grant Details Hero with Grant Project Status, Grant Number, and FAIN

A *Project Period Timeline* appears on the right side of the hero. The *Project Period Timeline* represents the Project Period for the Grant Project. For Grant Projects with multiple budget periods, the *Project Period Timeline* is divided into segments, each representing an individual Budget Period.

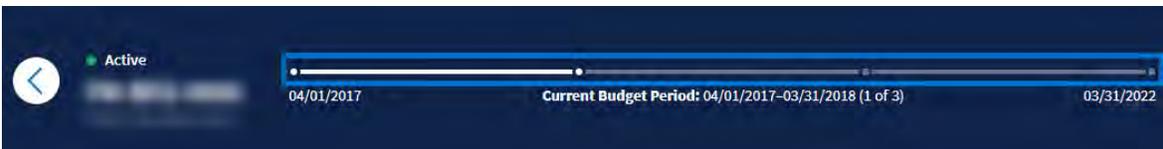


Figure 74: Grant Details Hero with Project Period Timeline

The date displayed below the left side of the timeline represents the *Project Period Start Date*.

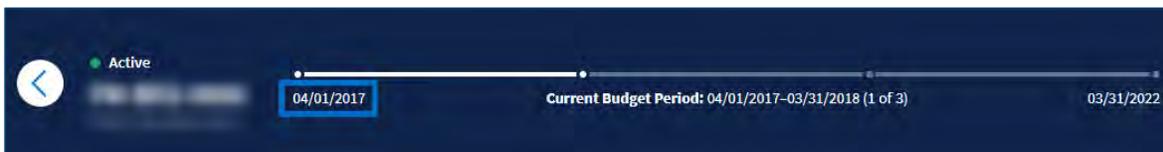


Figure 75: Grant Details Hero with Project Period Start Date

The date displayed below the right side of the timeline represents the *Project Period End Date*.

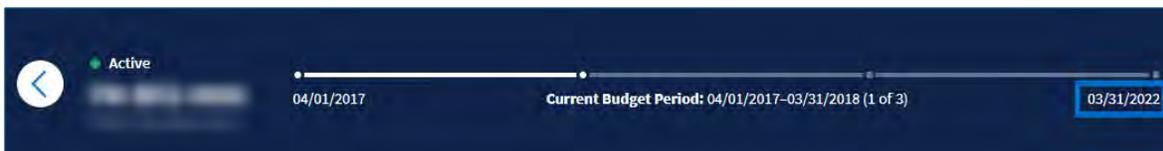


Figure 76: Grant Details Hero with Project Period End Date

The *Current Budget Period* appears in the middle, below the *Project Period Timeline*. In the *Current Budget Period* field, the *Budget Period Start Date* and *Budget Period End Date* appear. The position of the current Budget Period in the total amount of Budget Periods appears at the end of the field.

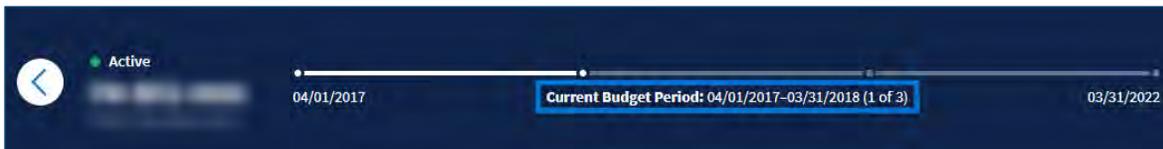


Figure 77: Grant Details Hero with Current Budget Period

### Left Rail

The *Left Rail* appears on the left side of the screen below the *Grant Project Status*, *Grant Number*, and *FAIN*.

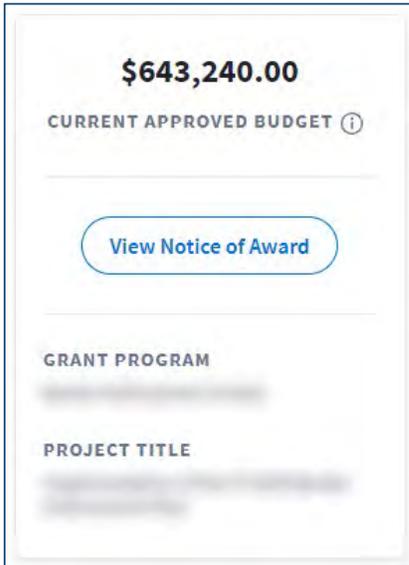


Figure 78: Left Rail

The *Current Approved Budget* appears at the top of the *Left Rail*.

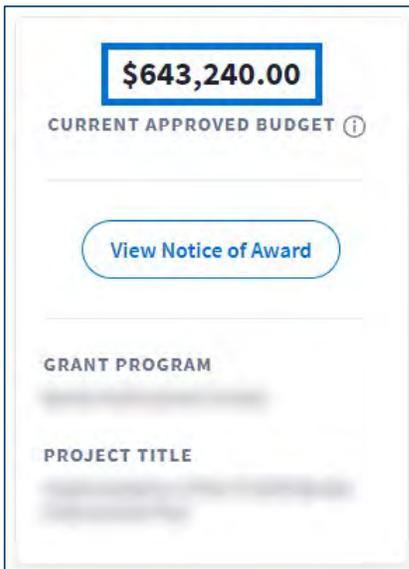


Figure 79: Left Rail with Current Approved Budget

Click the **Information** icon to the right of the *Current Approved Budget* field. A message appears stating the field is defined as “The total federal amount awarded for the current budget period”.

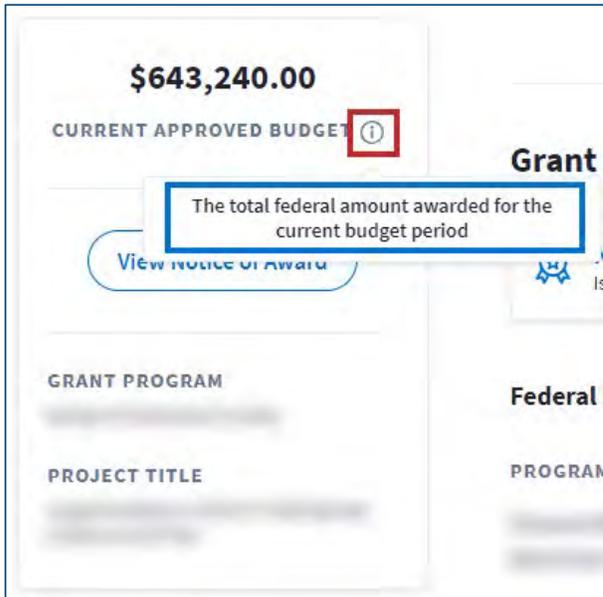


Figure 80: Left Rail with Information icon and message

The *Grant Program* and *Project Title* appear at the bottom of the *Left Rail*.

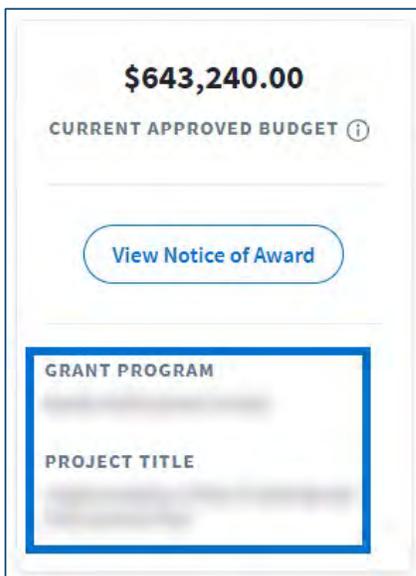


Figure 81: Left Rail with Grant Program and Project Title

Click the **View Notice of Award** button to view the latest Notice of Award issued for the Grant Project.

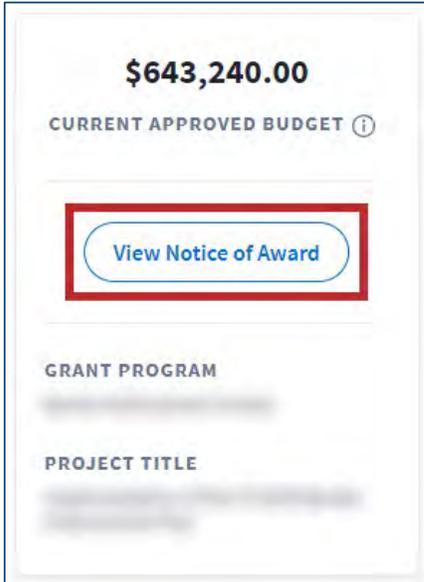


Figure 82: Left Rail with View Notice of Award button

The Notice of Award appears in PDF format.

<b>Grant Agreement</b>				
1. RECIPIENT NAME AND ADDRESS		2. AGREEMENT NUMBER:	3. AMENDMENT NO. 0	
		4. PROJECT PERFORMANCE PERIOD: FROM 10/01/2015 TO 09/30/2017		
		5. FEDERAL FUNDING PERIOD: FROM 10/01/2015 TO 09/30/2017		
1A. IRS/VENDOR NO.	6. ACTION New			
1B. DUNS NO.				
7. CFDA#:				
8. PROJECT TITLE	<b>TITLE</b>	<b>FEDERAL</b>	<b>NON-FEDERAL</b>	<b>TOTAL</b>
	9. PREVIOUS AGREEMENTS	0.00	0.00	0.00
	10. THIS AGREEMENT	643,240.00	0.00	643,240.00
	11. TOTAL AGREEMENT	643,240.00	0.00	643,240.00
12. INCORPORATED ATTACHMENTS THIS AGREEMENT INCLUDES THE FOLLOWING ATTACHMENTS, INCORPORATED HEREIN AND MADE A PART HEREOF:				

Figure 83: Notice of Award PDF

You can find help sheet by clicking on the question mark in the Global Navigation Bar located to the left of the blue user avatar circle. Please remember that these sheets are written for all GrantSolutions users and not ANA specifically. For example the sheet entitled "Report-Tab" does not apply to ANA Grant Recipient Users.



#### Grants Tab

The marker below the **Grants** tab indicates the Grants tab is currently active.



Figure 9: Global Navigation bar with Grants tab and indicator

#### Help Center Icon

Click the **Help Center** icon to the right of the Grants tab to access help and support resources.



Figure 10: Global Navigation bar with Help Center icon

Users are routed to the "Grant Recipient Support and Reference" screen.



Figure 11: Grant Recipient Support and Reference screen

### GRANTSOLUTIONS HELP DESK

If you need additional help, contact GrantSolutions Help Desk at 1.866.577.0771 or email them at [help@grantsolutions.gov](mailto:help@grantsolutions.gov).

## GRANT AMENDMENTS

ANA understands that recipients may need to modify their budget or other aspects of the approved grant in order to successfully complete their project. There are some cases where written prior approval from ACF/ANA is required before the recipient can implement the modification. The instances where prior approval is required are referred to as grant amendments. Grant amendments may include budget modifications, a change in key personnel, a no cost extension, or a carry over budget. The HHS Grants Policy Statement, Exhibit 5 provides a summary of actions that require prior approval from ACF/ANA (ACF/ANA is the OPDIV referred to in the following table). For more information, the HHS Grants Policy Statement (GPS) is available at: <https://www.acf.hhs.gov/grants/forms>.

### SUMMARY OF ACTIONS REQUIRING OPDIV PRIOR APPROVAL

OPDIV PRIOR APPROVAL IS REQUIRED FOR THE FOLLOWING CIRCUMSTANCES:	
<b>Alterations and Renovations (A&amp;R)</b>	<p>Re-budgeting into A&amp;R costs in a single budget period that would exceed the lesser of \$250,000 (or amount specified by the OPDIV in Part IV of the HHS GPS) or 25 percent of the total approved budget (direct and indirect costs) for a budget period (also see "Allowable Costs and Activities"). Any single A&amp;R project exceeding \$250,000 (or amount specified by the OPDIV in Part IV of the HHS GPS).</p> <p>Aggregate costs that would exceed the lesser of \$250,000 (or amount specified by the OPDIV in Part IV of the HHS GPS (or 25 percent of the total costs reasonably expected to be awarded by the awarding office for a project period (or competitive segment under programs that entertain competing continuation applications).</p>
<b>Carryover of unobligated balances</b>	<p>If not provided as an expanded authority. Also see "Carryover of Unobligated Balances" in the HHS GPS for potential OPDIV actions if provided as an expanded authority.</p>

<b>Change of recipient organization</b>	All instances. Recipients must notify the awarding office of other changes in organizational status. See “Change of Recipient Organization” in the HHS GPS.
<b>Change in scope</b>	All instances. See “Change in Scope” in the HHS GPS for a discussion of the post-award changes that may indicate a change in scope: transfer of substantive programmatic work to a third party; significant re-budgeting; incurrence of research patient care costs; purchase of a unit of general- or special-purpose equipment exceeding \$25,000.
<b>Changes in status of PI, PD, or other key personnel named in the NoA</b>	For PIs/PDs, replacement; absence for any continuous period of 3 months or more; reduction of time devoted to project by 25 percent or more from level in approved application. For other key personnel, substitution for named personnel. See “Change in Status, including Absence, of PI/PD and Other Key Personnel” in the HHS GPS.
<b>Construction, land, or building acquisition</b>	All instances when purchase proposed; any proposal to convey, transfer, assign, mortgage, lease, or in any other manner encumber real property acquired with OPDIV grant funds.
<b>Cost principles prior- approval requirements</b>	All instances unless provided as an expanded authority (not available for construction, land, or building acquisition or indemnification of third parties).
<b>Deviation from award terms and conditions</b>	All instances. Includes undertaking any activities disapproved or restricted as a condition of the award.
<b>Foreign component added to a grant to a domestic organization</b>	All instances.
<b>Indemnification of third parties</b>	All instances.
<b>Need for additional OPDIV funding</b>	All instances whether or not additional time is needed, including extension of a final budget period of a project period with additional funds. See “Need for Additional OPDIV Funding” in the HHS GPS.

<b>No-cost extension</b>	All instances unless authority to approve a one-time extension of up to 12 months without a change in scope is provided as an expanded authority. See “Need for Additional Time to Complete Project- or Program-Related Activities (‘No-Cost Extension’)” in the HHS GPS.
<b>Pre-award costs</b>	All instances before the effective date of the initial budget period of a new or competing continuation award unless the authority to approve pre-award costs up to (and including) 90 days before the beginning date is provided as an expanded authority. In either case, the costs are incurred at the applicant’s/recipient’s own risk.
<b>Research patient care costs</b>	For States, local governments, and tribal governments, all instances. For institutions of higher education, non-profit organizations, and commercial organizations, any instance in which such costs were not part of the approved budget shown in the NoA or a recipient wants to re-budget out of the approved research patient care category.
<b>Retention of research grant funds when career award made</b>	All instances.
<b>Transfer of amounts for training allowances (stipends, tuition, and fees) to other budget categories</b>	All instances unless provided as an expanded authority to States, local governments, or tribal governments. (The training allowance does not include trainee travel, which HHS does not consider to be a trainee cost, and other training-related expenses.)
<b>Transfer of funds between construction and non-construction work</b>	All instances.
<b>Transfer of substantive programmatic work</b>	All instances if the recipient is a governmental entity or, for recipients subject to 45 CFR part 74, the grant is a construction grant; otherwise considered an indicator of change in scope. See “Transfer of Substantive Programmatic Work” in the HHS GPS.

Prior to submitting any grant amendment, or for questions on a change in scope or supplement, recipients should speak with their ANA Program Specialist. Guidance on when and how to submit a formal request for budget modifications, carry over budgets and no cost extensions is below.

## ***Non-Competing Continuations***

Approved multi-year recipients must submit a continuation application to ANA for the next year's funding through the GrantSolutions.gov system. Your Program Specialist will notify you when the link is available on GrantSolutions to complete the continuation and they will also provide you with the deadline for submission. The following documents are required for a continuation:

1. Line item budget for Federal and Non-Federal Share (itemized by approved budget category)
2. Budget justification narrative
3. SF424, SF424A (signed by Authorized Official) and SF424B
4. Current Indirect Cost Rate Agreement (this should only be submitted if requesting indirect costs)
5. Project narrative covering project accomplishments to date, including the criteria used to measure and validate accomplishments, and any changes recipient is requesting be made to the continuation period

**NOTE:** Non-Competing Continuation Applications (NCC)

**NCC applications** may contain requests for budget revisions or OWP revisions for the continuation year. Any revisions for continuation periods should be discussed with the Program Specialist prior to submitting the continuation application. Revisions and reasons for revisions should be identified in the program narrative. Supporting documentation for the requested revision should be included in the application.

Revisions to line items are allowed during continuations as long as a budget justification narrative for the new line items is submitted.

## **Budget Modifications**

In general, recipients are allowed a certain degree of latitude to re-budget within and between budget categories (25% of the budget total) to meet unanticipated needs and to make other types of post-award changes. These budget modifications are allowed provided they are for activities detailed in the approved OWP for that budget period and do not meet one or more of the below prior approval requirements.

**NOTE:** Do I Need a Formal Budget Modification?

To avoid disallowed expenditures and/or audit exceptions please email your OGM and ANA specialists to make sure prior approval is not needed for the internal budget revision you want to do. Tell them what funding is being moved, where it is being moved to and why this is necessary.

45 CFR Part 308 states that written approval is required from ACF/ANA prior to recipients implementing a budget modification that does one or more of the following:

- Transfer of funds budgeted for participant support costs. Participant support costs are defined as direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees in connection with conferences, or training projects.
- Transfer or contracting out of any work under the Federal award unless described in the application and funded in the approved Federal award. This does not apply to acquisition of supplies, material, equipment, or general support services.
- Changes in the amount of approved cost-sharing or matching.
- A fixed amount sub-award as described in 75.353.
- The HHS awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities if the amount exceeds \$150,000 or 10% of the total budget amount.

- Changes the scope of the project. For ANA's purposes, a change in scope may result from a significant alteration of the approved project activities, change in the direction of the project, the type of services delivered, the number of beneficiaries to be served, or training provided.
- Adds new line items that fall under the prior approval cost principals according to 45 CFR Part 75.
- Results in a need for additional federal funding.
- Moves funds from direct costs to indirect costs and vice versa. This is typically necessary as a result of a change in the indirect cost rate issued by the cognizant agency.

Please ensure your ANA Program Specialist has a copy of your current working budget. For further guidance and information, please contact your OGM grant specialist and ANA Program Specialist.

For requests requiring written prior approval, recipients must submit their request in GrantSolutions. Refer to the GrantSolutions User Guide for detailed instructions. You will need to submit the following:

1. A letter written on letterhead and signed by the authorizing representative. The letter should request the budget revision and explain the reasons for the change.
2. A revised 424 and 424A with the new budget category amounts.
3. A revised line item budget showing the approved budget, what is requested to be revised, and the new amounts.
4. A new line item budget narrative that inserts the revised amounts and justifications into the approved budget narrative.
5. Any additional information the recipient believes is relevant to the request (e.g., price quotations).
6. Current indirect cost rate agreement if the budget is changed due to an increase or decrease in indirect costs.

Submit your request in GrantSolutions. Refer to the GrantSolutions User Guide for detailed instructions.

**NOTE:** Non-Federal Share (NFS) Modifications:

Modifications to the non-federal share budget should be sent to OGM and the ANA Program Specialist and requires a new line item budget and budget narrative for non-federal share only. Revisions to the non-federal share do not require prior approval provided the revisions abide by the OMB cost principles.

***Carry Over Budget (COB)***

Recipients with multi-year grants may request a carry over budget (COB) from one year to the next if the funds are for project activities that were not accomplished during the previous budget period. Prior to submitting a request, the recipient must ensure that the amount requested for the COB is still in their payment management account and that they are current in their financial and programmatic reporting. If unsure, they should contact their OGM Grants Management Specialist.

**NOTE:** Requirement to Request a Carry Over Balance

Unobligated balances of funds cannot be carried forward into the next budget period to perform new objectives or activities.

To submit a carry over budget, recipients should provide the following to their ANA Program Specialist and OGM Grants Management Specialist through GrantSolutions:

1. A letter signed by the authorizing official requesting the COB. Ensure the amount of the request is clearly identified in the official request letter and that it includes the following:
  - a. A detailed description of approved grant activities from the prior budget period that were not completed.

- b. An explanation of why established activities were not completed.
  - c. A plan for completing these activities in the current budget period including a timeline for their completion.
2. A detailed line-item budget that clearly shows how the funds are being carried over to the current budget period.

**NOTE:** NFS in the Carry Over Budget (COB) Request

If the NFS was met during the previous budget period, the budget narrative should state that the NFS was met in the previous budget period with reference to the SF-425. This statement can also be included in the request letter. Upon receiving the NGA, the recipient should ensure that the NGA also includes a statement that the NFS has been met.

3. A budget narrative that explains how the recipient proposes to use these funds in the current budget period.
4. SF-424 stating only the COB request amount and proportionate 20% applicant match (non-federal share). The 20% NFS should be included on the SF-424 even if it was met in the previous budget period.
5. SF-424A which breaks down the COB. The SF-424A should include the actual amount of any NFS dollars that are being carried over.
6. An updated SF-425 long form that shows the unobligated balance is equal to or greater than the amount that is being requested. Example: submit the last quarter SF-425 (4th quarter).
7. A revised OWP that includes incomplete activities from the previous budget period with new timeframes for completion of those activities and benchmarks.

Submit your request in GrantSolutions. Refer to the GrantSolutions User Guide for detailed instructions.

**NOTE:** COB Approval Requirement

The COB will not be processed if the SF-425 amounts do not align with the reports from PMS.

***No Cost Extension (NCE)***

While the carry over budget is submitted from one budget year to another, a no-cost extension can be requested near the close of a project in order to extend the grant period by up to 12 months to complete project activities. ANA awards funding to a recipient with the intention that all objectives will be completed within the approved time frame; therefore, requests for a no cost extension (NCE) must be strongly justified by the recipient in order to be approved. If recipients are behind on project activities and spending, ANA can provide technical assistance during the project period that can help recipients overcome project challenges that are causing the delays. In exceptional cases, ANA can approve a NCE to allow recipients extra time to successfully complete the project objectives.

Prior to submitting a request for a NCE, recipients must speak with their ANA Program Specialist. A NCE request based solely on there being unobligated balances remaining at the end of the project period will not be approved. If the NCE is justified and allowable, the recipient should submit the request 45 days in advance of the project's end date.

The recipient should provide the following:

1. SF-424
2. SF-424A if you are requesting a change in your budget
3. A letter signed by the authorizing official requesting the NCE at no cost to ANA and identifying the length of the NCE and the new project period end date. The request letter should address the following questions:
  - a. Why is the extension needed?
  - b. What objectives and activities were not completed?
  - c. How do they plan to complete the incomplete activities?



# Grant Amendments Table of Required Documents

## Grant Actions Table of Required Documents

11/18/2020

Amendment	When Needed	SF-424	SF-424a	SF-425	Cover Letter	Project Narrative	Line Item Budget	Budget Narrative (Justification)	Objective Work Plan	Miscellaneous Attachments	Requirements	Notes	Due Dates
	When one or more of the following will occur in the budget: # Changes the scope of the project. # Exceeds the threshold for significant re-budgeting. # Changes the salary in an amount greater than or equal to 25% or equivalent to a three month absence for the any key personnel position. # The sub-award, transfer or contracting of any work under an award that has not been previously approved in the application. # Results in a need for additional federal funding. # Moves funds from direct costs to indirect costs, and vice versa. # Involves the transfer of funds allotted for training allowances (this is a direct payment to trainees) to other budget categories.	✓	✓	✓	✓	✓	✓	✓		# Current indirect cost rate agreement if the budget is changed due to an increase or decrease in indirect costs. # Purchase quotes and other information may be requested.	All programmatic and financial reports must be up-to-date in Grant Solutions for this requested amendment to be processed and awarded.	# Use Budget Revision template for line item budget and budget narrative. # Please ensure your ANA program specialist has a copy of your current working budget.	Requests should be submitted as soon as a need has been identified.
<b>Carryover Request (CO)</b>	You must have unfinished activities in previous year(s) to request fund carry forward.	✓	✓	✓	✓	✓	✓	✓	✓	# Must submit the Annual SF-425 from the previous year(s). # Only activities being carried forward should be listed in OWP. # Add amounts being carried forward into current year budget.	All programmatic and financial reports must be submitted for the amendment to be awarded.	Use carry forward budget template & OWP template	A COB request should be submitted as early as possible in the subsequent budget period once the incomplete activities and the unobligated balance have been identified.
<b>Change in Address</b>	Grantees Main Offices move.				✓						Online form must be filled out.		

Grant Actions  
Table of Required Documents

Amendment	When Needed	SF-424	SF-424a	SF-425	Cover Letter	Project Narrative	Line Item Budget	Budget Narrative (Justification)	Objective Work Plan	Miscellaneous Attachments	Requirements	Notes	Due Dates
<b>Change in Authorizing Official Representative (AOR)</b>	If the person authorized to sign official documents on behalf of the governing body has changed.	✓			✓					Must submit a GrantSolutions User Account Request form.	Online form must be filled out.	Official documentation of change in AOR (resolution from governing board or other official document) may be asked for.	
<b>Change in Indirect Cost Rate (IDC)</b>	To submit a current agreement to get IDC funds unrestricted or if IDC rate agreement is expired and/or IDC rate has changed.	✓			✓		!			# If the IDC rate has changed a revised budget must be submitted as well. # Must submit a copy of the current IDC agreement	All programmatic and financial reports must be up-to-date in GrantSolutions for this requested amendment to be processed and awarded.		
<b>Change in Name</b>	If the grantee officially changes their name of their organization.	✓			✓						All programmatic and financial reports must be up-to-date in GrantSolutions for this requested amendment to be processed and awarded.	Official documentation of change in organization name (resolution from governing board or other official document) may be asked for.	
<b>Change in Principal Investigator/Project Director (PI/PD)</b>	PI/PD absent for 3 months or more or PI/PD is replaced	✓			✓					# Must submit the resume of new PI/PD. # Must submit a completed Grant Solutions User Account Request form for the new PI/PD.	Online form must be filled out.		
<b>Change in OWP</b>	When any changes are made to the OWP.	✓			✓				✓		All programmatic and financial reports must be up-to-date in GrantSolutions for this requested amendment to be processed and awarded.		

Grant Actions  
Table of Required Documents

Amendment	When Needed	SF-424	SF-424a	SF-425	Cover Letter	Project Narrative	Line Item Budget	Budget Narrative (Justification)	Objective Work Plan	Miscellaneous Attachments	Requirements	Notes	Due Dates
<b>Change in Scope</b>	For ANA's purposes, a change in scope may result from: # a significant alteration of the approved project activities, # change in the direction of the project, # the type of services delivered, # the number of beneficiaries to be served, or # training provided.	✓	✓	✓	⚠	✓		✓		⚠ # A cover letter may be required check with your program specialist.	All programmatic and financial reports must be up-to-date in GrantSolutions for this requested amendment to be processed and awarded.		
<b>No Cost Extension (NCE)</b>	When activities have not been completed by the end of the final year of the project	✓	⚠	✓	✓				✓	⚠ # SF-424 should reflect entire year funding. # Must submit most recent SF-425 report. # OWP should only contain incomplete activities with request NCE timelines. # A SF-424a may be required check with your program specialist.	All programmatic and financial reports must be up-to-date in GrantSolutions for this requested amendment to be processed and awarded.		6 months prior to the project end date and no later than 45 days prior to the project end date.
<b>Non-Competing Continuation Application (NCC)</b>	Process for obtaining the 2nd, 3rd, 4th or 5th year of funds for the grant.	✓	✓		✓	✓	✓	✓	⚠	⚠ # OWP is only needed if there are changes from the originally approved version.	All programmatic and financial reports must be up-to-date in GrantSolutions for this requested amendment to be processed and awarded.		Due date is usually in the Spring and sent to you by your Program Specialist in January or February when the online application is activated.

## Entering Grant Amendments into GrantSolutions.

The user avatar drop-down is important to managing ANA grants in GrantSolutions. You need to use it to access the classic view for GrantSolutions to get to the Grant Amendment function that works with ANA Grants. The following illustrates how to switch to the classic view..



Recipient View: Grants List & Details  
Switch Between Classic and New Experience

### Switch Back to Classic

In the New Experience, users can switch back to the Classic Experience of the “My Grants List” screen by clicking the **Switch Back to Classic** button.

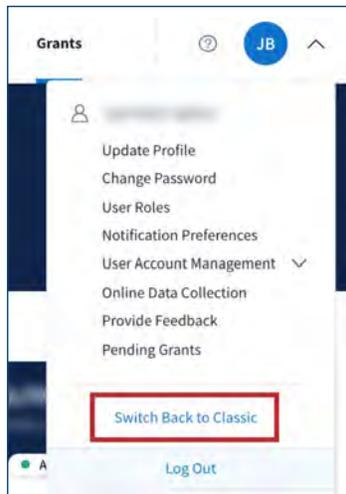


Figure 1: User Avatar drop-down with Switch Back to Classic button

#### START SURVEY

1. A window appears with the message, “Before reverting back to Classic, we’d like to hear from you.” Click the **Start Survey** button to begin the Feedback Survey for the New Experience.

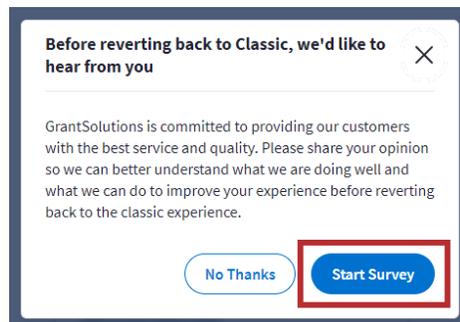


Figure 2: Switch Back to Classic message with Start Survey button

Skip this step by selecting **No Thanks**. It isn't required.

## Manage Amendments - Classic Experience

An amendment is a post-award change to a grant. Recipients may initiate certain types of amendments in the GrantSolutions GMM from the “My Grants List” screen. Amendment types may include, but are not limited to supplements, change in staff, budget revisions, carryover requests, change in Recipient address, and more.

*Note: Contact the awarding agency for the types of amendments that can be created by a grant recipient.*

To view amendments in progress or to initiate a new amendment, follow the below steps:

1. From the “My Grants List” screen, click the link **Manage Amendments**.

### My Grants List

**The CoE Training Center**

[Show Expired Grants](#)

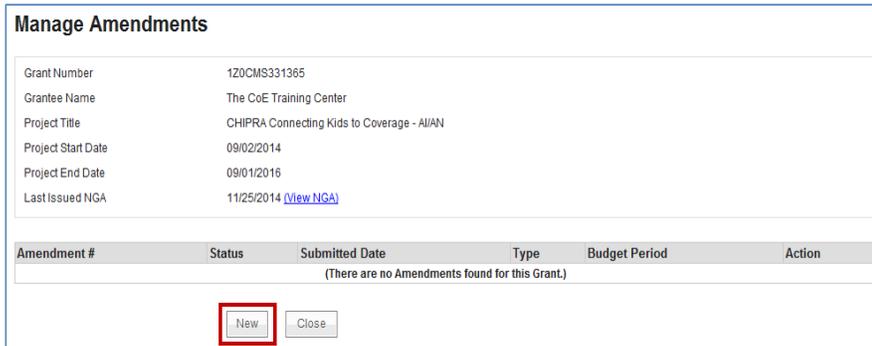
Grant Number:	1Z0CMS331365-01-00	<a href="#">View NGA</a>
Grant Program:	Childrens Health Insurance Program Reauthorization Act (CHIPRA)	<a href="#">Grant Notes</a>
Program Office:	Centers For Medicare and Medicaid Services	<a href="#">Send Message</a>
Project Title:	CHIPRA Connecting Kids to Coverage - AI/AN	<a href="#">History</a>
Award Issue Date: <span style="font-size: small;">?</span>	11/25/2014	<div style="border: 2px solid red; padding: 2px; display: inline-block;"><a href="#">Manage Amendments</a></div>
Project Period:	09/02/2014 to 09/01/2016	

Figure 53: Manage Amendments link

*Note: If more than one grant is available from the My Grants List screen, scroll through the page until the desired grant is located.*



- The “Manage Amendments” screen appears. All amendments are initiated and tracked from this screen. To begin a new amendment action, click the **New** button.



**Manage Amendments**

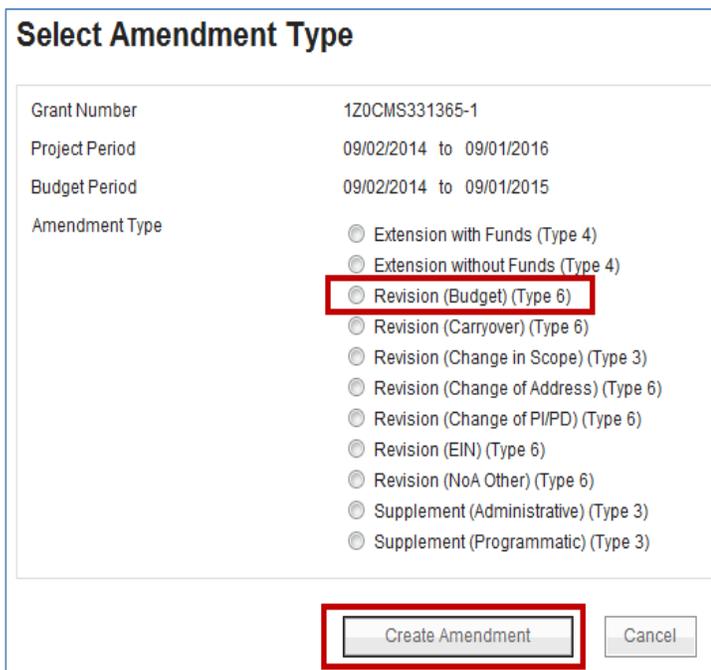
Grant Number: 120CMS331365  
 Grantee Name: The CoE Training Center  
 Project Title: CHIPRA Connecting Kids to Coverage - AI/AN  
 Project Start Date: 09/02/2014  
 Project End Date: 09/01/2016  
 Last Issued NGA: 11/25/2014 [View NGA](#)

Amendment #	Status	Submitted Date	Type	Budget Period	Action
(There are no Amendments found for this Grant.)					

Figure 54: Manage Amendments screen - New button

- The “Select Amendment Type” screen appears. Click the radio button to the left of the desired amendment type, and then click the **Create Amendment** button.

**Important!** The amendment types available to Grantees vary by the awarding agency. As a result, the amendment types on your screen may not match the image below.



**Select Amendment Type**

Grant Number: 120CMS331365-1  
 Project Period: 09/02/2014 to 09/01/2016  
 Budget Period: 09/02/2014 to 09/01/2015

Amendment Type

- Extension with Funds (Type 4)
- Extension without Funds (Type 4)
- Revision (Budget) (Type 6)
- Revision (Carryover) (Type 6)
- Revision (Change in Scope) (Type 3)
- Revision (Change of Address) (Type 6)
- Revision (Change of PI/PO) (Type 6)
- Revision (EIN) (Type 6)
- Revision (NoA Other) (Type 6)
- Supplement (Administrative) (Type 3)
- Supplement (Programmatic) (Type 3)

Figure 55: Select Amendment Type screen

4. The “GrantSolutions Amendment Application Control Checklist” screen appears. The checklist screen contains the following information:
  - **Amendment Type:** The type selected from the “Select Amendment Type” screen
  - **Status:** The stage of the Amendment application. Statuses include Work in Progress and Submitted
  - **Print Application - Original Submission:** Click the *Original Submission* link to view, print, or save a PDF of the entire application package (completed forms, attachments, etc.)
  - **Applicant, grant, and project information:** Read-only information about the award
  - **Application Kit:** The application package that includes online forms, enclosures, attachments, and form status
  - **Verify Submission:** Submit application
  - **Close:** Return to the Mange Amendment screen

### GrantSolutions Amendment Application Control Checklist

**Post Award Action: Revision (Budget)**

**Work In Progress (Post Award)**

This is your GrantSolutions Application Control Checklist (EACC). You will use the EACC to track the status of your application.

To complete your application electronically, enter information by using the online forms and/or adding attachments (upload/mail-in). Required items are noted by the exclamation point image. If an enclosure has not been verified, a red 'X' image is displayed.

**Print Application:**

[Original Submission](#)

Applicant	The CoE Training Center
Grant Number	1ZOCMS331385
Application Number	(To be assigned)
Action	Revision (Budget)
Project Title	CHIPRA Connecting Kids to Coverage - A/IAN

Online Forms	Enclosure(s)	Attachment(s)	Status
SF-424 Application for Federal Assistance Version 2	<a href="#">Enter Online</a> <a href="#">Enter Comments</a>	N/A	┌
SF-424A Budget Information - Non-Construction	<a href="#">Enter Online</a> <a href="#">Enter Comments</a>	N/A	⚠
Information for the Applicant	Enclosure(s)	Attachment(s)	Status
CMS Amendment Types & Guidance for Submission	<a href="#">View PDF</a> <a href="#">View Original Version</a>	N/A	┌
Program Narrative	Enclosure(s)	Attachment(s)	Status
Budget Narrative		0 <a href="#">Uploaded Files</a> 0 <a href="#">Mail-in Items</a>	⚠
Additional Information to be Submitted	Enclosure(s)	Attachment(s)	Status
Cover Letter		0 <a href="#">Uploaded Files</a> 0 <a href="#">Mail-in Items</a>	┌

**Amendment Package Status:** Work In Progress (Post Award)

Figure 56: GrantSolutions Application Control Checklist screen

- Once an amendment is created, the status is *Work in Progress*. If an amendment type is selected in error, click the **Close** button from the bottom of the screen to return to the “Manage Amendments” screen.

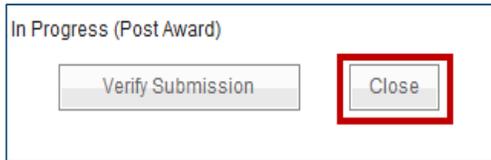


Figure 57: Close button

Optional: The “Manage Amendment” screen appears. Click the Delete Amendment link from the Action column to remove the amendment action.

*Note: The Delete Amendment link is only active when the status is Work in Progress.*

- From the “Manage Amendments” screen, click the **Edit Amendment** link to continue working on the amendment action.

Manage Amendments					
Grant Number	120CMS331365				
Grantee Name	The CoE Training Center				
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN				
Project Start Date	09/02/2014				
Project End Date	09/01/2016				
Last Issued NGA	11/25/2014 ( <a href="#">View NGA</a> )				
Amendment #	Status	Submitted Date	Type	Budget Period	Action
(To be assigned)	Work In Progress (Post Award)		Revision (Budget)	1 09/02/2014 - 09/01/2015	<a href="#">Edit Amendment</a> <a href="#">Delete Amendment</a> <a href="#">Grant Notice</a> <a href="#">History</a> <a href="#">Send Message</a> <a href="#">Set Budget Period</a>

Figure 58: Manage Amendments screen - Edit Amendment and Delete Amendments links

- The “GrantSolutions Amendment Application Control Checklist” screen appears. Scroll to the application kit (application package) section and enter the online forms. The forms in the kit vary depending on the Amendment type.

- To electronically complete a form in the GrantSolutions GMM, click the **Enter Online** link for the desired form (i.e. SF-424A).

Online Forms	Enclosure(s)	Attachment(s)	Status
SF-424 Application for Federal Assistance Version 2	<a href="#">Enter Online</a> <a href="#">Enter Comments</a>	N/A	✓
SF-424A Budget Information - Non-Construction	<a href="#">Enter Online</a> <a href="#">Enter Comments</a>	N/A	⚠
Information for the Applicant	Enclosure(s)	Attachment(s)	Status
CMS Amendment Types & Guidance for Submission	<a href="#">View PDF</a> <a href="#">View Original Version</a>	N/A	✓
Program Narrative	Enclosure(s)	Attachment(s)	Status
Budget Narrative		0 <a href="#">Uploaded Files</a> 0 <a href="#">Mail-in Items</a>	⚠
Additional Information to be Submitted	Enclosure(s)	Attachment(s)	Status
Cover Letter		0 <a href="#">Uploaded Files</a> 0 <a href="#">Mail-in Items</a>	✓

Figure 59: Application Control Checklist - Application Kit (Package) section

*Note: Forms vary depending on the Amendment type.*

- The online form opens. Enter all data. When entering dollar amounts, do not use the dollar sign (\$) or commas.

OMB Number 4040-0006  
 Expiration Date 05/30/2014

### SF-424A

BUDGET INFORMATION - NON CONSTRUCTION PROGRAMS

★ indicates a required field.

Organization Name The CoE Training Center	Project Title CHIPRA Connecting Kids to Coverage - A/M/N	Budget Period Start Date ★ 09/02/2014 End Date ★ 09/01/2015
Application Number (To be assigned)	Project Period 09/02/2014 to 09/01/2016	

[424A Instructions](#)

Section A Budget Summary	Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
			Federal (c)	Non Federal (d)	Federal (e)	Non Federal (f)	
1.	Children's Health Insurance Program	93.767 - Children's Health In	\$ 0.00	\$ 0.00	\$ 100000.00	\$ 0.00	\$100,000.00
2.	Children's Health Insurance	Please select a CFDA	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$0.00

Figure 60: SF-424A Online Form

10. When done, scroll to the bottom of the screen and click the **Save** button.

The screenshot shows a form with three input fields: "21. Direct Charges", "22. Indirect Charges", and "23. Remarks". Each field has a small arrow icon on the right side. At the bottom right of the form, there are two buttons: "Save" and "Close". The "Save" button is highlighted with a red rectangular box.

Figure 61: SF-424A - Save button

11. (SF-424A only) – The “Would you like to transfer your budget totals information to the SF-424 form” message appears. Click **Yes**.

The screenshot shows a "Confirmation" dialog box with the text "Would you like to transfer your budget totals information to the SF-424 form?". Below the text are two buttons: "Yes" and "No". The "Yes" button is highlighted with a red rectangular box.

Figure 62: Would you like to transfer your budget totals information to the SF-424 form message

12. If there are no errors, the *Save Successful* message appears at the bottom of the screen.

*Note: If there are problems, an error icon (red circle with white exclamation point)  appears next to the cells that need corrections. To view the error text, point to the error icon with the mouse. Make change and then click the Save button again.*

13. Click the **Close** button.

The screenshot shows a green message bar at the bottom of the screen with a checkmark icon and the text "Save Successful". Above the message bar, there are two buttons: "Save" and "Close". The "Close" button is highlighted with a red rectangular box.

Figure 63: Close button

14. The “GrantSolutions Amendment Application Control Checklist” screen opens. A *Print Completed* link appears below the *Enter Online* link for the form that was just saved. The *Print Completed* link allows the user to open or save that form as a PDF. Additionally, the status column contains a green checkmark, indicating the form was successfully saved.

Online Forms	Enclosure(s)	Attachment(s)	Status
SF-424 Application for Federal Assistance Version 2	<a href="#">Enter Online</a> <a href="#">Enter Comments</a>	N/A	⏸
SF-424A Budget Information - Non-Construction	<a href="#">Enter Online</a> <a href="#">Print Completed</a> <a href="#">Enter Comments</a>	N/A	✓
Information for the Applicant	Enclosure(s)	Attachment(s)	Status
CMS Amendment Types & Guidance for Submission	<a href="#">View PDF</a> <a href="#">View Original Version</a>	N/A	⏸
Program Narrative	Enclosure(s)	Attachment(s)	Status
Budget Narrative		<a href="#">0 Uploaded Files</a>	⚠

Figure 64: Application Kit

### Status Icons

✓	In progress or completed. Unless otherwise directed, each item in the kit should have a green check mark before submitting the Amendment. Please note that a green check mark does not mean the information is correct, just that data is entered or attached.
⚠	It is recommended that you complete this item.
⏸	Not started (optional).
✗	The enclosure is not validated (Incomplete).

15. Complete additional forms and attach any necessary files. To attach a file, locate the desired row and click the **Uploaded Files** link from the *Attachments* column.

Online Forms	Enclosure(s)	Attachment(s)	Status
SF-424 Application for Federal Assistance Version 2	<a href="#">Enter Online</a> <a href="#">Enter Comments</a>	N/A	⏸
SF-424A Budget Information - Non-Construction	<a href="#">Enter Online</a> <a href="#">Print Completed</a> <a href="#">Enter Comments</a>	N/A	✓
Information for the Applicant	Enclosure(s)	Attachment(s)	Status
CMS Amendment Types & Guidance for Submission	<a href="#">View PDF</a> <a href="#">View Original Version</a>	N/A	⏸
Program Narrative	Enclosure(s)	Attachment(s)	Status
Budget Narrative		<a href="#">Uploaded Files</a> <a href="#">View Attachments</a>	⚠

Figure 65: Attachments column - Uploaded Files link

16. The “Attachments” screen appears. Click the **Upload Attachment** button.

**Attachments**

You may upload file attachments or specify mail-in items for the enclosure below:

Organization Name: The CoE Training Center  
 Application Number: (To be assigned)  
 Project Title: CHIPRA Connecting Kids to Coverage - AI/AN  
 Project Period: 09/02/2014 to 09/01/2016

Enclosure: Budget Narrative  
 Number of Attachments: 0

Item Description	Type	Review	Action
(Empty)			

Figure 66: Attachments screen

17. The “Attachment – Upload” screen appears in a new window. Enter a file description in the **Description** field, **choose a file** to attach, and click the **Attach** button.

**Attachment - Upload**

Organization Name: The CoE Training Center  
 Application Number: (To be assigned)  
 Project Title: CHIPRA Connecting Kids to Coverage - AI/AN  
 Project Period: 09/02/2014 to 09/01/2016

\*Description:

Select a file

\*Step 1:  No file chosen

Step 2: Press the attach button to have GrantSolutions upload the file. Please allow sufficient time for the file upload to complete. This will vary based upon your connection speed and the size of your file. If the file is successfully uploaded, you will be returned to the attachment list.

Figure 67: Attachment - Upload window

18. The “Attachments” screen appears, and the attachment is visible. Click the **Close** button.

**Attachments**

You may upload file attachments or specify mail-in items for the enclosure below:

Organization Name: The CoE Training Center  
 Application Number: (To be assigned)  
 Project Title: CHIPRA Connecting Kids to Coverage - AI/AN  
 Project Period: 09/02/2014 to 09/01/2016

Enclosure: Budget Narrative  
 Number of Attachments: 1

Item Description	Type	Review	Action
Budget Narrative	Upload	Pending	<a href="#">Remove</a>

Figure 68: Attachments screen

19. The “GrantSolutions Amendment Application Control Checklist” screen appears. Once all necessary forms are completed, attachments are uploaded, and there are one or more check marks in the *Status* column, click the **Verify Submission** button.

SF-424A Budget Information - Non-Construction	<a href="#">Enter Online</a> <a href="#">Print Completed</a> <a href="#">Enter Comments</a>	N/A	✓
<b>Information for the Applicant</b>		<b>Enclosure(s)</b>	<b>Attachment(s)</b>
CMS Amendment Types & Guidance for Submission	<a href="#">View PDF</a> <a href="#">View Original Version</a>	N/A	⌵
<b>Program Narrative</b>		<b>Enclosure(s)</b>	<b>Attachment(s)</b>
Budget Narrative		1 <a href="#">Uploaded Files</a> 0 <a href="#">Mail-in Items</a>	✓
<b>Additional Information to be Submitted</b>		<b>Enclosure(s)</b>	<b>Attachment(s)</b>
Cover Letter		0 <a href="#">Uploaded Files</a> 0 <a href="#">Mail-in Items</a>	⌵
Amendment Package Status: Work In Progress (Post Award)			
<input type="button" value="Verify Submission"/> <input type="button" value="Close"/>			

Figure 69: Verify Submission button

20. The “GrantSolutions Amendment Submission Verification” screen appears. Review the page to ensure all online forms are listed. Click **Final Submission**.

### GrantSolutions Amendment Submission Verification

You are about to submit the following application:

Applicant	The CoE Training Center
Grant Number	1Z0CMS331365
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN
Action	Revision (Budget)

<b>Online Forms</b>
SF-424A Budget Information - Non-Construction
<b>Program Narrative</b>
Budget Narrative
----- (Upload) Budget Narrative

Figure 70: GrantSolutions Amendment Submission Verification screen

21. The “Are you sure you want to submit this application? You may not alter any information once it is submitted” message displays. Click Cancel to return to the previous screen or click **OK** to continue.

The page at <https://demo.grantsolutions.gov> says: ✕

Are you sure you want to submit this application? You may not alter any information once it is submitted.

Figure 71: Warning Message

22. The “Amendment Status Confirmation” screen appears, and the Grantor receives email notification that the amendment application is submitted. Click the **Application Control Checklist** button to return to the now submitted application kit.

**Amendment Status Confirmation**

Grants has marked the following application as submitted:

\* Please submit signed copies of forms if you have been instructed by your program or grant office.

Office of Acquisitions and Grants Management  
7500 Security Boulevard  
Baltimore, MD 21244

Applicant	The CoE Training Center
Grant Number	12OCMS331365
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN
Action	Revision (Budget)
Submitted Date	12/01/2014 09:49 AM Eastern Time

**Application Details**

Items	Item Attachments		
	Type	Date Expected	Date Received
SF-424A Budget Information - Non-Construction			
Budget Narrative			
Budget Narrative	Upload	N/A	12/01/2014

[Application Control Checklist](#)

Figure 72: Amendment Status Confirmation screen

23. The “GrantSolutions Amendment Application Control Checklist” screen appears. Confirm that the status is *Submitted (Post Award)*. Click the **Close** button at the bottom of the screen to return to the Manage Amendments page.

**Amendment Package Status:** Submitted (Post Award)

**Mail-In Package Information:** Office of Acquisitions and Grants Management is

[Close](#)

Figure 73: Checklist screen Close button

24. The “Manage Amendments” screen appears. At this point, the Grantee may view the amendment application but cannot perform any actions. As the amendment progresses through the review and approval process, the status updates.

Manage Amendments					
Grant Number	120CMS331365				
Grantee Name	The CoE Training Center				
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN				
Project Start Date	09/02/2014				
Project End Date	09/01/2016				
Last Issued NGA	11/25/2014 <a href="#">View NGA</a>				
Amendment #	Status	Submitted Date	Type	Budget Period	Action
1202015001434 <a href="#">CS</a>	Submitted (Post Award)	12/01/2014 09:49:08 AM	Revision (Budget)	1 09/02/2014 - 09/01/2015	<a href="#">View Amendment</a> <a href="#">Grant Notes</a> <a href="#">History</a> <a href="#">Send Message</a>

Figure 74: Manage Amendments screen

25. If the Grantor needs the Grantee to make changes to the application, the Grantor can *Return* the amendment for edits.

Assigned users with the roles Grantee Authorizing Official (ADO) and Principle Investigator/Program Director (PI/PD) for the latest issued Notice of Award and for the active budget period receive email notification when an application is returned.

The application status changes to *Work in Progress* and the **Edit Amendment** link is available.

Amendment #	Status	Submitted Date	Type	Budget Period	Action
1202015001434 <a href="#">CS</a>	Work In Progress (Post Award)		Revision (Budget)	1 09/02/2014 - 09/01/2015	<a href="#">Edit Amendment</a> <a href="#">Delete Amendment</a> <a href="#">Grant Notes</a> <a href="#">History</a> <a href="#">Send Message</a> <a href="#">Set Budget Period</a>

Figure 75: Manage Amendments screen

26. Make any changes and re-submit the amendment application.

# The Ongoing Progress Report (OPR)

## ACCESSING THE OLDLC PORTAL



Recipient View: Grants List & Details  
User Avatar Drop-down

### User Avatar Drop-down

#### USER INITIALS

View the user initials in the *User Avatar* to the right of the Help Center icon.

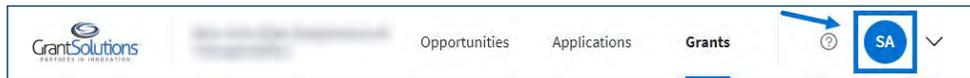


Figure 1: Global Navigation bar with user initials in the User Avatar

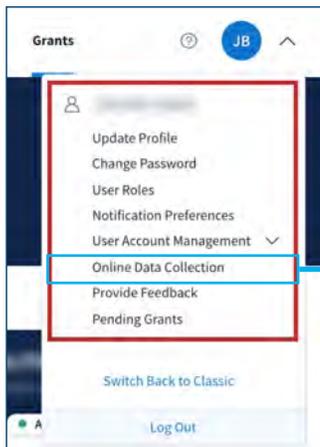
#### USER FUNCTIONS

To access additional user functions and personal customization options, click the **User Avatar** drop-down to the right of the user initials.



Figure 2: Global Navigation bar with User Avatar drop-down

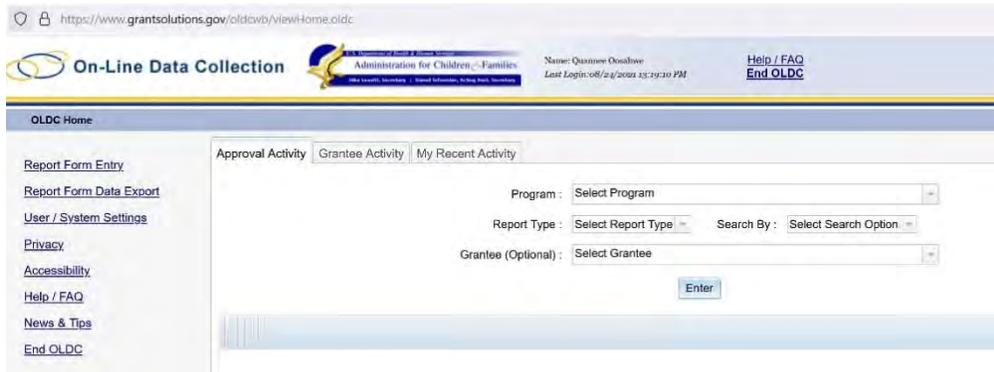
The user's first and last name appear at the top of the drop-down, and additional functions appear in a list below.



Click on the Online Data Collection to enter the reporting system where you enter the OPR.

Figure 3: User Avatar drop-down with name and additional functions

- Once you Click on the OLDC button, the screen below will appear:
- Click on “Report Form Entry” red arrow below.

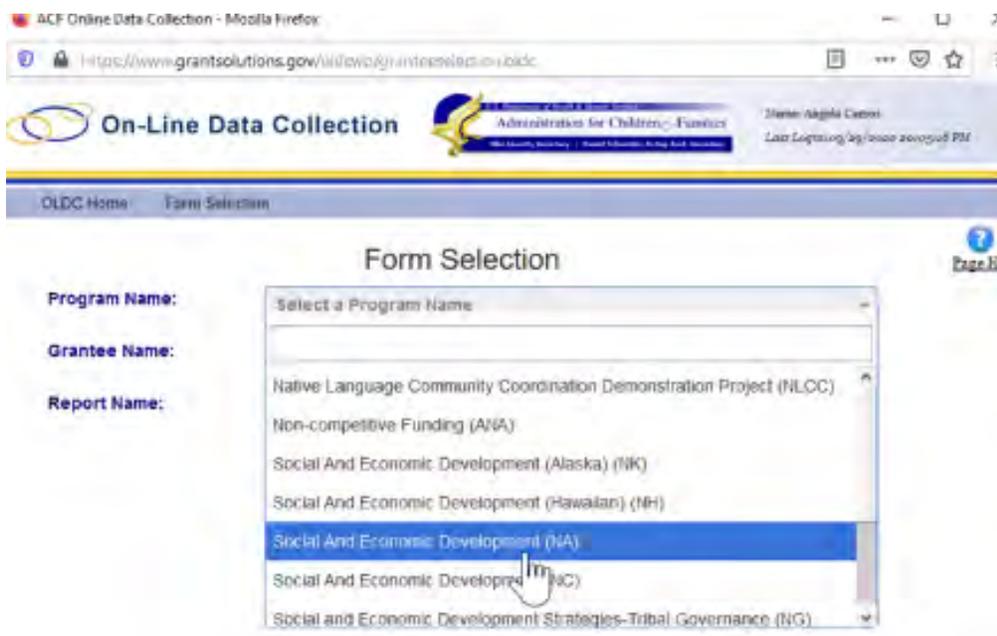


## FORM SELECTION

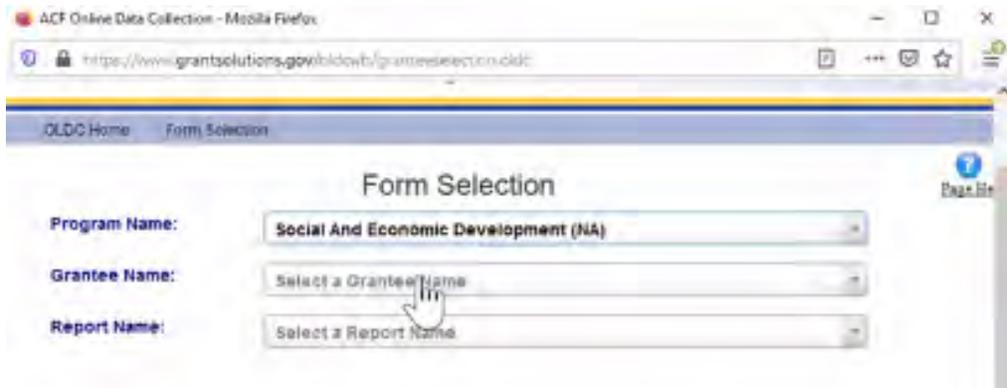
- The “Form Selection” page will appear



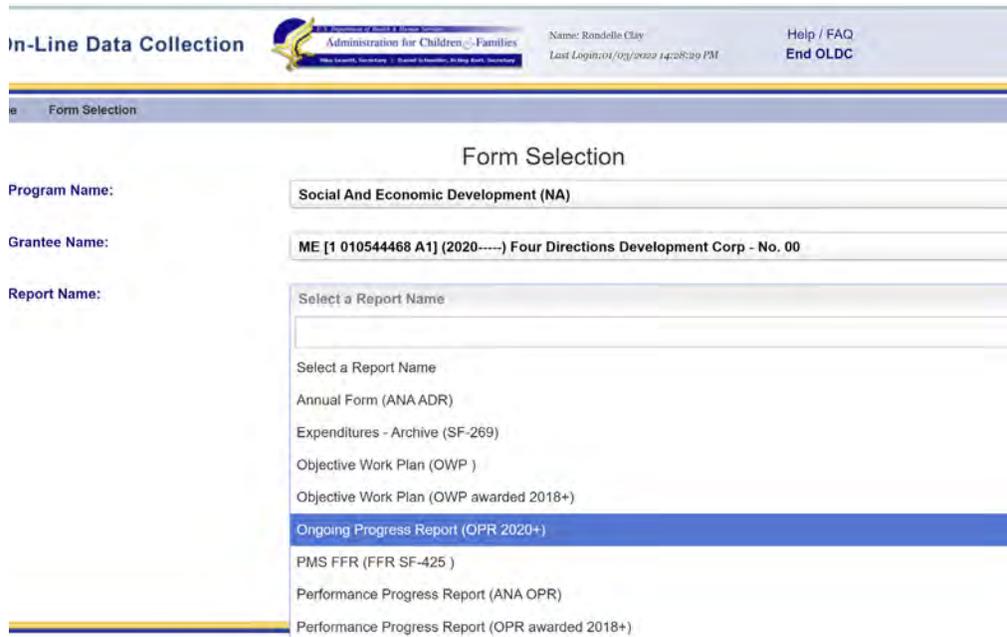
- Under “Program Name” click on the pull down list and choose the Program Name (example: Social Economic Development Strategies (NA))



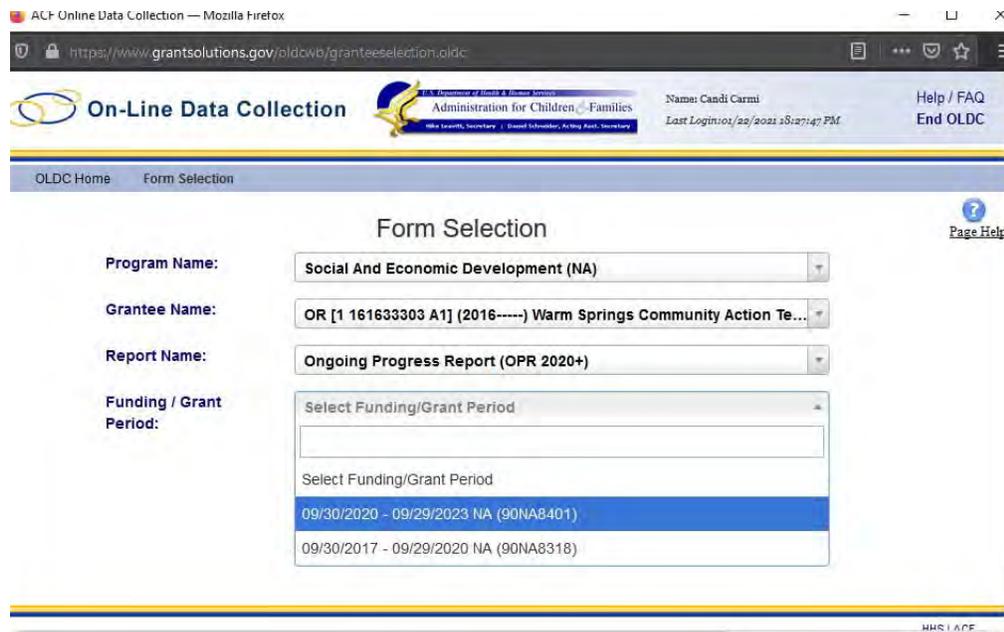
Next Under “Grantee Name” click on the pull down list and find your Grantee name and the project number you want to report on.



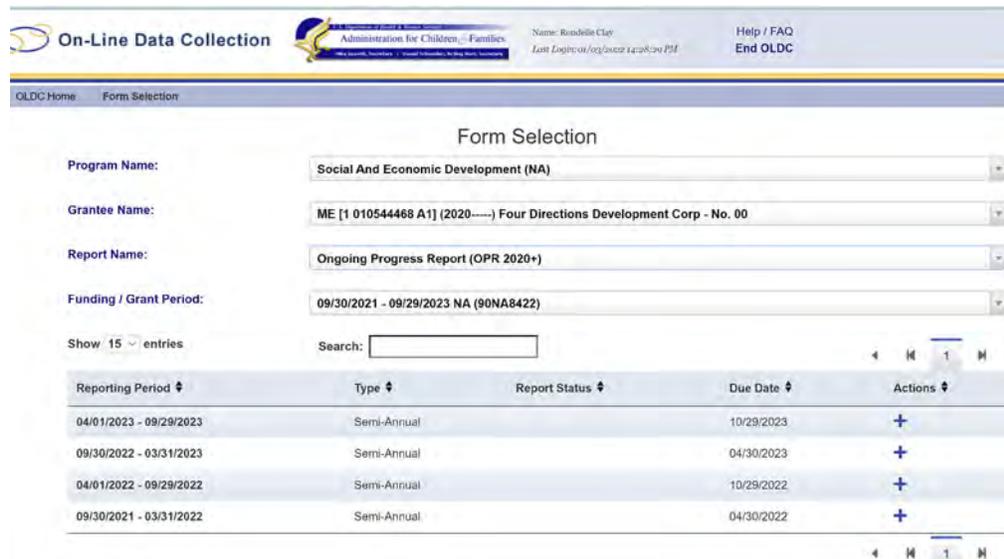
Next Under “Report Name” click on the pull down list and choose “Performance Progress Report (OPR Awarded 2020 +)”



A Box for “Funding/Grant Period” will pop up. Click on the drop-down list and Under “Funding/Grant Period” and select the funding period.



Note: First year recipients may not have to select the Funding/Grant Period. The current grant period may automatically be selected. The screen below shows what a new recipient may see.



## SELECTION OF THE SPECIFIC REPORT

The following listing will appear.

- Click the + (plus sign) as seen circled in red below, next to the report that you want to start working on.

On-Line Data Collection Administration for Children & Families  
Name: Candi Carmi  
Last Login: 01/22/2023 2:27:14 PM  
Help / FAQ  
End OLDC

OLDC Home Form Selection

### Form Selection

Program Name: Social And Economic Development (NA)

Grantee Name: VA [1 825155816 A1] (2019-----) Chickahominy Indian Tribe - No. 00

Report Name: Ongoing Progress Report (OPR 2020+)

Funding / Grant Period: 09/30/2020 - 09/29/2023 NA (90NA8402)

Show 15 entries

Reporting Period	Type	Report Status	Due Date	Actions
04/01/2023 - 09/29/2023	Semi-Annual		10/29/2023	+
09/30/2022 - 03/31/2023	Semi-Annual		04/30/2023	+
04/01/2022 - 09/29/2022	Semi-Annual		10/29/2022	+

## FORM SECTIONS NAVIGATION

- After clicking on the + (plus sign), this page will pop up.
- Locate the section row you wish to work on.
- Move to the middle column of the row.
- Click on the down arrow next to "Select Action".

This table displays the sections of the report form and the status of each. Return to this screen to Validate, Certify, or Submit.

Selections in the dropdown lists may include:

- Create Section - Indicated by an asterisk (\*), copies that section and creates a new blank section.
- Clear Section Data - Deletes all data saved for that section.
- Delete Section - Permanently deletes that section and data.
- Edit Section - Opens the form section in a data-entry version.
- Print Section - Opens a new browser window with the report in a print-friendly version.

[View/Add Attachments](#) [Validate](#)

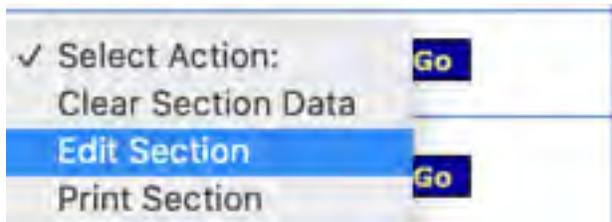
Show 30 entries

Section Name:	Perform Action:	Section Status:
ANA OPR - Cover Page	Select Action: <a href="#">Go</a>	Initialized
A. Objective Work Plan (OWP) Status/Update	Select Action: <a href="#">Go</a>	Initialized
* A. Project Year 1	Select Action: <a href="#">Go</a>	Initialized
* A. Project Year 2	Select Action: <a href="#">Go</a>	Initialized
* A. Project Year 3	Select Action: <a href="#">Go</a>	Initialized
B. Staffing and Human Resources	Select Action: <a href="#">Go</a>	Initialized
C. Challenges	Select Action: <a href="#">Go</a>	Initialized
D. Financial	Select Action: <a href="#">Go</a>	Initialized
E. Other	Select Action: <a href="#">Go</a>	Initialized

Showing 1 to 9 of 9 entries

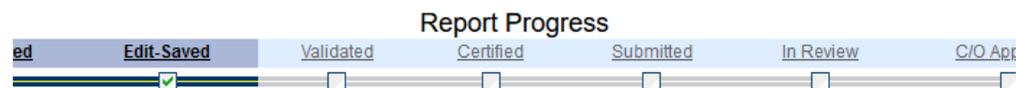
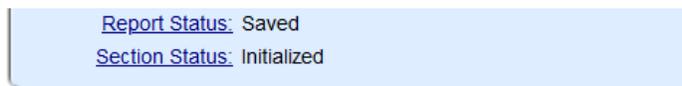
To access a report section:

- Click on the "Select Action" pull down tab
- Select "Edit Section" next to the section you want to edit, and
- Click the "Go" button.



The example below shows the beginning of Section A.

- Complete the information requested on the page.
- Click on the "Save" button at the bottom of the page.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

OMB Clearance No. [blank]  
Expiration Date [blank]

**Administration for Native Americans  
On-going Project Progress Report  
(ANA-OPR)**

**OPERATIVE WORK PLAN (OWP) STATUS/UPDATE**

Do you need to make any changes to your OWP?  Yes  No

Please describe any changes to your work plan and if you requested the change from the ANA office.



## Navigating between Sections of the Report

- You can navigate between sections of the report using the dark blue buttons above the beginning of and below the section page. "Previous Section" move you back and "Next Section" moves you forward. They are marked above with red ovals around them.

## COMPLETING THE OPR

The following pages include instructions and screen shots on how to complete each section of the OPR.

### ANA OPR Cover Page

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		OMB Clearance No.: 0970-0452 Expiration Date: 09/30/2023	
<b>Administration for Native Americans Ongoing Progress Report (OPR) Cover Page</b>			
<b>PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:</b> This information collection is required at time of applications and serves as a blueprint for project implementation. It outlines the activities required to carry out project objectives, staffing, and dates. Public reporting burden for this collection of information is estimated to average 3 hours per applicant, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information as required by Section 803(a) of the Native American Programs Act of 1974. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0452 and the expiration date is 09/30/2023. If you have any comments on this collection of information, please contact <a href="mailto:Amy.Zukowski@acf.hhs.gov">Amy.Zukowski@acf.hhs.gov</a> .			
1. Grantee Name: Administration for Children and Families		2. Grant Number: 90NA8401	
		3a. DUNS Number	
		3b. EIN	
4. Recipient Organization: Warm Springs Community Action Team		5. SF-425 Submitted to the Payment Management System (PMS)?	
Address Line 1		<input type="radio"/> Yes	
Address Line 2		<input type="radio"/> No	
Address Line 3			
City	State: OR	Zip Code	Zip Ext.
6. Project Period		7. Reporting Period End Date:	
Budget Period Year Covered in the Report:	Start Date:	End Date:	
9. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)		8. Report Frequency	
Project Title:		<input type="radio"/> 1st semi-annual (mid-year) <input type="radio"/> 2nd semi-annual (end of budget period)	
Report prepared by: Name Date:			
Email Address: Telephone Ext.			
10. Other Attachments:			
<b>11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</b>			
12a. Typed or Printed Name and Title of Authorized Certifying Official		12c. Telephone (area code, number and extension)	
		12d. Email Address	
12b. Signature of Authorized Certifying Official		12e. Date Report Submitted (Month, Day, Year)	

## **ANA OPR Cover Page**

**Item 1 (Recipient Name):** Enter legal name of the recipient.

**Item 2 (Grant Number):** Enter the grant number assigned by DHHS/ACF/ANA. This number is found in Item 3 on the NOA.

**Item 3.a (DUNS Number):** Enter the recipient DUNS number (received from Dun and Bradstreet). This number is found in Item 25 on the NOA.

**Item 3.b (EIN):** Enter the Employer Identification Number (EIN) assigned by the IRS. This number is found in Item 22 on the NOA.

**Item 4 (Recipient Org.):** Enter recipient name and complete mailing address, including zip code.

**Item 5:** Select “Yes” if the SF-425 was submitted to the Payment Management System (PMS) (<https://pms.psc.gov/>). Select “No” if the SF-425 still needs to be submitted.

**Item 6:** Enter the budget period covered in the report (e.g., Year 1, Year 2, Year 3, Year 4, or Year 5), as applicable.

Enter the project start date (month, day, and year).

Enter the project end date (month, day, and year).

**Item 7:** Enter the month, day, and year of the last day covered by the report (e.g., December 31, 20XX; March 31, 20XX; June 30, 20XX; or September 29, 20XX).

**Item 8:** Indicate the reporting term (e.g., 1st Semi-Annual or 2nd Semi-Annual).

**Item 9:** Enter the title of the ANA project, the name of the individual who prepared the report, the date, their email address, and phone number. **Note:** the performance narrative referenced here starts on page 2.

**Item 10:** If attachments are being included with the report, list each of the attachments.

**Item 11:** Self-explanatory.

**Item 12a:** Enter the name and title of the authorized representative of the recipient. This individual will be the one certifying the accuracy of the report.

**Note:** This cannot be the Principal Investigator/Project Director.

**Item 12b:** After completing all sections of the report, an electronic signature will be auto-generated by following the steps to Certify the report.

**Item 12c:** Enter the telephone number, including the area code and extension number, of the authorized representative certifying the report.

**Item 12d:** Enter the email address of the authorized representative certifying the report.

**Item 12e:** Enter the month, day, and year the report is being submitted.

[Report Status:](#) Saved  
[Section Status:](#) Initialized

**Report Progress**

Initialized	Edit-Saved	Validated	Certified	Submitted	In Review	C/O Approved
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

[Previous Section](#)   [View Attachments](#)   [Next Section](#)

---

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	OMB Clearance No.: 0970-0 Expiration Date: 09/30/2
<b>Administration for Native Americans On-going Project Progress Report (ANA-OPR)</b>	
<b><u>OBJECTIVE WORK PLAN (OWP) STATUS/UPDATE</u></b>	
<b><u>Do you need to make any changes to your OWP?</u></b> <input type="radio"/> Yes <input type="radio"/> No	
<b><u>Please describe any changes to your work plan and if you requested the change from the ANA office.</u></b>	

### A. Objective Work Plan (OWP) Status/Update

**Item 1:** Select “Yes” if you need to make any changes to the Project Scope, Goal, Objectives, or Activities in the Objective Work Plan (OWP). Select “No” if no changes need to be made to the OWP.

**Item 2:** Provide an explanation of the changes you intend to make and if you have requested this change from the ANA office.

## Project Year 1

The approved Objective Work Plan will pre-populate in this section when using GrantSolutions. This information has been entered by your Program Specialist.

Objective Work Plan
<p><b>Goal:</b> Develop a place-based local business ecosystem and local business community of practice on the Warm Springs Reservation that maximizes wealth building, self-sufficiency, and sustainability for Warm Springs reservation-based businesses; provides stable jobs for community members; promotes local purchasing of goods and services; draws off-reservation dollars onto the reservation; and reduces the rate of retail leakage.</p>
<p><b>Year:</b> 1</p>
<p><b>Objective #</b> 1</p>
<p><b>Objective Statement:</b> Place-based business development: By September 29, 2023, 8 new businesses operated by CTWS tribal members in WSCAT's Commissary incubator complex, including 5 food-based or arts businesses (3 food carts, a café, and an art store), will generate a combined \$200,000 and employ 20 people.</p>

	Milestone Activities	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).	Outputs	Describe the status of each Output	Begin Date	End Date	Status of Activity (see instructions above)
1	Hire Commissary General Manager.		Commissary General Manager hired		09/30/2021	10/15/2021	N/A this quarter
2	Hire Commissary Site Design Consultant.		Commissary Site Design Consultant hired		09/30/2021	10/31/2021	N/A this quarter
3	Provide training for Commissary General Manager in Commissary Incubator policies and procedures which were developed in the summer of 2021.		Commissary General Manager trained in Commissary management policies and procedures		10/15/20	12/21/20	N/A this quarter

- **Describe how each activity was accomplished:** Describe your progress towards fulfilling each of the project's objectives and activities accomplished during the current reporting period. Report on activities by describing the activity, including numbers (i.e., of participants or meetings, etc.) and dates, when possible.
- Include quantitative and qualitative data to help ANA understand your project's progress.
  - Quantitative: Use numbers; for example, how many individuals attended a meeting, what percent of a survey reported positive feedback.
  - Qualitative: Describe who completed what, when, where, why, and how for all activities.
- Think of the description as telling a story, where you need to include all of the background information and details so that the reader can get a clear picture of what occurred for each activity.
  - Poor description: Three people attended the Board meeting.
  - Good description: The Project Director, Project Coordinator, and Project Assistant attended the Board Meeting on 1/11/2021. They presented on the new cultural enrichment curricula that we are developing for high school students, which includes exploring one's Native identity, language, tribal history, and ancestral traditions. In this highly interactive curriculum, we provide activities that give students an opportunity to deeply reflect on each topic and share their reflections with one another. The Board was very impressed with our presentation and will be reviewing the curricula and providing feedback by 1/29/2021.
- Demonstrate how much progress has been made on the activity to date. If the activity has been delayed, identify the causes and what, if any, steps are being taken to address the challenge. It is just as important to explain why an activity is delayed and what alternate approaches you have taken to complete the activity as it is to explain your progress.
- The information on activities is cumulative for each year of the project and should be maintained for the duration of the project

period (i.e., do not delete information from previous reporting periods for the current budget period.) Should you need to update the status of an activity, please place "UPDATE" prior to providing the updates.

**Status of Activities:** Identify the status of each activity. This column should be updated accordingly. From the drop-down menu, select the correct status:

- **"Completed"** if the activity was completed based on originally anticipated "end date." Once marked Completed, an expected completion date should not be provided.
- **"Ongoing"** only if the activity is supposed to continue past the reporting period according to the OWP.
  - Activities can only be marked as Ongoing in semi-annual reports that cover the first 6 months of the budget period.
  - If you are doing your annual report, which is the second report of the budget period (project year), activities CANNOT be marked as Ongoing.
- **"N/A"** if the activity is not scheduled to start until later in the project period. Do not use N/A if the activity is Delayed.
- **"Delayed"** if the activity was not completed based on the originally anticipated end date and is still expected to be achieved. If the activity is Delayed, enter the expected day, month, and year that the activity is expected to be completed.
  - Please be sure that you select Delayed for any activities that are not fully complete. If you mark activities as Completed when they are in fact Delayed, you will not be able to carry over funds connected to those activities to the next budget period. This can hurt your project as you will not be able to use your unspent funds to finish your activities in the following year."N/A" if the activity is not scheduled to start until later in the project period.

## B. Staffing and Human Resources

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		OMB Clearance No.: 0970-0452 Expiration Date: 09/30/2023								
Administration for Native Americans On-going Project Progress Report (ANA-OPR)										
<b>B. Staffing and Human Resources</b>										
1. Do you have any current vacancies that are associated with this project? <input type="radio"/> Yes <input type="radio"/> No										
1a. If Yes, please list positions that are vacant or were vacant as of 30 days prior to the end of this reporting period. Include reasons for vacancies and actions taken or to be taken to fill vacant positions.										
2. Did you have any changes or turnover in project staff, consultants or contractors during this reporting period? <input type="radio"/> Yes <input type="radio"/> No										
2a. If Yes, please list affected positions, explain the reason for the change, how long the position has been open, and if the position has been filled										
3. Project Funded Staffing Please list, in the following table, all project positions required for the project and currently filled. NOTE: This will be for staff funded from the federal or non-federal budget either from staffing, consultants, or other.										
Position Title	Position Type	Position Funding	Name of Individual	Filled by? Select any that apply	Date Job Filled	Avg. # Hours Per Week	Date Job Ended (if applicable)	Did position exist before the project?	Will position continue after the project ends? (only for final reporting period)	
1										
3a. Employment Obtained Through Project Activities Please list, in the following table, all project positions obtained as a result of project activities such as job training, readiness, business creation, or expansion, etc. NOTE: These positions are not funded by the project's federal or non-federal funds.										
Name of Individual	Position Title	Position Type	Industry	Filled by? Select any that apply	Date Job Filled	Avg. Hours per Week	Salary	Date Job Ended (if applicable)	Did position exist before the project?	Will position continue after the project ends? (only for final reporting period)
							\$0.00			

**Item 1:** Select “yes” if you have any vacancies that are associated with this project. Select “no” if you do not have any vacancies that are associated with this project.

**Item 1a:** If “yes” is selected, list the positions that are vacant or were vacant as of 30 days prior to the end of this reporting period. Also, indicate reasons for vacancies and actions taken or to be taken to fill vacant positions.

**Item 2:** Select “yes” if you had any changes or turnover in project staff, consultants, or contractors during this reporting period. Select “no,” if not.

**Item 2a:** If “yes” is selected, list the affected positions, explain the reason for the change, state how long the position had been open and if the position has been filled. Please be as detailed as possible when explaining reasons for staffing changes.

### **Item 3: Project Funded Staffing**

**Note:** A job is classified as being currently filled and required for this project to be completed. There are two tables. The first table is for positions filled, as a requirement of the project. This accounts for jobs that are included in the project's line item budget, for example. The second table is for jobs that were obtained as a result of project objective and activities.

Complete the first table as follows:

**Position Title** – enter the position title for each person working on the project.

**Position Type** – select the type of position (Full-time, Part-time Intern, Stipend, Consultant/ Freelance, other).

**Position Funding** – select the type of funding that pays for this position. This will be a drop-down menu of federal, non-federal share (NFS), or both if the position is funded by both sources.

**Name of Individual** – enter the name of the individual filling the position.

**Filled by** – check all that apply (Native, Veteran, or Woman).

**Date Job Filled** – enter the date the job was filled.

**Avg. # Hours per Week** – enter the average # of hours worked per week by the position.

**Date Job Ended** – enter the date the job ended, if applicable.

**Did position exist before the project?** – check “yes” or “no” if the position existed before the project started.

**Will position continue after the project ends?** – enter if the position will continue after the project ends (only for final reporting period).

### **Item 3a: Employment Obtained Through Project Activities**

Complete this table as follows:

**Name of Individual** – enter the name of the individual filling the position.

**Position Title** – enter the position title for each person working on the project.

**Position Type** – select the type of position (Full-time, Part-time Intern, Stipend, Consultant/Freelance, other). This will be a drop-down menu.

**Industry** – select the type of industry that closest matches the position obtained.

**Filled by** – check all that apply (Native, Veteran, or Female).

**Date Job Filled** – enter the date the job was filled.

**Avg. # Hours per Week** – enter the average # of hours worked per week by the position.

**Salary** – list the person's salary, if known.

*Date Job Ended* – enter the date the job ended, if applicable.

*Did position exist before the project?* – check “yes” or “no” if the position existed before the project started.

*Will position continue after the project ends?* – enter if the position will continue after the project ends (only for final reporting period).

### C. Challenges

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<p>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES</p>	<p>OMB Clearance No.: 0970-0452 Expiration Date: 09/30/2023</p>
<p><b>Administration for Native Americans On-going Project Progress Report (ANA-OPR)</b></p>	
<p><b>C. CHALLENGES</b></p>	
<p><b>1. Did your project face any challenges during this reporting period?</b> <input type="radio"/> Yes <input type="radio"/> No</p>	
<p><b>1a. If Yes, please describe your challenges in the table below:</b></p>	
<p style="text-align: center;"><u>Provide a description of the challenge</u></p>	<p style="text-align: center;"><u>Did you overcome the challenge?</u></p>
<p style="text-align: center;">1</p>	<p style="text-align: center;"><u>If Yes, please state how you overcame the challenge. If no, please identify your plan to address this challenge.</u></p>
<p><b>2. Would training or technical assistance benefit the project at this time?</b> <input type="radio"/> Yes <input type="radio"/> No</p>	
<p><b>2a. Please describe the services you would like to receive.</b></p>	

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Challenges are any issues or events which have negatively impacted the implementation of your project. Challenges occur for nearly every project and can be overcome through careful planning and monitoring. In some cases, technical assistance can be provided to assist recipients in overcoming challenges. Note: Reporting on challenges does not reflect negatively on recipients, as all projects encounter difficulties. ANA encourages and appreciates detailed feedback on the challenges that recipients experience and how recipients approach such challenges.

**Item 1:** Select “yes” if your project encountered any challenges during the reporting period. Select “no” if you encountered no challenges.

**Item 1a:** If you select “yes”, please provide a description of each challenge in the table. If you have resolved the challenge, select “yes” in the next column or select “no” if you are still encountering this challenge. In the last column, describe how you overcame the challenge, if you selected “yes” or identify your plan to address the challenge, if you selected “no”. Please be as detailed as possible, as the more information ANA receives on recipient challenges, the better we can assist recipients in the future.



**Item 2a:** If “Yes” is selected, explain the request that was made and if it was resolved.

**Item 3:** Financial table:

Your Program Specialist will have already entered the federal and non-federal forecasted dollar amounts from your Standard Form (SF) 424A. You will need to enter the actual cash expenditures for the two quarters covered in the reporting period.

**Item 3a:** If the amounts forecasted and the actual amounts are not the same, explain the reason for the difference for each quarter. Reasons can be hiring delays, dates of high cost purchases that were made early/late, project delay in start date – whether project start-up or late award notification from ANA, etc.

**Item 4:** Select “yes” if you anticipate obligating all of the federal funds awarded for the project period by the project period’s end. Select “no,” if not.

**Item 5:** Select “yes” if you have any pending amendments with ANA. Select “no,” if not.

**Item 6:** Select “yes” if your project has generated any program income as a result of project activities. Select “no,” if not.

**Item 6a:** If “Yes” is selected, indicate how much was generated and from what source.

**Item 6b:** Identify how your program income will be utilized to support the project.

## E.Other

**Report Progress**

Initialized  Edit-Saved  Validated  Certified  Submitted  In Review  C/O Approved

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

OMB Clearance No.: 0970-0452  
Expiration Date: 09/30/2023

**Administration for Native Americans  
On-going Project Progress Report  
(ANA-OPR)**

**E. OTHER**

**Please include any other information you would like to share with ANA regarding your project**

Include any additional information your organization would like to share with ANA regarding your project.

**This section concludes your first semi-annual report.**

## SECOND SEMI-ANNUAL REPORT

In addition to completing the sections of the report already covered, the second semi-annual OPR has additional sections for you to report on to aid ANA in their accountability to Congress. ANA reports annually to Congress on how its funding was used and the impact the funded projects had in Native communities. ANA asks recipients to provide information on some common data elements in their reports to aid in the development of this report. The following are the sections found in the second semi-annual report along with instructions for their completion.

### F. Impact Indicator(s)

Your impact indicator and the approved targets will be listed above the fillable chart for your reference

Indicator	Actual Change During Reporting Period
Item 1: Fill out the actual change during this budget period that has occurred on	

the Impact Indicator as listed from your original application

### G. Native Youth and Elder Engagement.

ANA is interested in intergenerational activities as a way for project participants to pass down traditional culture, language, and knowledge to the next generation. Please use this section to document any intergenerational activities that may have occurred in your project. For each reporting, please update the table below if any project activities occurred in which Native youth and Elders participated. This table should reflect only those activities occurring within the reporting period so that, by project's end, all activities that took place are reflected.

1. During this reporting period, did this project provide any opportunities or activities for Native youth and Elders?  Yes  No  Not Applicable

1a. If yes, please complete the following table:

Title/Description of Activity	Total # of youth participating	# of New youth participating	Total # of Elders participating	# of New Elders participating

2. During this reporting period, did any of the above activities involving Elders

and youth promote cultural preservation?  Yes  No

2a. If yes, please describe:

3. During this reporting period, has the project engaged youth in leadership development activities?  Yes  No

3a. If yes, please describe:

**Item 1:** Select “yes” if the project provided any activities involving Native youth and Elders during this budget period. Select “no” if there were no activities involving Native youth and Elders during this budget period. Select “not applicable” if you did not intend to have Native youth or Elder activities as a part of your project.

**Item 1a:** If “yes” is selected, list the title and provide a brief description of the activity. Also indicate the total number of youth participating, the total number of new youth participating, the total number of Elders participating, and the total number of new Elders participating in the activities listed.

**Item 2:** Select “yes” if any of the activities involving Elders and youth promoted cultural preservation during this budget period. Select “no,” if not.

**Item 2a:** If “yes” is selected, please provide a description of how the activities promoted cultural preservation during this budget period.

**Item 3:** Select “yes” if the project engaged in youth leadership or leadership development during this budget period. Select “no,” if not.

**Item 3a:** If “yes” is selected, please provide a description of how the activities promoted youth leadership or leadership development during this budget period.

## H. Project Development

1. Please identify who wrote the grant application in the table below:

Name	Title	Program Staff	Consultant	Native	Tribal Member
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

List the name of the writer(s) of the grant application with their title. Indicate if they are program staff or not, consultant to the project, Native American, and/or tribal member.

## I. Partnerships

1. For each reporting period, please update the table below. The table should reflect only those partnerships relevant to the reporting period so that by project's end all partnerships are reflected.

Name of Partner	New = Partnership Formed During the Project Pre-existing = Partnership Existed Prior to the Project	Federal or Non-Federal Partner	Type of Partner (drop-down menu*)	Resources Contributed to the Project by the Partner
	<input type="checkbox"/> New <input type="checkbox"/> Pre-existing	<input type="checkbox"/> Federal <input type="checkbox"/> Non-Federal		
	<input type="checkbox"/> New <input type="checkbox"/> Pre-existing	<input type="checkbox"/> Federal <input type="checkbox"/> Non-Federal		
Cumulative Total Since Beginning of Project: (This field auto-populated by the number of entries in 'Name of Partner' column)				

2. If there are any potential organizations or individuals that your project would like to partner with, but have not yet been able to, please indicate below:

Name of Potential Partner	Potential Role in Support of the Project

**Item 1:** Enter any partnerships formed during this budget period. Select whether they are new from the start date of the project or if they are pre-existing from before the start date of the project. Select the type of partner from the drop-down menu and indicate the resources the partner(s) contributed to the project. Lastly, update the number of partners since the beginning of the project.

**Item 2:** Enter the name of any potential organizations or individuals that could possibly benefit your project through a partnership. Indicate their potential role in support of the project

## J. Community Involvement and Participation in the Project

1. During this budget period, have any volunteers (unpaid individuals providing service or resources to the project) been utilized in the implementation of your project? <input type="checkbox"/> Yes <input type="checkbox"/> No
1a. How many individual (unduplicated) volunteers?
1b. What contribution(s) did volunteers make to the project?
1c. Does having volunteers support project success? How?
1d. How many total hours did volunteers work during this budget period?

2. During this budget period, if community participation is intended as part of your project, what is your estimate of the level of actual community participation compared with desired participation? This may include, but is not limited to, the intended beneficiaries of the project.

<input type="checkbox"/> No community participation	<input type="checkbox"/> 50% or less community participation than desired	<input type="checkbox"/> More than 50% community participation	<input type="checkbox"/> Desired community participation achieved	<input type="checkbox"/> Not applicable
-----------------------------------------------------	---------------------------------------------------------------------------	----------------------------------------------------------------	-------------------------------------------------------------------	-----------------------------------------

**Item 1:** Select “yes” if there were any volunteers that were utilized in the implementation of the project. Select “no” if not.

**Item 1a:** If “yes” is selected in Item 1, please indicate the number of unduplicated volunteers who contributed to the project. Update this number each budget period so that by project’s end, all unduplicated volunteers are reflected.

**Item 1b:** If “yes” is selected in Item 1, please indicate the contribution that the volunteers made to the project.

**Item 1c:** If “yes” is selected in item 1, please describe how volunteers supported the project’s success.

**Item 1d:** Indicate how many hours the volunteers contributed to the project during this budget period. Update this number for each budget period so that by project’s end, any unduplicated volunteers are reflected.

**Item 2:** If community participation is an intended part of the project, select the estimated level of actual community participation compared with desired participation. Select “not applicable” if there was no active community participation intended for the project.

**K. Project Benefits**

1. During the budget period, what changed in your community as a result of the project? These may include expected and unexpected and intended and unintended changes as well as positive and negative changes.	
2. Did this project support native-owned businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2a. If so, how many?	
2b. List all native-owned businesses the project supported?	
Business Name	Business Type (Use a one or two word descriptor)
3. During this budget period, were any businesses created due to the project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3a. If yes, how many businesses?	
3b. List businesses created.	

Business Name	Business Type (Use a one or two word descriptor)	Ownership Type (Native, Women, Vet, Tribe/Village Owned)

**4. Were any businesses expanded?**

Yes  No  N/A

**4a. List Businesses expanded:**

Business Name	Type (Use a one or two word descriptor)	Ownership Type (Native, Women, Vet, Tribe/Village Owned)	How was the business expanded?

**5. Did any members of your community, including project staff, complete training sponsored or arranged by the project in order to learn a new skill, gain knowledge, develop expertise, earn a credential, or otherwise obtain beneficial experience during this budget period?**  Yes  No

**5a. If yes, please update the following table during each budget period, as applicable. The table should reflect only those trainings occurring in the budget period.**

Name of Training or Workshop	Description of Skills or Knowledge Developed; and/or Certificate Received	Total # of People who Completed the Training	# of People who were Project staff	# of New People who Completed the Training	Total # of Hours to Complete Training	Did this training lead to a new job or promotion? If, yes, how many?

**6. Were any ordinances, codes, regulations, or other governmental documents developed during this budget period?**  Yes  No  Not Applicable

**6a. If yes, please update the following table, reflecting just this budget period, as applicable.**

Type of ordinance, code, or regulation (drop-down menu*)	Brief description of the ordinance, code, or regulation	Was the ordinance, code, or regulation adopted/passed?	Was the ordinance, code, or regulation implemented?	If implemented, please explain how. If not, please explain why.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. During the budget period, did the project create any materials or resources (e.g., curricula, training materials, translated written materials, resource guides, financial literacy guides, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7a. If yes, please update this table, reflecting just the current budget period, as applicable. Once a particular resource is entered, it should not be entered again in subsequent budget periods unless a new resource was created.			
Material or resource created due to the project	Type of resource (drop-down menu*)	Electronic/Technology Based? (Check 'Yes' if this is a technology-based resource, such as an app for a phone or tablet, a podcast, etc.)	How does this material or resource support the project's goals?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does your project currently have a plan in place to secure post-project funding to continue or extend project benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8a. If no, would you like ANA's help with establishing such a plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Please describe any collaboration with partners, including federal, tribal, or state partnership to continue or extend project outcomes, services, and activities in order to achieve your community's desired long-term goals after this ANA project ends. Not applicable			

**Item 1:** Indicate what changed in the service community as a result of the project. Please list both intended and unintended changes, either positive or negative.

**Item 2:** Select "yes" if the project supported Native-owned businesses such as purchasing products, contracting services, etc. Select "no," if not.

**Item 2a:** If "yes," indicate how many businesses were supported.

**Item 2b:** List all businesses supported and a one- or two-word descriptor of the type of business (consultant, supplies store, equipment supplier).

**Item 3:** Select "yes" if any businesses were created as a result of the project. Select "no," if not.

**Item 3a:** If "yes" is selected, indicate how many businesses were created.

**Item 3b:** If "yes" was selected, identify what type(s) of businesses were created and select the ownership type.

**Item 4:** Select “yes” if any businesses were expanded.

**Item 4a:** If “yes” is selected, identify what type(s) of businesses were created and select the ownership type and explain how they were expanded.

**Item 5:** Select “yes” if any members of your community, including project staff, completed training sponsored or arranged by the project in order to learn a new skill, gain knowledge, develop expertise, earn a credential, or otherwise obtain beneficial experience during this budget period. Select “no,” if not.

**Item 5a:** If “yes” is selected, indicate the name of the training or workshop, a description of the skills or knowledge developed, number of people who completed the training, number of those who completed the training who were project staff, number of new people who completed the training, and total number of hours to complete the training.

**Item 6:** Select “yes” if any ordinances, codes, regulations, or other governmental documents were developed during this budget period. Select “no,” if not.

**Item 6a:** If “yes” is selected, indicate the type of ordinance, code, or regulation developed from the drop-down menu; give a brief description of the ordinance, code, or regulation; indicate whether the ordinance, code, or regulation was passed; and indicate if the ordinance, code, or regulation was implemented. If implemented, briefly explain how it was implemented.

**Item 7:** Select “yes” if any materials or resources were created during this budget period. Select “no,” if not.

**Item 7a:** If “yes” is selected, list the material or resource created. Select the type of resource from the drop-down menu. Indicate if this was electronic or technology-based and give a brief explanation on how the material or resource supported the project’s goals.

**Item 8:** Select “yes” if the project has a plan in place to secure post-project funding to continue or extend project benefits. Select “no,” if not.

**Item 8a:** If “no” is selected, please indicate whether the project would like ANA’s assistance in establishing a sustainability plan.

**Item 9:** Describe any collaboration with partners, including federal, tribal, or state partnership, to continue or extend project outcomes, services, and activities in order to achieve your community’s desired long-term goals after this ANA project ends. Select “not applicable” if partnerships are not needed to continue the long-term goals after this ANA project ends.

## L. Lessons Learned And Additional Support

1. Please describe any lessons learned, promising practices, innovations, etc., you think could help similar projects overcome or resolve obstacles you have encountered in the budget period related to the success of the project.
2. Please identify support or resources that ANA could provide or arrange to help your project overcome or resolve obstacles you have encountered in the budget period. <input type="checkbox"/> Not applicable

**Item 1:** Describe any lessons learned, promising practices, innovations, etc., you think could help similar projects overcome or resolve obstacles for other projects.

**Item 2:** Describe any additional support or resources that ANA could provide or arrange to help your project overcome or resolve obstacles you have encountered in the budget period.

## M. Project Specific

### LANGUAGE PROJECTS ONLY

1. Please identify the language(s) or language family addressed by your project						
2. Please complete the following sentence by checking all that apply from the following list:						
"My language project uses ANA grant funds to _____." [Select all that apply and only update if there are any changes from the previous budget period.]						
Assess or measure language fluency/proficiency	Provide language instruction in the home	Compile, transcribe, or analyze oral testimony or records				
Provide classroom language instruction	Train language instructors	Other. Please describe				
Provide language instruction via language immersion classes	Develop language materials					
3. During this budget period, were any language assessments developed or used? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3a. Please list the assessments developed or used:						
Assessment Name	Assessment Type	Assessment Type	Age Range	Based on a Previous Assessment?	Scale Used for Assessment	Brief Description of Assessment
If yes, please include blank copies with the OPR submission.						

3b. During this budget period, were any language surveys developed or used?  Yes  No

Survey Name	Brief Description of the Purpose of the Survey	# of Surveys Distributed	# of Surveys Returned	Was this Survey developed as part of the project?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

3c. If yes to Question 3 or 3b, please describe the overall purpose of any surveys or assessments that were developed (for example, to assess the current number of proficient speakers, to gauge community members' interest in taking language classes, to measure progress, etc.):

4. Were language classes conducted during this budget period?  Yes  No

4a. If yes, please complete the following reflecting classes conducted during this budget period:

Class Name or Type	Proficiency Level of the classes taught (drop-down menu*)	Total # of Classes held each year	Total # Hours of instruction per student per each year	Total # of Students attending for the year	Total # of New Students	Immersion?	Average Age of Students
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

4b. If the average age of language learners was between 0-6, does the project have an on-going relationship with one or more Head Start or Early Head Start programs?  Yes  No  Not applicable

5. If instruction is part of your language project, please describe, in as much detail as possible, methods, materials, and strategies used, during the budget period, to measure progress in language proficiency or fluency.  Not applicable

6. If applicable to your project, how many new early childhood (birth to 4? Years old) raised their proficiency level during this budget period?  Not applicable

Year #	No language skills to novice	From novice to beginner	From beginner to intermediate	From intermediate to advanced	Total number of people increasing proficiency

7. If applicable to your project, how many new youth (5-18? Years old) raised their proficiency level during this budget period?  Not applicable

No language skills to novice	From novice to beginner	From beginner to intermediate	From intermediate to advanced	Total number of people increasing proficiency

8. If applicable to your project, how many new adults (19 years old and older?) raised their proficiency level during this budget period?

No language skills to novice	From novice to beginner	From beginner to intermediate	From intermediate to advanced	Total number of people increasing proficiency

9. If applicable to your project, did any youth achieve fluency in a Native language?  Yes  No

9.a. If yes, how many (new)?

10. If applicable to your project, did any adults achieve fluency in a Native language? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. If applicable to your project, during the budget period, have any language teachers been trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
11a. How many of these teachers received training in language instruction?
11b. Please check the type of training that these teachers received related to language instruction (check both if applicable):  <input type="checkbox"/> Teacher training/professional development for language instruction <input type="checkbox"/> Language acquisition for teachers
11c. How many of these teachers received training in an area other than instruction?
Please describe.
11d. Did any of these language teachers receive a certification or credential as a result of training? <input type="checkbox"/> Yes <input type="checkbox"/> No
11e. If yes, what organization issued the certification or credential?
11f. How many language teachers received certification or a credential?

**Item 1:** Identify the language(s) or language family addressed by your project.

**Item 2:** Select the options that best complete the sentence, “My language project uses ANA grant funds to \_\_\_\_\_.” Select any that apply and only update if there are any changes from the previous budget period. If “other” is selected, describe how the project will best use its funds to accomplish the stated goals.

**Item 3:** Select “yes” if any language assessments were developed. Select “no,” if not. If “yes” is selected, provide blank copies with the OPR submission for this budget period.

If “yes” is selected in Item 3, indicate the name of the survey or assessment developed, select the assessment type, select whether it was developed as part of the project activities, what was the targeted age range of the assessment, select was it based on a previously developed assessment, what scale was used as part of the assessment and give a brief description of the assessment.

**Item 3a:** Select “yes” if any language surveys were developed or used. Select “no,” if not.

If “yes” is selected in Item 3a, please provide the name of the survey and a brief description, the number of surveys distributed and returned, and indicate whether the survey was developed as part of the project activities.

**Item 3b:** Please enter in the purpose of the surveys.

**Item 4:** Select “yes” if any language classes were conducted during this budget period. Select “no,” if not.

**Item 4a:** If “yes” is selected, enter the name or type of the class, select the proficiency level from the drop-down menu. Indicate the total number of classes, total number of class hours, and total number of new students attending the class. Select whether the classes were immersion. Indicate the average age of the students.

**Item 4b:** If the average age of language learners was between 0-6 years of age, select “yes” if the project has an on-going relationship with one or more Head Start or Early Head Start programs. Select “no,” if not. Select “not applicable” if the project does not serve children ages 0-6 years of age.

**Item 5:** If instruction is part of your language project, describe any methods, materials, and strategies used, during the budget period, to measure progress in language proficiency or fluency.

**Item 6:** If applicable, indicate how many new early childhood (birth to 4) increased their ability to speak a Native language (language proficiency) during this budget period. Update this number each budget period so that by project’s end, any unduplicated youth who increased proficiency are reflected.

**Item 7:** If applicable, indicate how many new youth from 5-18 (school aged) increased their ability to speak a Native language (language proficiency) during this budget period. Update this number each budget period so that by project’s end, any unduplicated youth who increased proficiency are reflected.

**Item 8:** If applicable, select “yes” if any adults achieved fluency in a Native language. If “yes” is selected, indicate how many. Update this number each budget period so that by project’s end, any unduplicated adults who achieved fluency in a Native language are reflected. Select “no” if not applicable or none achieved fluency.

**Item 9:** If applicable, select “yes” if any youth achieved fluency in a Native language.

**Item 9a:** If yes, indicate how many (new).

**Item 10:** If applicable, select “yes” if any adults achieved fluency in a Native language.

**Item 10a:** If yes, indicate how many (new).

**Item 11:** If applicable, select “yes” if any language teachers were trained during this budget period. Select “no” if not applicable or no teachers were trained.

**Item 11a:** If “yes” is selected, indicate how many of these teachers received training in language instruction. Update this number each budget period so that by project’s end, any unduplicated teachers trained are reflected.

**Item 11b:** Indicate the type of training that these teachers received related to language instruction or acquisition. Select both, if applicable.

**Item 11c:** Indicate the number of teachers who received training in an area other than instruction. Describe the trainings received.

**Item 11d:** Select “yes” if any of these language teachers received a certification or credential as a result of training. Select “no” if not.

**Item 11e:** If “yes” was selected in Item 11d, indicate which organization issued the certification or credential.

**Item 11f:** If “yes” was selected in Item 11d, indicate the number of language teachers who received a certification or credential.

***ESTHER MARTINEZ IMMERSION (EMI) PROJECTS ONLY***

1. Please identify which type of EMI project this is [Note – whichever option is checked, the requirements for that particular type of EMI project will automatically pop-up so that recipients have a frame of reference for question 2.]: [Only update if there are any changes from the previous budget period] <input type="checkbox"/> Language Nest <input type="checkbox"/> Language Survival School <input type="checkbox"/> Language Restoration Program
2. Please describe in detail any obstacles or delays in meeting the requirements for the EMI language project option (language nest, language survival school, or language restoration): <input type="checkbox"/> Not Applicable

**Item 1:** Select whether this project serves a Language Nest, Language Survival School, or is a Language Restoration Program.

**Item 2:** Describe what, if any, obstacles or delays were encountered in meeting the requirements for the specific EMI language project option. Select “not applicable” if there were no obstacles or delays.

***ENVIRONMENTAL REGULATORY ENHANCEMENT (ERE) PROJECTS ONLY***

1. During the budget period, did this project collect environmental baseline data? <input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If yes, please describe what was learned from the data and how it will be used:
2. During the budget period, did this project collect data to monitor environmental conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If yes, please describe what was learned from the data and how it will be used:
3. If applicable, during the budget period how did the project result in increased capacity for the tribe to manage its physical resources and/or the environmental quality on tribal lands?

4. Has there been any improvement in the environmental quality on tribal lands as a result of this project?

Yes  No  Not Applicable  To Be Determined

4a. If yes, please describe:

**Item 1:** Select “yes” if the project collected environmental baseline data. Select “no,” if not.

**Item 1a:** If “yes” is selected, describe what was learned from the data and how it will be used.

**Item 2:** Select “yes” if the project collected data to monitor environmental conditions. Select “no,” if not.

**Item 2a:** If “yes” is selected, briefly describe what was learned from the data and how it will be used.

**Item 3:** If applicable, briefly describe how the project resulted in increased capacity for the tribe to manage its physical resources and/or the environmental quality on tribal lands during this budget period.

**Item 4:** Select “yes” if there has been any improvement in the environmental quality on tribal lands as a result of this project. Select “no,” if not. Select “not applicable” if actual improvement in environmental quality is not a part of this project. Select “to be determined” if the improvement in environmental quality is part of a later phase of the project.

**Item 4a:** If “yes,” describe the improvements in the environmental quality as a result of the project.

Toolkit Page 13  
Activity 7

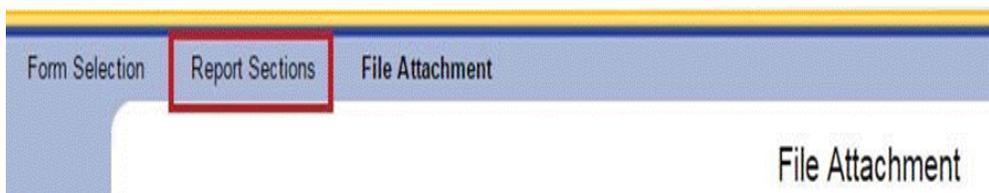
.....  
.....  
..... A blank copy of the entire OPR report can be found in Appendix 6. ....  
.....

## Finalizing the Ongoing Progress Report (OPR)

The OPR form is found in GrantSolutions and should be filled out and submitted through the Online Data Collection (OLDC) portal. It is important that you print a copy of the submitted form for your grant file. All applicable fields of the report should be filled in. When you are filling out the description of project activities section please do not leave a box blank if the activity was supposed to take place during the reporting period. Instead explain why the activity did not occur as expected and how you are going to get back on track during the next reporting period.

### Validating, Certifying and Submitting a Report in OLDC

- Click the Report Sections link toward the top of the screen.



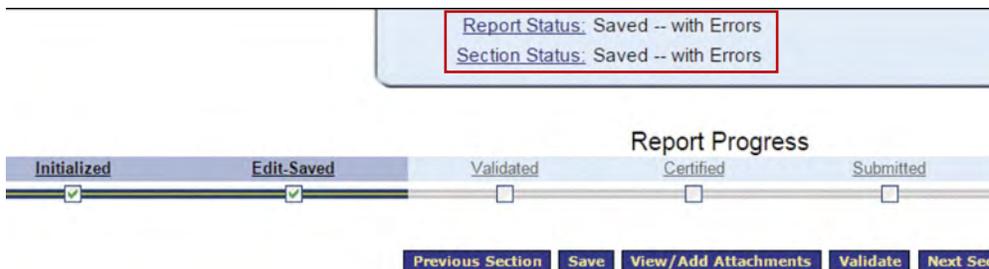
#### Validate

Once the data is entered and saved for each section, the entire form must be validated. Validate checks the form for errors and missing data. Click Validate from a section or from the "Report Sections" screen.



The screen refreshes and the status updates.

If the report status is **Saved with Errors**, an error message appears at the top of the Report screen. The errors must be corrected and the report revalidated. A report with errors can not be certified or submitted



- Click the Go to Error link to go directly to the field in need of corrections.
- Click the Long Description link to view a description of the error.

[Report Status:](#) Saved -- with Errors  
[Section Status:](#) Saved -- with Errors

**Report Progress**

Initialized	Edit-Saved	Validated	Certified	Submitted
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<a href="#">Previous Section</a>	<a href="#">Save</a>	<a href="#">View/Add Attachments</a>	<a href="#">Validate</a>	<a href="#">Next Section</a>
----------------------------------	----------------------	--------------------------------------	--------------------------	------------------------------

**Error #9: [15890] 2. Describe any changes to your work plan.**  
[\[Goto Error\]](#) [\[Long Description\]](#)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ADMINISTRATION FOR CHILDREN AND FAMILIES

Administration for Native Americans  
 On-going Project Progress Report  
 (ANA-OPR)

**A. OBJECTIVE WORK PLAN (OWP) STATUS/UPDATE**

1. Do you need to make any changes to your OWP?  Yes  No

2. Please describe any changes to your work plan and if you requested the change from the ANA office.

Use the same process outlined for Error Messages to correct warnings.

**Warning #3: [15894] Current Status of Expected Results and Benefits for Objective 1.**  
[\[Goto Error\]](#) [\[Long Description\]](#)

**Warning #6: [16219] Current Status of Expected Results and Benefits for Objective 2.**  
[\[Goto Error\]](#) [\[Long Description\]](#)

**Warning #9: [16220] Current Status of Expected Results and Benefits for Objective 3.**  
[\[Goto Error\]](#) [\[Long Description\]](#)

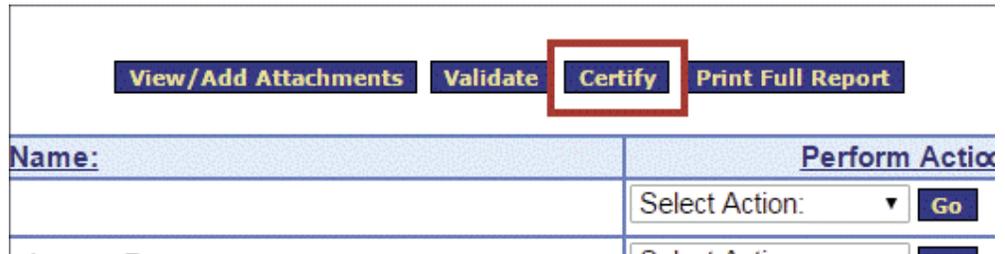
**A. Project Year 1**

Please complete the tables below and include all objectives, results, benefits, activities and dates as they appear in the tables as necessary. In completing the 'Status of Activity' column please choose the status of the activity from

If the status is Saved with Warnings, the warnings should be corrected. However, a report with warnings can still proceed through the approval process (certifying and submitting).

### Certify

After the entire report is successfully saved and validated (no errors), the Recipient Authorizing Official electronically signs the report. Click the Certify button from the "Report Sections" screen.



The screenshot shows a navigation bar with four buttons: "View/Add Attachments", "Validate", "Certify", and "Print Full Report". The "Certify" button is highlighted with a red rectangular box. Below the navigation bar is a table with two columns: "Name:" and "Perform Action:". The "Perform Action:" column contains a dropdown menu labeled "Select Action:" and a "Go" button.

A pop-up message appears stating "Changes made after saving and validating this form will be lost. You have the ability to sign in the signature area by pressing the Click to Sign button. This will complete your Certify process and officially sign this form." Click OK.



The screenshot shows a pop-up message box with the following text: "Changes made after saving and validating this form will be lost. You have the ability to sign in the signature area by pressing the Click to Sign button. This will complete your Certify process and officially sign this form." At the bottom right of the message box, there are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red rectangular box.

The "Cover Page" section opens. In field 12b, select the **Click to Sign** button.

11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance in the award documents.	
12a. Typed or Printed Name and Title of Authorized Certifying Official	12c. Telephone (area code, number)
	12d. Email Address
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted (Month/Day/Year)
<b>Click to Sign</b>	

The screen refreshes and the status is Certified. Click the **Report Sections** navigation link towards the top of the page.

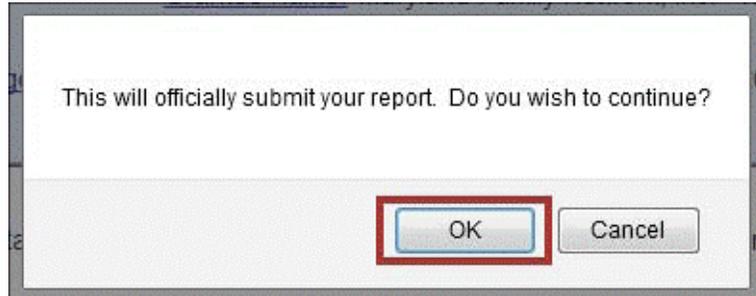
Form Selection	<b>Report Sections</b>	Report	Report Form Status
----------------	------------------------	--------	--------------------

### Submit

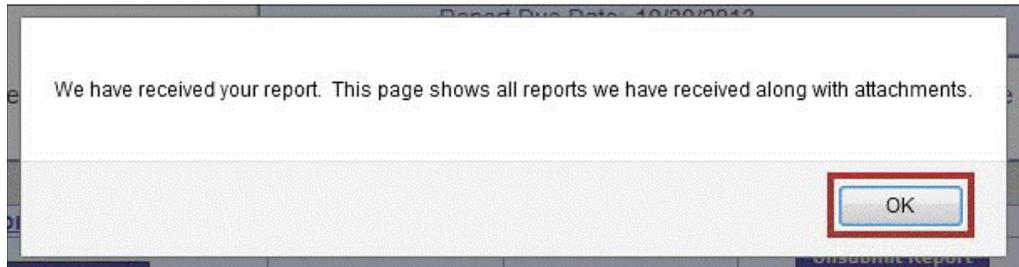
The last step is to electronically send the OPR to ANA. From the "Report Sections" screen, click the Submit button.

<b>View Attachments</b>	<b>UnCertify</b>	<b>Submit</b>	<b>Print Full Report</b>
Name:		Perform Action	
		Select Action: ▾	<b>Go</b>

A pop-up message appears stating “This will officially submit your report. Do you wish to continue?” Click **OK**.



A confirmation message appears stating “We have received your report. This page shows all reports we have received along with attachments.” Click **OK**.



The “Report Form Status” page appears and the report is in the Submitted status.

**Report Form Status**

Program Name: Native Asset Building Initiative (NO)  
 Grantee Name: The Coast Foundation/Board of Public Utilities - No. 40  
 Report Name: Objective Progress Report (ANA)  
 Funding/Grant Period: 09/30/2012 - 09/29/2017 NOO (#0W0000#)  
 Report Period: 09/30/2015 - 03/31/2016

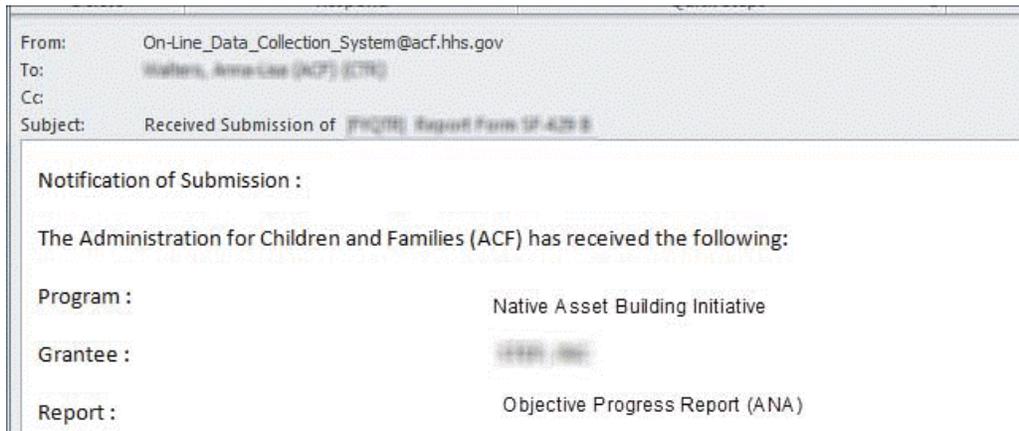
This screen displays the status of report forms and their revisions, along with attached files. To continue entering report form information, click 'Grantee Selection'.

Report Form Status				
Report Submissions:	Report Status:	Status Date:	Report Action:	Print:
<a href="#">View Original</a>	<b>Submitted</b>	02/26/2016	<a href="#">Unsubmit Report</a>	Print as PDF <span style="font-size: small;">▼</span> <a href="#">Go</a>

Original File Attachments		
Attachment Type:	File Name:	Date Received
ANA OPR - Cover Page 10. Other Attachments:	<a href="#">REPORT.DOCX</a>	02/26/2016

Report Status History				
Report Submissions:	Report Action:	Date/Time:	User Name:	Change (if known):
Original	Submitted	02/26/2016 03:48:41 PM	Donald Duck	Signed as Authorized

An email confirmation of the report submission is sent to designated grantors and recipients.



## CHANGE A SUBMITTED REPORT

When a report is submitted by the recipient but is not yet *In Review* by ANA, the recipient may take the report back to make changes. Contact ANA if the report is already in the Review status. When a report is edited, it must be re-Validated, Certified, and Submitted to complete the process. Previous due dates apply.



## REVISIONS

Once the OPR is approved, the process is complete. However, if a recipient needs to make a change, they have the option of creating a revision.

A revision is an exact duplicate of the Accepted OPR, only the data fields are open and modifications can be made. The original report does not change and can be accessed by clicking “View Original” from the Report Form Status page.

There is no limit to the number of revisions for a single report. However, if a revision is made after the OPR’s due date, the Recipient is not able to submit the revision and must instead contact their ANA Program Specialist for assistance.

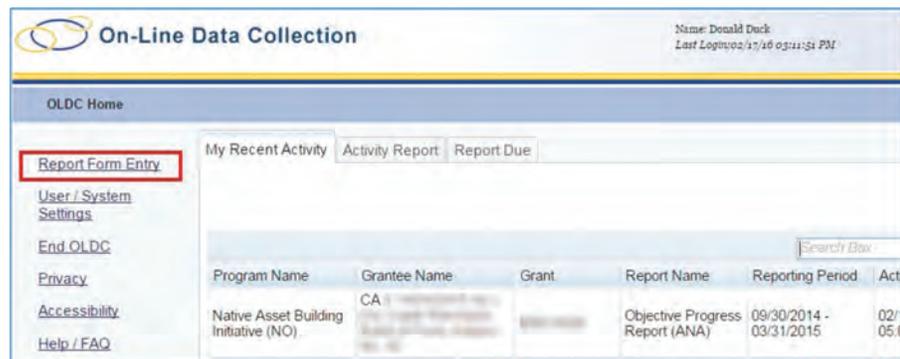
*Note: Revisions may only be created for the OPR. To request changes to the OWP, please contact ANA staff.*

To create a revision:

1. Log into the GrantSolutions Grants Management Module (GMM) (<https://home.grantsolutions.gov/home>).
2. Click the menu Online Data Collection.



3. The OLDC “Home” screen appears. Click **Report Form Entry**.





Step 3: Report Name: Performance Progress Report (ANA OPR)

Step 4: Funding / Grant Period: 09/30/2012 - 09/29/2017 NO0 ( )

Step 5: Report Period:

Reporting Period	Due Date	Type	Report Status
09/30/2012 - 09/29/2017	12/30/2017	Grant (Final)	
04/01/2017 - 09/29/2017	10/30/2017	Semi-Annual	
09/30/2016 - 03/31/2017	04/30/2017	Semi-Annual	
04/01/2016 - 09/29/2016	10/30/2016	Semi-Annual	
09/30/2015 - 03/31/2016	04/30/2016	Semi-Annual	Saved
04/01/2015 - 09/29/2015	10/30/2015	Semi-Annual	
09/30/2014 - 03/31/2015	04/30/2015	Semi-Annual	Submission Accepted by CO
04/01/2014 - 09/29/2014	10/30/2014	Semi-Annual	

7. Select the Action New/Edit/Revise Report, and then click the Enter button.

04/01/2013 - 09/29/2013 10/30/2013 Semi-Annual

Step 6: Select Action: New / Edit / Revise Report

Enter

Figure 74: New/Edit/Revise Report and Enter button

8. The "Report Sections" screen opens. The screen appears exactly like the original report. However, the report name now also includes the **Revision number**.

Home Form Selection Report Sections Report Form Status

### Report Sections

Program Name: Native Asset Building Initiative (NO)  
 Grantee Name:   
 Report Name: Objective Progress Report (ANA) **Revision # 1**  
 Funding/Grant Period: 09/30/2012 - 09/29/2017 NO0 (90NO0008)  
 Report Period: 09/30/2014 - 03/31/2015

This table displays the sections of the report form and the status of each. Return to this screen to Validate, Certify, or Submit.

Selections in the dropdown lists may include:

- Create Section - Indicated by an asterisk (\*), copies that section and creates a new blank section.
- Clear Section Data - Deletes all data saved for that section.
- Delete Section - Permanently deletes that section and data.
- Edit Section - Opens the form section in a data-entry version.
- Print Section - Opens a new browser window with the report in a print-friendly version.

View/Add Attachments Validate Print Full Report

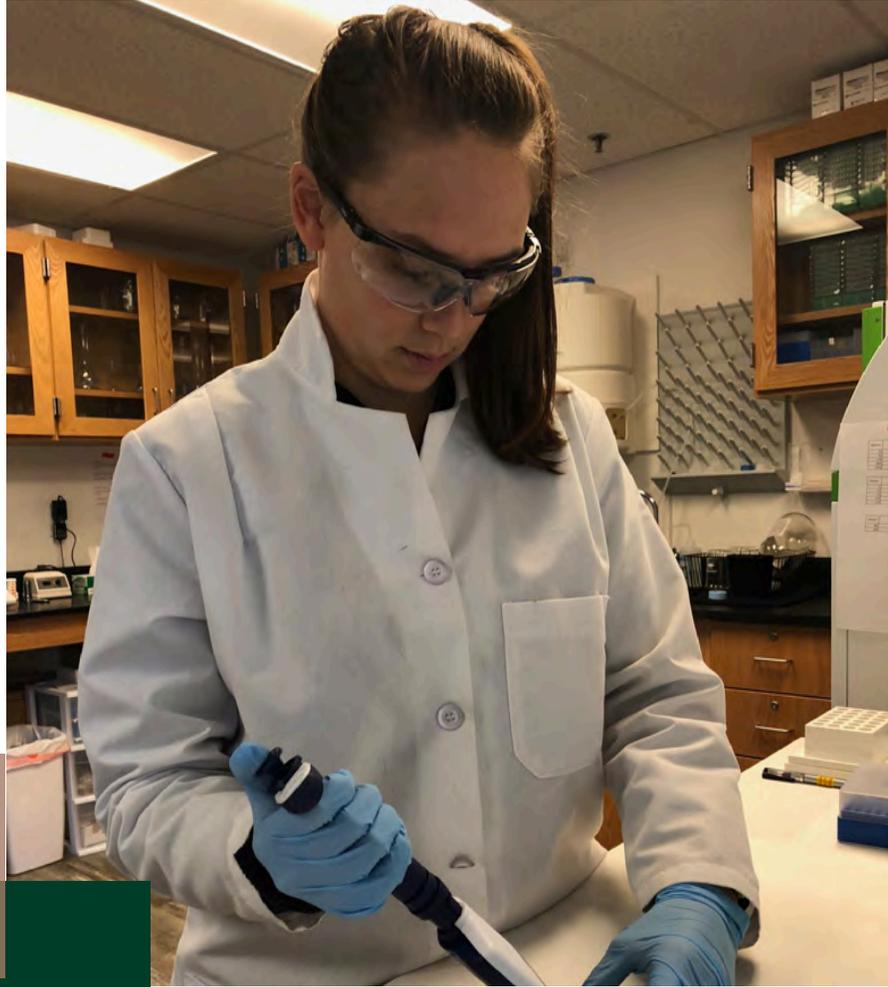
Section Name:	Perform Action:	
ANA OPR - Cover Page	Select Action: ▼ Go	Init

The submission of a Revision follows the exact same process as the submission of the original OPR: Initialize, Save, Validate, Certify, and Submit. If a Revision needs to be made after the due date is passed, the Federal Office may need to submit on behalf of the recipient.

When a Revision is submitted, the “Report Form Status” page appears. The most recent Revision is listed first in the Status table, followed by earlier Revisions, and ending with the original Accepted Report.

This screen displays the status of report forms and their revisions, along with attached files. To continue entering report form information, click on 'Grantee Selection'.

Report Form Status				
Report Submissions:	Report Status:	Status Date:	Report Action:	Print:
<a href="#">View Revision # 1</a>	Submitted	02/24/2016	<a href="#">Unsubmit Report</a>	Print as PDF <input type="button" value="Go"/>
<a href="#">View Original</a>	Submission Accepted by CO	02/17/2016		Print as PDF <input type="button" value="Go"/>



# Chapter 3

## Financial Management System

# Payment Management System (PMS) Overview

The Payment Management System is hosted by HHS for HHS grant recipients. PMS is part of the Program Support Center for HHS and is responsible for all payment related activities from the time of award through the closeout of an ANA grant. PMS makes payments to recipients, manages cash flow and reports disbursement data to ANA and OGM. PMS also processes requests for payment and reviews the FFR-425 report (also known as the SF-425) to ensure the recipient does not have excess cash on hand.

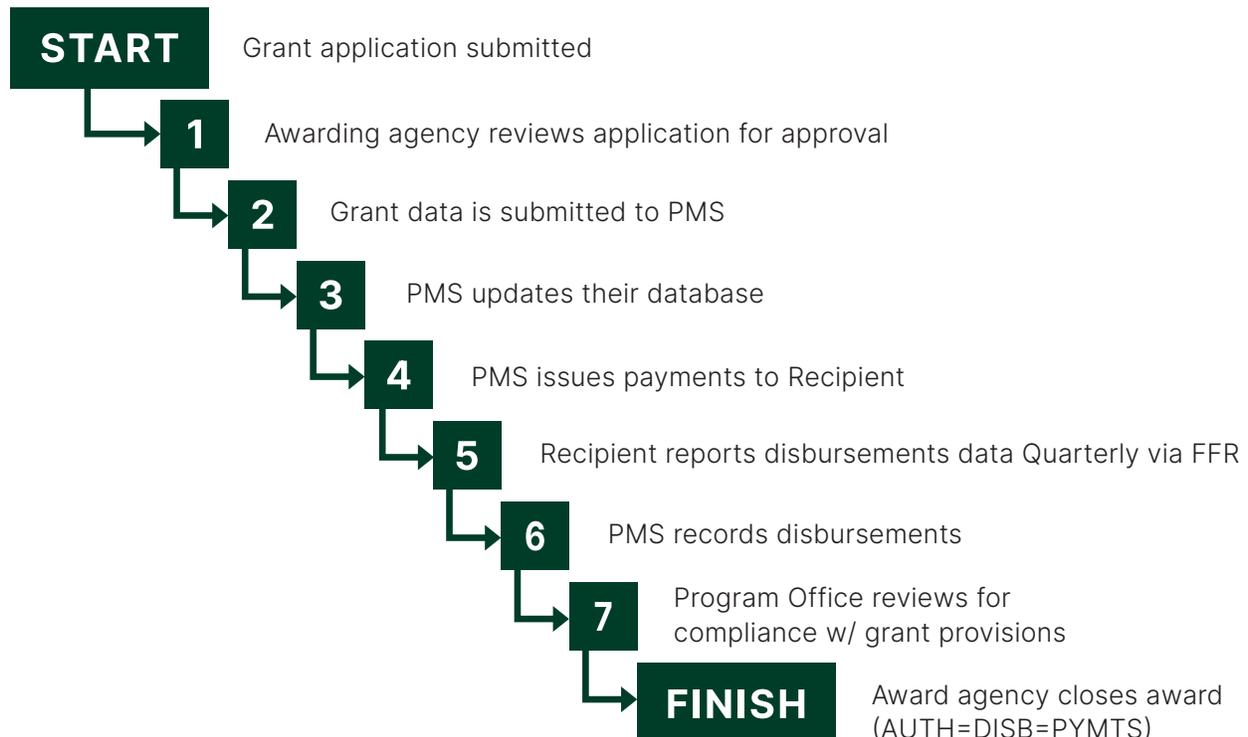
The main purpose of the system is to serve as the fiscal intermediary between ANA and grant recipients, with emphasis on:

1. Expediting the flow of cash between the federal government and recipients;
2. Transmitting recipient disbursement data back to ANA; and
3. Managing cash advances to recipients.

Toolkit Page 15  
Activity 8

The graphic below shows the life of a grant through PMS:

PMS GRANT LIFE CYCLE



As a recipient, you will use PMS for cash draw downs and to complete your financial reporting. The following pages will provide guidance on setting up an account in PMS, how to draw down funds and completing the Federal Financial Report (FFR). More information can be found at <https://pms.psc.gov/training/pms-user-guide.html>. If you need additional assistance, reach out to the PMS Help Desk at 1-877-614-5533 or via email at [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov).

## ESTABLISHING A USER ACCOUNT ([HTTPS://PMS.PSC.GOV](https://pms.psc.gov))

The screenshot shows the PMS Program Support Center website. The navigation bar includes links for 'About Us', 'Find PMS Liaison Accountant', 'Grant Recipients', 'Grantors', 'Training', 'Support', 'Request Access', and 'Login'. The main content area features a 'Welcome' banner and a 'Grant Recipients' section. The 'Grant Recipients' section includes a description of PMS and a grid of service tiles. The 'Request Access to PMS' tile is highlighted with a red box. To the right, there are system alerts and business information sections.

1. Click on Request Access to PMS

The following screen will appear. You can create a new user, retrieve an existing request, or deactivate a user.

## Request Access to PMS

### Request Access

 **Create a PMS New User Account**  
To create a new user in PMS you must fill out a New User Access Request form by completing all of the requested information, and submitting it.

[Create New User >](#)

---

 **Retrieve an Existing PMS User Request**  
To retrieve an existing user request in PMS you must fill out a Retrieve Existing Access Request form by completing all of the requested information, and submitting it.

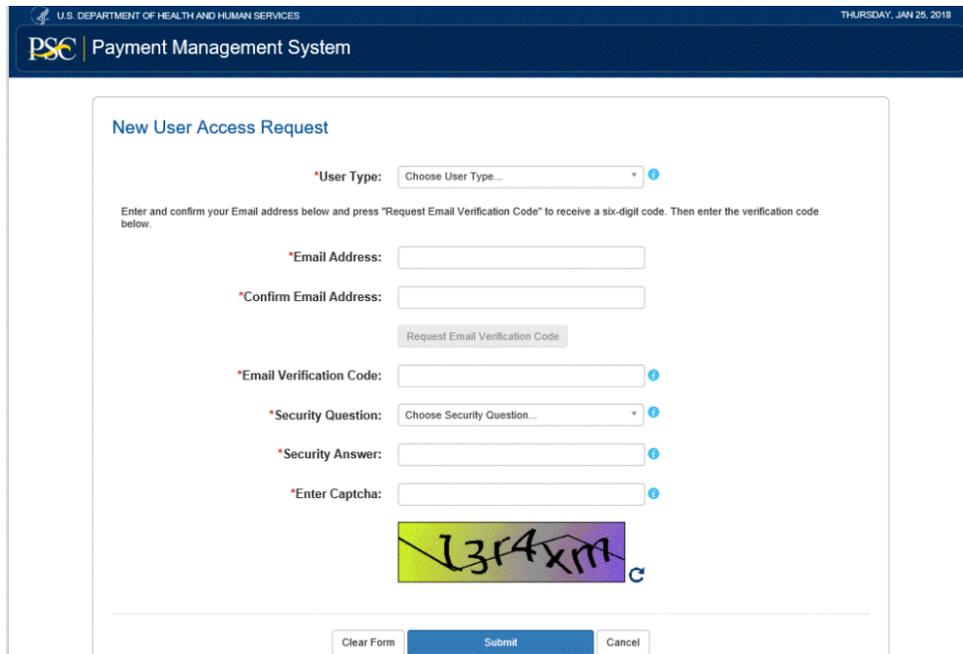
[Retrieve Existing Request >](#)

---

 **Deactivate an Existing PMS User Account**  
To deactivate an existing PMS user account in PMS you must fill out a Deactivate User Access Request form by completing all of the requested information, and submitting it.

[Deactivate User >](#)

If you select “Create New User” the following New User Access Form will come up.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES THURSDAY, JAN 25, 2019

**PMS** Payment Management System

### New User Access Request

**\*User Type:** Choose User Type...

Enter and confirm your Email address below and press "Request Email Verification Code" to receive a six-digit code. Then enter the verification code below.

**\*Email Address:**

**\*Confirm Email Address:**

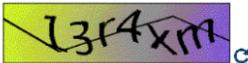
Request Email Verification Code

**\*Email Verification Code:**

**\*Security Question:** Choose Security Question...

**\*Security Answer:**

**\*Enter Captcha:**



Clear Form Submit Cancel

1. User Type: Select “Recipient”
2. Enter and confirm your email address

3. Click “Request Email Verification Code” and a verification code will be emailed to you

4. Select a Security Question and enter the answer

5. Enter the Captcha shown

6. Click on submit

The PMS Access Form will be displayed and the following information will need to be entered:

- ▶ Organization name and either the organization’s EIN, PIN, or Pan

- ▶ Requestor’s contact information

- ▶ Type of access being requested. The access levels you will select from (click on all access levels that apply) are:

- ▶ Recipient Inquiry

- ▶ Account Maintenance

- ▶ Payment requests

- ▶ Add/Update Banking

- ▶ Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)

- ▶ View

- ▶ Preparer

- ▶ Certifier

- ▶ Federal Financial Report

- ▶ View

- ▶ Preparer

- ▶ Certifier

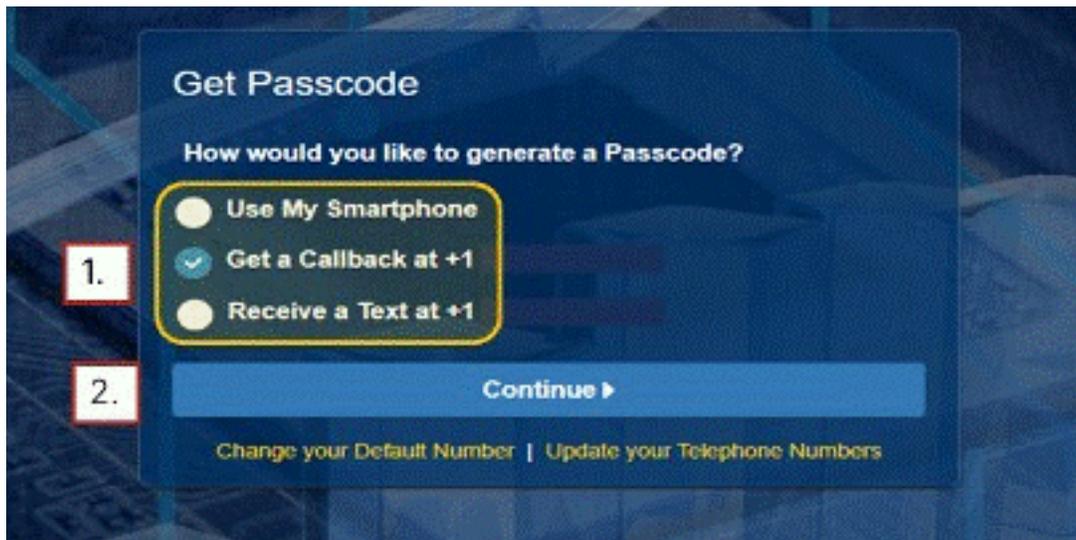
- ▶ Requester’s supervisors information: name, title, email, and phone number

You then Certify and Submit. A request ID will then be displayed on the screen.

#### Additional Information

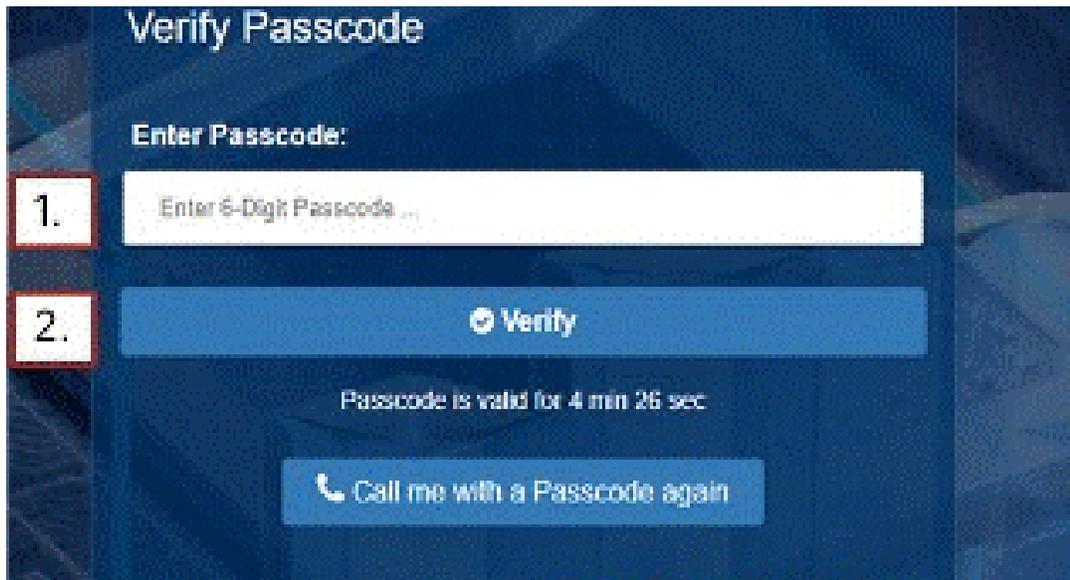
- A supervisor at your organization must approve the request.
- If you are the highest-ranking person at your organization, you would list yourself as the supervisor, and you will need to approve the request. The statement must be included in the comment section.
- The supervisor does not need access to PMS to approve the request.
- If you are locked out of the Payment Management System, and the email address in the system is incorrect, please contact your PMS Liaison Accountant for assistance.

## Duel Log in Security Measures Step 1



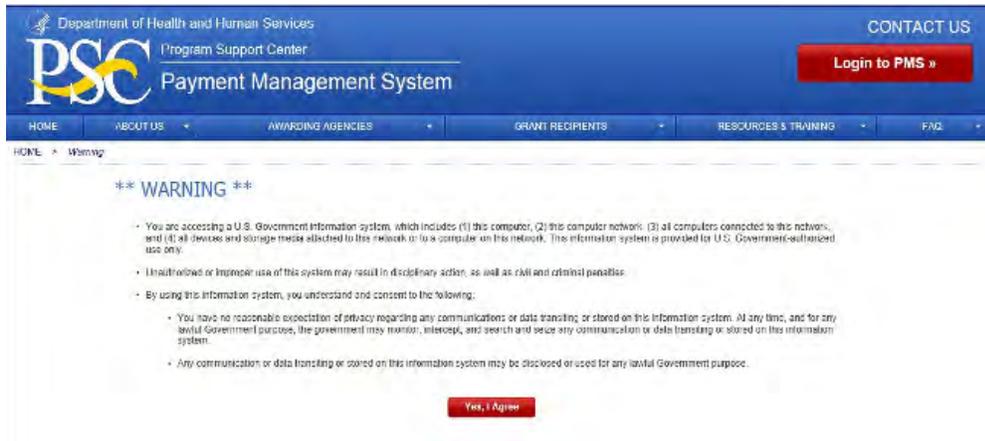
1. Select how you would like to receive a passcode.
  - Smart Phone
  - Callback
  - Text
2. Click on continue

## Duel Log in Security Measures Step 2



1. Enter the six-digit passcode that PMS send you by smart phone, call, or text.
2. Click on verify

## Agreeing to U.S. Government Terms and Conditions for Use of the Website



You are required to accept the terms and conditions for using the Payment Management System. That consent is given by selecting the red “Yes, I agree” button at the bottom of the Warning page.

## For New Users only! Alert to Change Temporary Password

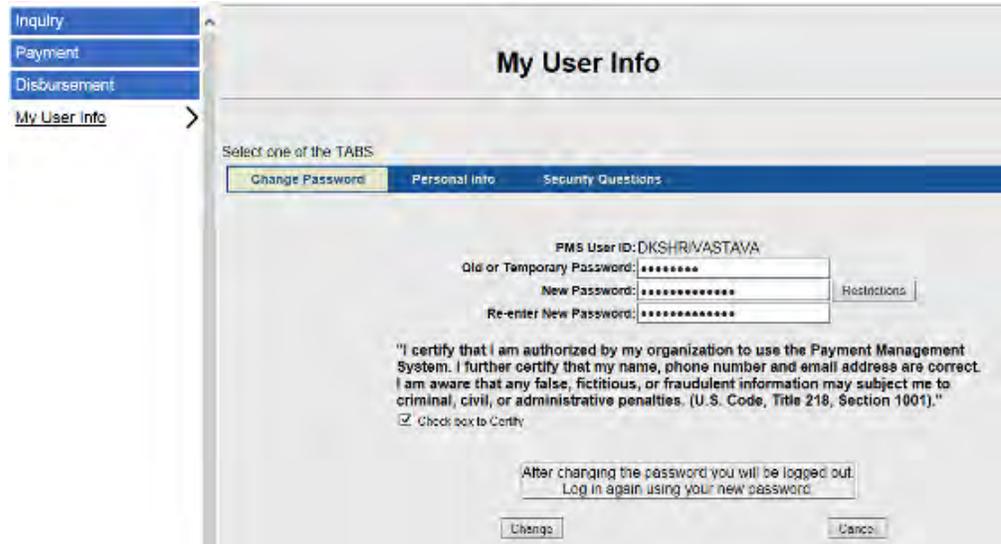


If your password is “Temporary”, you must change it under the “My User Info Link”

1. CLICK “MY USER INFO” TO CHANGE PASSWORD

## FIRST TIME USERS CHANGE OF TEMPORARY PASSWORD AND HOW TO CHANGE AN EXISTING PASSWORD

1. Enter your old password, your new password then re-enter your new password.
2. Click the check box to certify
3. Click the Change button

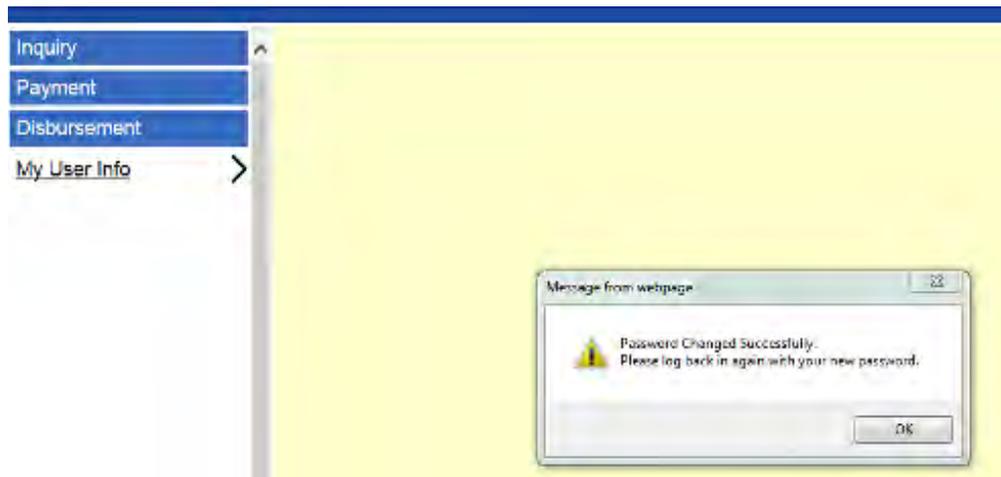


The screenshot shows a web application interface with a left-hand navigation menu containing 'Inquiry', 'Payment', 'Disbursement', and 'My User Info'. The 'My User Info' page is active, displaying a 'My User Info' header and three tabs: 'Change Password', 'Personal Info', and 'Security Questions'. The 'Change Password' tab is selected. The form includes the following fields and elements:

- PMS User ID: DKSHR/VASTAVA
- Old or Temporary Password: [password field]
- New Password: [password field]
- Re-enter New Password: [password field]
- Restictions: [button]
- Disclaimer text: "I certify that I am authorized by my organization to use the Payment Management System. I further certify that my name, phone number and email address are correct. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)."
- Check box to Certify:
- Warning message: "After changing the password you will be logged out. Log in again using your new password."
- Buttons: Change, Cancel

### Temporary or Regular Password Change Confirmation

Click the "OK" button and you will be put into the system and asked to log in with your new password.



## ACCESSING PAYMENT MANAGEMENT SYSTEM

### Logging into PMS

The screenshot shows the top of the PMS website. The header includes the U.S. Department of Health & Human Services logo and the PSC Payment Management System Program Support Center. A navigation menu contains links for About Us, Find PMS Liaison Accountant, Grant Recipients, Grantors, Training, Support, Request Access, and a red 'Login' button. Below the menu is a large 'Welcome' banner with a blue background and a white arrow pointing right. The banner text reads: 'Payment Management System (PMS) is a one-stop shop for grant payments. PSC is committed to improving the quality of our solutions to better serve our customers. Please note, our Web address has changed to https://pms.psc.gov.' A red button with white text 'Learn More About Us >' is at the bottom of the banner. To the right of the banner is a pink box with a red exclamation mark icon and the text 'SYSTEM CRITICAL!'. Below this is a section titled 'December 24, 2020 - Early Cutoff for Payments:' with three bullet points: 'Domestic Wires submitted by 12:00pm ET, on December 24th will be paid the same day December 24th.', 'International Wires submitted by 12:00pm ET, on December 24th will be paid on December 29th.', and 'Automated Clearing House (ACH) payments submitted by 3:00pm ET, on December 24th will be paid on December 28th.'

1. Click on login in the upper right of the screen

The screenshot shows the login page of the PMS. The header includes the U.S. Department of Health and Human Services logo and the PSC Payment Management System logo. On the right side of the header are two buttons: 'LOGIN' and 'REQUEST ACCESS'. Below the header is a 'Login' section. On the left is a 'Secure PMS Login' form with a red border. It contains a 'Username:' field with the letter 'I' entered, a 'Password:' field with the placeholder text 'Enter Password ...', and a checkbox labeled 'I agree to the Government terms of use below.' Below the form is a blue 'Login' button. To the right of the form is a vertical line with '-OR-' in the center. To the right of the line are two logos: the 'AMS for HHS Grantors' logo and the 'LOGIN.GOV' logo. Below the login section are links for 'Reset Password', 'Operating Hours', and 'Request Access'.

#### Government Terms of Use

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this information system, you understand and consent to the following:
  - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
  - Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

2. Enter your user name and password
3. You are required to accept the terms and conditions for using the Payment Management System. The consent is given by selecting the empty check box that reads "I agree to the Government terms of use below".
4. Click on the Login button.

## ADD OR CHANGE BANKING

Prior to adding or changing a bank account you must have a completed SF1199A.

**DIRECT DEPOSIT SIGN-UP FORM**

**SECTION 1 TO BE COMPLETED BY PAYEE**

A. NAME OF PAYEE (Last, first, initials, initials)  
ABC Corporation, Inc.

B. ADDRESS (Street, PO Box, APO/FPO)  
123 ABC Street - Suite 123

CITY: Anytown, STATE: US, ZIP CODE: 12345

D. TYPE OF DEPOSITOR ACCOUNT  OVERNIGHT  REGULAR

E. DEPOSITOR ACCOUNT NUMBER  
12345678901234567890

F. PHONE NUMBER (Home, Office, Cell, Fax)  
Office: (123) 555-5678 ext. 910

G. TAXPAYER IDENTIFICATION NUMBER  
Type/Print 9-Digit Tax ID #

**SECTION 2 TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION**

AGENCY NAME: ABC Corporation, Inc. AGENCY ADDRESS: 123 ABC Street, Anytown, State, ZIP

**SECTION 3 TO BE COMPLETED BY FINANCIAL INSTITUTION**

BANK NAME AND ADDRESS OF FINANCIAL INSTITUTION: ABC Bank Name, 123 Bank Street, Bank, US, 99999

ROUTING NUMBER: 123456789

DEPOSITOR ACCOUNT TITLE: ABC Corporation, Inc.

FINANCIAL INSTITUTION CERTIFICATION: I certify the details in the above names (payee) as well as the account number and type of depositor are of the above named financial institution.

FINANCIAL INSTITUTION SIGNATURE: ABC Bank Name Representative, (123) 555-5678

TO ENSURE ACCURACY WHEN COMPLETING DIRECT DEPOSIT FORM:

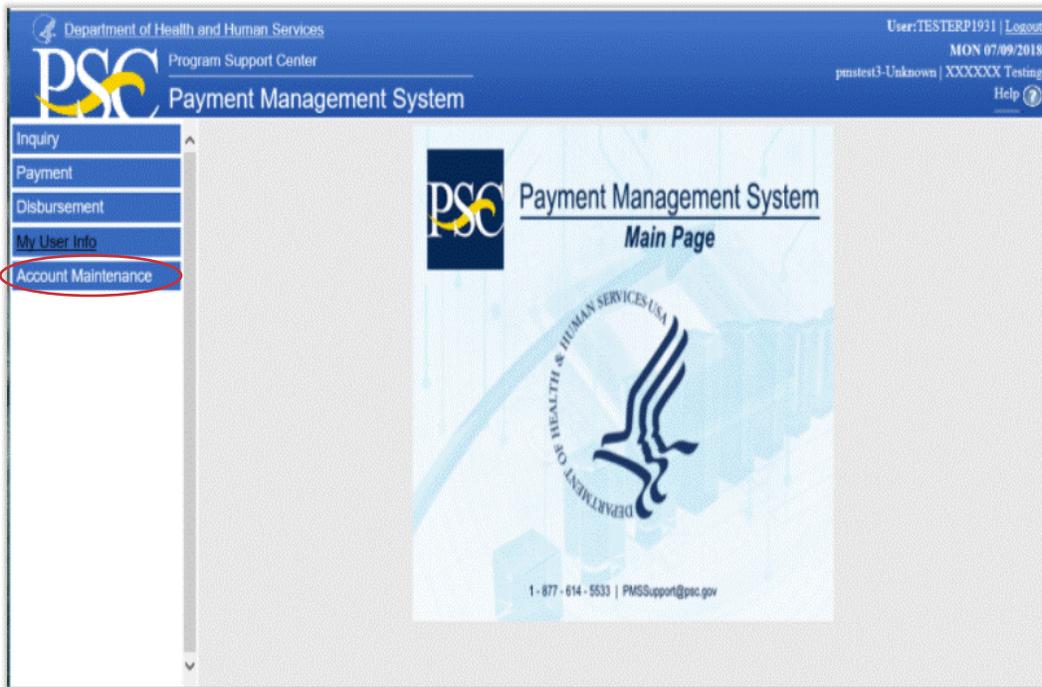
- 1) Box 1A: Name must match organization name on notice of grant award
- 2) Box 1B: Leave Blank [Note: SF1199A form will be rejected if individual's name appears]
- 3) Box 1C: Organization's taxpayer identification number must be included in this field
- 4) Signatures must exist on form (Section 1: Payee Certification)

COMMON ERRORS

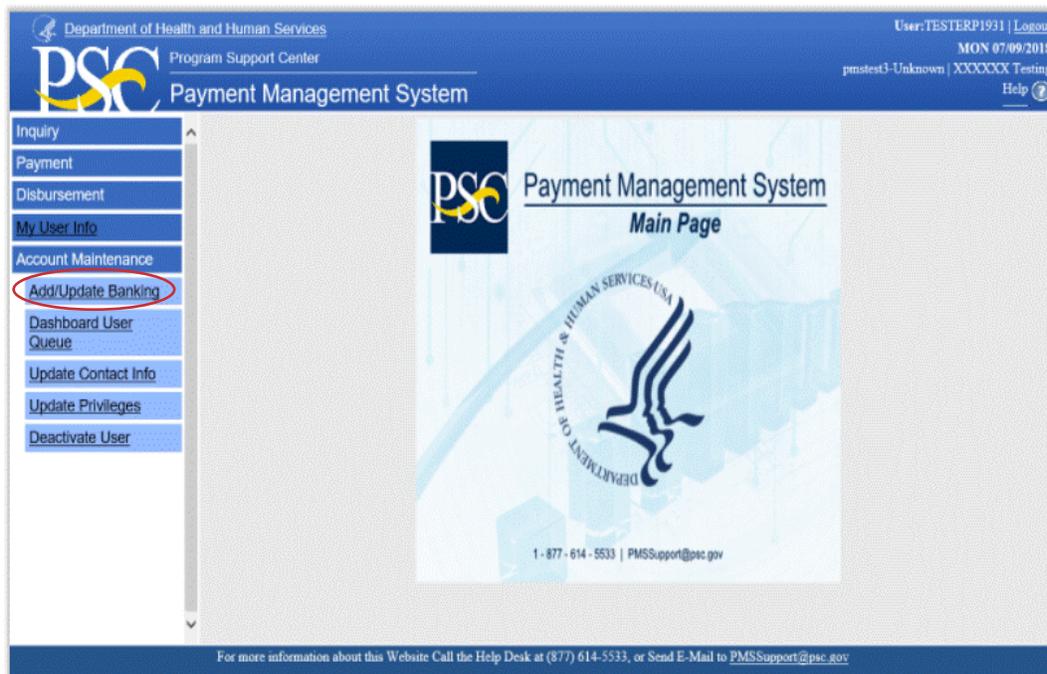
- 1) Corrections in Depositor Account Number and Bank Routing Number
- 2) Alternations that appear on original form are not acceptable (i.e. white out, strike overs, cross-outs, etc.)

For bank changes, please include PMS Account Number(s) at the top of the form.

2. Click on Account Maintenance



3. Select Add/Update Banking



The banking information form will be shown and display all accounts that you have access to.

### Banking Information

---

**REQUEST DETAILS**

**PMS User ID:** TESTERP1931

**Request Status:** Initiated

---

**PAYEE ACCOUNTS**

Select the account(s) in the tables below or click the select all checkbox in the column header if you would like to select all of the accounts in the grid. To expand the accounts tree, click on the (+) sign to view the subaccounts. Subaccounts will use the banking at the account level unless different banking is entered at the subaccount level. When you have finished making your selections, click the submit button to continue.

**Domestic Accounts** ?

	<input type="checkbox"/>	PAN	Payee Account Name	Payment Type	ACH Routing Number	ACH Bank Account Number	ACH Bank Account Type	Wire Routing Number	Wire Bank Account Number
	<input type="checkbox"/>	E797P	University 123	ACH	052001633	111222333444555	Savings		
	<input type="checkbox"/>	E4204A1	Test Org 2	ACH	055001096	20057677582	Checking	021502118	150001818
	<input type="checkbox"/>	A88P1	ABC of Thinking	Wire	072000326	745074507450	Checking	072000326	745074507450
	<input type="checkbox"/>	A88B1	ABC of Thinking	ACH	072000326	0745074507450	Checking		
	<input type="checkbox"/>	195P1	School of Thought	ACH	021502118	2503014745	Checking		

Page 1 of 2    Records per page: 5    Displaying 1 to 5 of 7 items.

---

**International Accounts** ?

	<input type="checkbox"/>	PAN	Payee Account Name	Payment Type	SWIFT Code	IBAN / Account	Bank Account Details
	<input type="checkbox"/>	E4205B1	Test International	Wire	ANZBTVVX	NUM12345679	This is a great bank

Page 1 of 1    Records per page: 10    Displaying 1 to 1 of 1 items.

**LEGEND:**  
● - Banking Change in Progress  
● - ACH Banking differs from PAN  
● - Wire Banking differs from PAN

4. Click in the check box associated with the Account(s) or subaccount(s) to be changed. If the account you need is not listed use the Update Privileges option to request access to the account.
5. Provide the following information:
  - ACH Routing Number
  - ACH Bank Account Number
  - ACH Bank Account Type – checking or savings

**BANK ACCOUNT INFORMATION**

\*ACH Routing Number:  ⓘ

\*ACH Bank Account Number:  ⓘ

\*ACH Bank Account Type:  ⓘ

**DIRECT DEPOSIT FORM**

\*File Attachment:  No file selected.

File Attachment Name:

\*File Attachment Type:

File Attachment	File Attachment Name	File Attachment Type	Uploaded Date	Action
1 <a href="#">de.png</a>	new form	1199A	2018-07-10 09:11:25 AM	<a href="#">Remove</a>

Page 1 of 1 Records per page: 10 Displaying 1 to 1 of 1 items.

**COMMENTS**

Please provide your comments below ⓘ

I submitted one

Maximum 1000 characters.

## How do we know the banking has been updated?

Your liaison accountant will send you an Email confirmation upon receipt of your forms. You can check the Payment Data Inquiry for T/C that states "PNT". Adhoc Recipient Inquiry – Payment Data

```
INQUIRY: PAY-G      DATE: 11/04/2016  TIME: 12:16:17 PM
---PIN: Z8888---ACC: Z8888P1-----
T/C* ***DEBIT** **POSTED** *****AMOUNT***** *DATE**SCHED* **CONFIRM*
927          11/04/2016          $1,500.00          4036054647
  SAVP16          $200.00          TCSE16          $1,000.00
  TANF16          $300.00
PNT          10/26/2016          $ .00
PIN:Z8888 ACC:Z8888P1          $1,500.00 Total Advances Listed Pay Hits: 2
          $ .00 Total Advances          Pay Count: 2
          SAVP16          $200.00 Total Subacct Advances Listed
          TCSE16          $1,000.00 Total Subacct Advances Listed
          TANF16          $300.00 Total Subacct Advances Listed
```

## How do we update our organizations information (Name, DUNS, Address)?

For name changes, you must submit a copy of the IRS Letter and/or Executive Order which states the old name and the new name (documentation should be sent to your grants officer and your PMS Liaison Accountant). For DUNS and address changes, you can provide this information on your organization's letterhead with an authorized signature directly to your grants officer.

## How do we know the information has been updated?

Once the next quarter's reports are generated, you will be able to see the updated information.

## REQUESTING PAYMENT

Payment requests may be made as often as needed:

- Daily
- Weekly
- Monthly
- Bi-monthly

**Funds must be spent within three business days!**

In accordance with Department of Treasury regulations, federal cash **MUST BE DRAWN SOLELY TO ACCOMMODATE YOUR IMMEDIATE NEEDS ON AN "AS NEEDED" BASIS ONLY**, and must not be held in excess of three (3) working days. The Department of Treasury issued regulations governing the flow of federal cash to recipient organizations. These regulations are intended to ensure that federal cash is disbursed from U.S. Treasury coffers only when the recipient needs cash for payment purposes. The regulations minimize the negative impact of federal cash withdrawals on the public debt and related financing costs to the Federal Government. At no time, therefore, should cash be requested to cover unliquidated encumbrances, obligations, or accrued expenditures until actual program disbursements are anticipated. {Reference Circular 1075 & 1084}

## TYPES OF PAYMENT REQUESTS

ADVANCED REQUESTS	COMBINATION REQUESTS																				
<table border="1"><thead><tr><th colspan="2">Payment Details</th></tr></thead><tbody><tr><td>Payment Due Date*</td><td>4/14/2016</td></tr><tr><td>Expected Disbursement Amount \$ *</td><td>5000</td></tr><tr><td>Cash on Hand \$ *</td><td>0</td></tr><tr><td>Payment Request Amount \$ *</td><td>5000</td></tr></tbody></table>	Payment Details		Payment Due Date*	4/14/2016	Expected Disbursement Amount \$ *	5000	Cash on Hand \$ *	0	Payment Request Amount \$ *	5000	<table border="1"><thead><tr><th colspan="2">Payment Details</th></tr></thead><tbody><tr><td>Payment Due Date*</td><td>4/14/2016</td></tr><tr><td>Expected Disbursement Amount \$ *</td><td>5000</td></tr><tr><td>Cash on Hand \$ *</td><td>-1000</td></tr><tr><td>Payment Request Amount \$ *</td><td>6000</td></tr></tbody></table>	Payment Details		Payment Due Date*	4/14/2016	Expected Disbursement Amount \$ *	5000	Cash on Hand \$ *	-1000	Payment Request Amount \$ *	6000
Payment Details																					
Payment Due Date*	4/14/2016																				
Expected Disbursement Amount \$ *	5000																				
Cash on Hand \$ *	0																				
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<table border="1"><thead><tr><th colspan="2">REIMBURSABLE REQUESTS</th></tr></thead><tbody><tr><td>Payment Due Date*</td><td>4/14/2016</td></tr><tr><td>Expected Disbursement Amount \$ *</td><td>0</td></tr><tr><td>Cash on Hand \$ *</td><td>-5000</td></tr><tr><td>Payment Request Amount \$ *</td><td>5000</td></tr></tbody></table>	REIMBURSABLE REQUESTS		Payment Due Date*	4/14/2016	Expected Disbursement Amount \$ *	0	Cash on Hand \$ *	-5000	Payment Request Amount \$ *	5000											
REIMBURSABLE REQUESTS																					
Payment Due Date*	4/14/2016																				
Expected Disbursement Amount \$ *	0																				
Cash on Hand \$ *	-5000																				
Payment Request Amount \$ *	5000																				

## REQUEST PAYMENTS

1. Enter PMS Account Number
2. Click on account
3. Click on "Request for Payment" tab on left blue bar

1. Enter your PMS Account Number
2. Select and Click the Account button

1. Enter or verify name, telephone #, and email address
2. Enter payment due date\*
3. Enter payment information+
4. Click continue

\*Payment due date will be the next business day from the date you are entering the request in PMS; unless otherwise stated in your initial welcome letter.

+Expected disbursement means the amount needed to pay invoices, etc.

Cash on hand means the amount remaining from a previous payment request.

Payment request amount means the amount you are expected to receive in your bank account.

1. Select the PMS Sub-Account you wish to request funds from. You may click on one, two, etc.
2. Click on Sub-Amount

**Request for Payment**

**Account Review**

Account Number: Z8888P1  
DUNS: 999999999 -  
Name: Test U  
Phone No: (301)555-1212 Ext.  
E-Mail Address: test.usr01@testaccount.gov  
Payment Due Date: 11/07/2016  
Payment Request Amount \$: \$7,000.00

1.

Subaccount	Bank Account	Unexpired Funds (A)	Expired Funds (B)	In-Transit Payments (C)	Total Funds (A+B+C)	Subacct Amt Requested \$
SAVP16	*****CCT01	\$30,000.00	\$0.00	\$200.00	\$29,800.00	500
TANF16	*****CCT01	\$20,000.00	\$0.00	\$300.00	\$19,700.00	1500
TCSE16	*****CCT01	\$8,000,000.00	\$0.00	\$1,000.00	\$7,999,000.00	5000

2.      Request\_Payment      GOTO Subacct      Cancel

- If your drawdown request exceeds the unexpired funds amount, DPM must obtain awarding agency approval which may delay the processing of your request.
- Requests for payment submitted after 6:00 p.m. ET will be processed as if received on the next business day.

1. For each sub-account, enter the amount you are requesting
2. Click on Request Payment

If you need a copy of the screen, **please print before you click** on the **Request for Payment** button.

You will **NOT** be able to go back to this screen.

[Return To](#)

**Request Payment  
Completed Transaction Info**

Account: 9H61P      Payment Request Amount: \$5,600.00  
Request Date: 02/10/2014      DUNS Number: 605799469-  
Settlement Date: 02/11/2014

Subaccount	Amount
NNA08CN87A	\$1,000.00
NNA13AA93A	\$1,000.00
NNX12AC79G	\$2,600.00
NNX12AJ92G	\$1,000.00

Payment Request is in Holding file. The Transaction Number For Future Reference:2049570216

1. Review the information
2. Click Done

## ***Reason for Denied Payments / Manual Review Flags***

- **Agency Restriction**
  - Awarding agency has the authority to restrict grant funding and payment requests
- **Expired Grants**
  - Grants that are 90 days or greater past the award budget ending period. Approval must be received from awarding agency within three (3) business days of receipt of email from PMS Staff.
- **Reasonableness**
  - Excessive payment requests may be rejected due to large payments in budget period
- **Late Federal Financial Report (FFR)**
  - If the Federal (FCTR) and/or the Financial Status Report (FSR) is not filed before the due date, temporary suspension of funding privileges will occur.
- **Excess Cash on Hand – 3-day rule (FCTR)**
  - Funding requests will be denied if there is excessive cash on hand (FCTR)

## User Account Inquiries

Use this process for creating, running, and storing Grantee Inquiries in the Payment Management System. Those grantee inquiries could include:

> **Account Balance Data**

Authorized grant award information, payments made and funds available

> **Authorization Transactions**

Award amount, budget period and date posted in PMS

> **Payment Data**

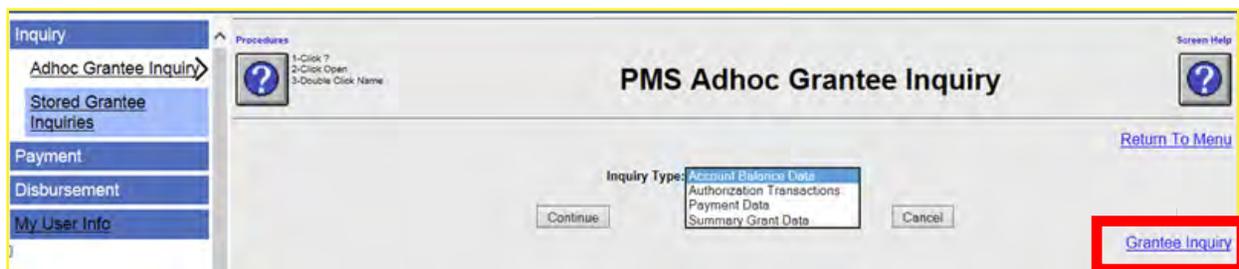
Payment History including payments deposited and rejected

> **Summary Grant Data**

Grant expenditures reported on the most recent FFR 425 Federal Cash Transaction Report (FCTR)

APEX Report System has been added to PMS. Utilizing APEX will allow you to download data to an Excel Spreadsheet.

To enter APEX please select "Grantee Inquiry" link on the bottom right side of the following screen surrounded by the red box.



The instructions for running an inquiry are on the next page.

## AUTHORIZATION TRANSACTIONS

1. Select Inquiry Type "Authorization Transactions"
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

### GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: \*  Authorization Transactions  Payment Transactions  Grant Summary  Subaccount Summary

Payee Account: \*

Grant Award / Document Number:  ^

Posted Date Range: From:   To:  

Save this inquiry:

### AUTHORIZATION TRANSACTIONS:

Award amount (obligation and de-obligation of funds), budget period and date authorization posted in PMS

PAYEE ACCOUNT	AGENCY TITLE	TRANSACTION CODE	FISCAL YEAR	CAN	OBJECT CLASS CODE	INCREMENTAL AUTH AMT	AUTHORIZATION ISSUE DATE	AUTHORIZATION POST DATE	BUDGET START DATE	BUDGET END DATE
	8-NATIONAL INSTITUTES OF HEALTH	050	2020	8037223	414L	\$3,000,000.00	03/23/2020	03/27/2020	04/01/2020	03/31/2022
	8-NATIONAL INSTITUTES OF HEALTH	050	2020	8037223	414L	\$6,000,000.00	03/19/2020	03/20/2020	04/01/2020	03/31/2022
						\$3,000,000.00				

## PAYMENT TRANSACTIONS

1. Select Inquiry Type: Payment Transactions
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

### GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: \*  Authorization Transactions  **Payment Transactions**  Grant Summary  Subaccount Summary

Payee Account: \*

Subaccount:  ^

Paid Date Range: From:   To:

Payment Transaction ID:

Save this inquiry:

## PAYMENT TRANSACTIONS:

Payment History including payments deposits, rejections, refunds, etc.

REQUEST DATE	PAYEE ACCOUNT	TRANSACTION CODE	SUBACCOUNT	SUBACCOUNT REQUESTED AMOUNT	TOTAL PAYMENT REQUEST AMOUNT	POST DATE	DEBIT DATE	SCHEDULE NUMBER
REQUEST DATE : 02/28/2021, PAYMENT TRANSACTION ID : 4038426512								
	227		HEALTHCARECENTERS_20	\$0.00	\$74,223.00			
<b>\$0.00</b>								
REQUEST DATE : 02/02/2021, PAYMENT TRANSACTION ID : 4038385671								
	927		HEALTHCARECENTERS_20	\$256,000.00	\$256,000.00	02/02/2021	02/03/2021	23443
<b>\$256,000.00</b>								
REQUEST DATE : 01/20/2021, PAYMENT TRANSACTION ID : 4038363994								
	927		HEALTHCARECENTERS_20	\$126,000.00	\$171,000.00	01/20/2021	01/21/2021	13410

T/C (Transaction Codes)

908 = Return of Funds

911 = Return of Interest

916 = Fed Wire "Same" Day Payments

927 = ACH "Next" Day Payments

Z27 = Payment was rejected

PNT = Banking Updated

## PAYMENT TRANSACTIONS ALTERNATE REPORT LAYOUT

You can uncheck the boxes in the upper right hand corner of the report to get a different layout. The down arrow under a column header means that the data is being sorted by this column (See "Request Date" column).

Select any column to sort data.

PAYEE ACCOUNT	TRANSACTION CODE	SUBACCOUNT	SUBACCOUNT REQUESTED AMOUNT	TOTAL PAYMENT REQUEST AMOUNT	REQUEST DATE	POST DATE	DEBIT DATE	SCHEDULE NUMBER	PAYMENT TRANSACTION ID
	227	HEALTHCARECENTERS_20	\$0.00	\$74,223.00	02/28/2021				4038426512
	927	HEALTHCARECENTERS_20	\$256,000.00	\$256,000.00	02/02/2021	02/02/2021	02/03/2021	25443	4038385671
	927	20-COVID19-BPHC-C4	\$45,000.00	\$171,000.00	01/20/2021	01/20/2021	01/21/2021	13410	4038363994
	927	HEALTHCARECENTERS_20	\$126,000.00	\$171,000.00	01/20/2021	01/20/2021	01/21/2021	13410	4038363994
	927	20-COVID19BPHC-C3	\$65,000.00	\$191,000.00	12/30/2020	12/31/2020	01/04/2021	123374	4038342039
	927	HEALTHCARECENTERS_20	\$126,000.00	\$191,000.00	12/30/2020	12/31/2020	01/04/2021	123374	4038342039
	927	HEALTHCARECENTERS_20	\$126,000.00	\$126,000.00	11/24/2020	11/25/2020	11/22/2020	113293	4038293865
	927	HEALTHCARECENTERS_20	\$126,000.00	\$126,000.00	11/12/2020	11/12/2020	11/13/2020	113263	4038275605
	227	HEALTHCARECENTERS_20	\$0.00	\$126,000.00	11/12/2020				4038275192

## GRANT SUMMARY

1. Select Inquiry Type Grant Summary
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. SELECT "RUN INQUIRY"

**GRANTEE INQUIRY SEARCH CRITERIA**

Inquiry type: \*  Authorization Transactions  Payment Transactions  **Grant Summary**  Subaccount Summary

Payee Account: \*

Grant Award / Document Number:  ^

Fund Status:  ▾

Document Status:  All  Open "O"  Closed "C"

Save this inquiry:

## GRANT SUMMARY

Grant disbursements reported on the most recent FFR Cash Transaction Report (FCTR)

PAYEE ACCOUNT	AWARDING AGENCY TITLE	DOCUMENT NUMBER	GRANT AUTHORIZATION AMOUNT	DISBURSEMENT AMOUNT	PAYMENTS	LAST DISBURSEMENT REPORT DATE	AWARD START DATE	AWARD END DATE	FUNDS EXP.
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	2001ARFFFA	\$5,489,255.00	\$277,875.00	\$548,840.00	12/31/2020	10/01/2019	09/30/2025	N
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	2101ARNCAN	\$859,674.00	\$0.00	\$0.00	-	10/01/2020	09/30/2025	N
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	2001ARNCAN	\$878,209.00	\$0.00	\$0.00	12/31/2020	10/01/2019	09/30/2024	N
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	2001ARAIPF	\$1,995,500.00	\$0.00	\$0.00	12/31/2020	10/01/2019	12/31/2023	N
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	2101ARRCMW	\$17,375.00	\$1,001.18	\$350.17	12/31/2020	10/01/2020	09/30/2023	N
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	1901ARNCAN	\$820,780.00	\$0.00	\$0.00	12/31/2020	10/01/2018	09/30/2023	N

## SUBACCOUNT SUMMARY

1. Select Inquiry Type Subaccount Summary
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

**GRANTEE INQUIRY SEARCH CRITERIA**

Inquiry type: \*  Authorization Transactions  Payment Transactions  Grant Summary  **Subaccount Summary**

Payee Account: \*

Subaccount:  ^

Grant Award / Document Number:  ^

Fund Status:  ▾

Document Status:  All  Open "O"  Closed "C"

Save this inquiry:

## SUBACCOUNT SUMMARY:

Authorized grant award information, payments made and funds available

PAYEE ACCOUNT ↓	AWARDING AGENCY TITLE	SUBACCOUNT	AUTHORIZATION AMOUNT	PAYMENTS	FUNDS AVAILABLE	DOCUMENT NUMBER	AWARD START DATE	AWARD END DATE	FUNDS EXPIRED	DS
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	REFMED01	\$0.00	\$114.00	\$0.00	03AAAR6100	10/01/2002	09/30/2009	Y	D
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	AIRP00	\$0.00	\$31,980.00	\$0.00	0001ARA199	10/01/1999	02/28/2003	Y	O
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	REFMED01	\$0.40	\$11,066.00	\$0.00	01AAAR6100	01/01/2001	05/31/2008	Y	O
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	REFMEDCASH12	\$534.19	\$534.19	\$0.00	12AAAR6100	10/01/2011	09/30/2012	N	C
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	REFMED&CASH13	\$1,109.00	\$6,012.81	\$0.00	1301ARRCMA	10/29/2012	09/30/2013	N	O
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	NCCAN12	\$1,300.00	\$1,300.00	\$0.00	1301ARCA01	01/01/2013	09/30/2017	Y	E

Some subaccounts will have matching document numbers

Subaccount is what you see when you request funds

Document Number is what you see when you complete the FFR Cash Transaction Report (FCTR), if applicable

## OPDIV “AGENCY” CODES

OPDIV CODE	HHS OPDIVS
1	Office of the Secretary (OS)
2	Administration for Community Living (ACL); formerly Administration on Aging (AOA)
3	Health Resources and Services Administration (HRSA)
4	Social Security Administration (SSA)
5	Centers for Medicare & Medicaid Services (CMS), legacy HCFA
6	Food and Drug Administration (FDA)
8	National Institutes of Health (NIH)
9	Centers for Disease Control and Prevention (CDC)
A	OASH (Office of the Assistant Secretary of Health)
C	Substance Abuse and Mental Health Services Administration (SAMHSA)
G	Administration for Children and Families (ACF)
J	Indian Health Service (IHS)
K	Agency for Healthcare Research and Quality (AHRQ)
OPDIV CODE	NON-HHS
B	Department of Homeland Security (DHS)
L	Small Business Administration (SBA)
M	Department of Veterans Affairs (VA)
N	Department of the Treasury (Treas.)
P	Executive Office of the President (EOP)
R	Department of State (DOS)
S	National Aeronautics and Space Administration (NASA)
T	Department of Labor (DOL)
U	Corporation for National & Community Service (CNCS)
W	DOI (Department of Interior)
X	Department of Agriculture (USDA)
Z	United States Agency for International Development (USAID)

### Returning Funds

- All funding requested via the Payment Management System, must be returned back to our office for proper credit.
- All returns should include (1) PMS Account Number(s), (2) Grant Number, (3) Amount, and (4) reason for return (excess cash, interest, etc.). If you are not able to provide this information on the transmission, please send an E-Mail to your liaison accountant informing them of the return and include all information stated above.
- Remember to update your FCTR to reflect the funds return.
- Once the funds have been received and posted back to your PMS Account, you can check the payment data inquiry screen.
- On electronic returns there are fields in place for submitting information with the financial data. Please make use of these fields. Please include pertinent subaccount information if it applies.

**The Payment Management Services prefers that you return funds using ACH Direct Deposit (REX or Remittance Express) or FedWire.**

### **ACH Returns (Direct Deposit)**

Returning funds to DPM via ACH (Automated Clearing House) means you will most likely be returning funds to DPM in the manner in which they were received at your organization.

You will need the following information:

The DPM ACH Routing Number is: 051036706

The DPM DFI Accounting Number: 303000

Bank Name: Credit Gateway - ACH Receiver

Location: St. Paul, MN

### **Fedwire Returns**

A FedWire return is a return via a WIRE.

You will need the following information:

The DPM FedWire Routing Number: 021030004

The DPM ALC (Agency Location Code): 75010501 – same as account number

Bank Name: Federal Reserve Bank

Treas NYC/Funds Transfer Division

Location: New York, NY

Note: FedWire returns will not be posted to your account until the next business day.

### **Check Returns**

If you choose to return funding via a check; please be sure to use the following information:

Check made payable to: The Department of Health and Human Services

Include on the check: Payee Account Number (PAN)

Grant Document Number / Sub-Account

Mail the Check to: HHS Program Support Center

PO Box 530231

Atlanta, GA 30353-0231

Please include a brief statement explaining the nature of the return, grant number, etc.

**Call your DPM Liaison Accountant before you return funds.**

# Financial Reporting

There are two types of financial reports both are part of the Federal Financial Report or FFR. The FFR is also known as the SF-425. You will not see the form number SF-425 when filling out the FFR, but keep in mind when you are asked to submit the SF-425, it is referring to the FFR. The first is the Federal Cash Transaction Report (FCTR). This report helps reconcile funding drawdowns. The other report is the Federal Status Report (FSR). This report is submitted each project budget year semi annually, annually and 90 days after your project ends. These reports are typically filled out by the person keeping the financial records for the grant. The program person will need to work with the financial person to assure that reporting is accurate for each reporting period. Recipients will fill out both reports in the Payment Management System. We will go into more detail on these report later in this section, including the due dates for each type of grant.

## **QUARTERLY FCTR REPORT**

*The FCTR is required quarterly and due on the following dates: January 30, April 30, July 30 and October 30. Failure to submit on time will result in the inability to draw down funds until the report is completed.*

## **SEMI-ANNUAL FFR/FSR REPORT**

**This report** is due twice a year, due dates vary depending on type of grant. Reporting is completed on authorized funding during the current budget year.

## **ANNUAL FFR/FSR REPORT**

The Annual FSR like the second semi-annual FSR will report on the cumulative budget year. Differences may occur when a recipient has unliquidated obligations in the second semi- annual report. It is specifically to finalize all costs for the budget period. These reports will be filled out and submitted the same way the Semi-annual reports were completed.

## **FINAL FFR/FSR**

This is a close out report that is due 90 days after the close of the grant. The report is cumulative for the life of project.

## COMPLETING THE FEDERAL CASH TRANSACTION REPORT (FCTR)

- The FCTR is filled out and submitted in PMS. It is important that you print a copy of the submitted form for your files. A copy should be sent to the project director for the project grant file.
- The Federal Financial Report (FFR) consists of both the Federal Cash Transaction Report (FCTR) and the Financial Status Report (FSR).
- The FFR Federal Cash Transaction Report must be filed within 30 days of the end of each of the following quarter period end dates:
  - December 31 (1st Quarter of fiscal year)
  - March 31 (2nd Quarter of fiscal year)
  - June 30 (3rd Quarter of fiscal year)
  - September 29 (4th Quarter of fiscal year)
- Adjustments to cumulative disbursements may be saved (to be completed at a later time BEFORE the deadline date) or certified.
- If the FCTR is not filed before or on the due date, funds will be frozen until the report is been submitted.
- This is an "EXPENDITURE" report. It should be submitted each quarter regardless if you have requested funds via the Payment Management System.

# Federal Financial Report – (FFR)

The FFR is the SF-425  
PMS Help Desk: 1-877-614-5533

**Federal Cash Transaction Report**  
Lines 10a thru 10c

**Financial Status Report**  
Lines 10d thru 11f

**FEDERAL FINANCIAL REPORT**  
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page 1 of 1 pages
3. Recipient Organization (Name and complete address including ZIP code)				
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	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: (Month, Day, Year) To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)		
10. Transactions <span style="float: right;">Cumulative</span>				
<i>(Use lines a-c for single or multiple grant reporting)</i>				
<b>Federal Cash (To report multiple grants, also use FFR Attachment)</b>				
a. Cash Receipts				
b. Cash Disbursements				
c. Cash on Hand (line a minus b)				
<i>(Use lines d-e for single grant reporting)</i>				
<b>Federal Expenditures and Unobligated Balance:</b>				
a. Total Federal funds authorized				
b. Federal share of expenditures				
c. Federal share of unobligated obligations				
d. Total Federal share (sum of lines b and c)				
e. Unobligated balance of Federal funds (line d minus g)				
<b>Recipient Share:</b>				
f. Total recipient share required				
g. Recipient share of expenditures				
h. Remaining recipient share to be provided (line f minus g)				
<b>Program Income:</b>				
i. Total Federal program income earned				
j. Program income expended in accordance with the reduction alternative				
k. Program income expended in accordance with the addition alternative				
l. Unexpended program income (line i minus line j or line k)				
1. 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.				
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures.				

## Federal Cash Transaction Report Current Report Screen

Current Report Period Listing  
Payee Account Contains E0484P1  
Status ALL REPORT STATUSES

Action	Payee	End Date	Due Date	Submit Date	Status
I want to Prepare/Certify View Print Unsubscribe See Workflow	E0484P1	30-SEP-2020	30-OCT-2020		C

New Search

Report Status:  
N – Report Available/To Be Completed  
C – Report Prepared/Not Certified  
B – Report Certified/Posting In Progress  
P – Report Completed/Posted  
A – Report in Adjustment Process  
X – Report Not Filed in Past Periods

1. Select the action that you want to do:  
Prepare/Certify  
View  
Print  
Unsubscribe  
See Workflow

2. You can also check the status of the report:  
Report Available/To Be Completed  
Report Prepared Not Certified  
Report Certified/Posting in Progress  
Report Completed/Posted  
Report in Adjustment Process  
Report Not Filed in Past Periods

# FCTR Search

After logging in to the Payment Management System with a PMS User ID and password:

Click the PMS menu heading entitled: "Disbursement"

Click the sub-heading entitled: "FFR Cash Transaction Report"

Enter your PMS Account Number

Select the Reporting Period "All"

Select the Report Quarter End Date

Leave everything else as it and at the default

Click Continue

PMS will automatically populate Agency, Grantee Information, DUNS, EIN as stated in the database.

Box 6, Box 7, & Box 9 are defaulted automatically by the system.

To report disbursements on the grant, click on the "Report Disbursements" button at the top of the page.

You must complete the Report Disbursement page before you can finish and submit the report.

### Federal Cash Transaction Report

[Return](#)

FEDERAL FINANCIAL REPORT		(Prescribed by OMB A-102 and A-110)			
1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number			
3. Recipient Organization (Name and complete address including Zip code)					
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number	6a. Report Frequency	6b. Report Type	7. Basis of Accounting
602750072	1391805963B5		Quarterly	Interim Report	Cash
8. Project/Grant Period(month,day year)			9. Reporting Period End Date(month,day year)		
From:			To: 12/31/2016		
10. Transactions					Cumulative
(Use lines a-c for single or multiple grant reporting)					
<b>Federal Cash (To report multiple grants, also use Report Disbursements):</b>					
a. Cash Receipts				567,594.41	
b. Cash Disbursements				0.00	
c. Cash on Hand (line a minus b)				0.00	
(Use lines d-f for single grant reporting)					

In Box 5, report "CUMULATIVE" expenditures for each grant listed.

Net Quarter Disbursements will automatically calculate at the bottom in the box titled "TOTAL"

**Note:** The Rec Acct Num column is optional. This is for your use only!

However, PMS will retain this information and it will populate on each quarters report.

**Remember this is an expenditure report. You must report ACTUAL expenditures regardless if you have not requested funds.**

Grantees must check the "Report Inactive Grant" listing each quarter to ensure that all disbursements on these grants are up-to-date. These grants are still opened in PMS and will remain open until the Awarding Agency takes the necessary action to close them. They are in the list because the last budget period has ended.

Grant Number	Auth. Amount	Disb. Amount
12SM60465A	199,201.00	199,201.00
14SM60465B	101,057.00	100,602.32
90IF006101	250,227.35	250,227.35
90IF008301	195,182.70	195,182.70
RHL121422A	261,822.22	261,836.00

Grant Num	Rec Acct Num		Cum. Disb. Amt	Cum Feder
RMH098755B	PRJ77FN	398,388.37	394,631.78	398,388.37
RHL118561A	PRJ89GC	1,479,722.00	1,074,875.24	1,074,875.24
RES024509A	PRJ85PD	399,631.00	317,974.74	399,631.00
14G02HP28004	MIL109517	1,197,578.00	735,509.00	735,509.00
RHD080828A	PRJ86YM	428,096.00	342,172.47	342,172.47
010474OH14	PRJ86BB	562,816.00	467,588.51	467,588.51
RMH094537A	PRJ84LR	417,516.00	255,974.56	417,516.00
15T16MC06953	AAA4984	163,804.00	128,138.15	163,804.00
RDE024783A	PRJ92YB	224,250.00	209,275.42	224,250.00
90IF008102	AAA2545-2	196,477.00	25,454.89	25,454.89
90IF008302	AAA2597-2	200,000.00	79,999.36	79,999.36
<b>TOTAL (Should correspond to the amount on Line 10b on Page 1)</b>			<b>2,105,240.58</b>	

## FFR/SF-425 – Quarterly Federal Cash Transaction Report

Cash Receipts = the Ending Cash on Hand from the prior quarter's report + funds received and/or returned during the quarter.

You must calculate 10c "Cash On Hand" Line 10a minus Line 10b.

FEDERAL FINANCIAL REPORT (Prescribed by OMB A-102 and A-110)						
1. Federal Agency and Organizational Element to Which Report is Submitted			2. Federal Grant or Other Identifying Number			
3. Recipient Organization (Name and complete address including Zip code)						
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number	6a. Report Frequency	6b. Report Type	7. Basis of Accounting	
602750072	1391805963B5		Quarterly	Interim Report	Cash	
8. Project/Grant Period(month,day,year)			9. Reporting Period End Date(month,day,year)			
From: _____ To: _____			12/31/2016			
10. Transactions					Cumulative	
(Use lines a-c for single or multiple grant reporting)						
Federal Cash (To report multiple grants, also use Report Disbursements):						
a. Cash Receipts					567,594.41	
b. Cash Disbursements					2,105,240.58	
c. Cash on Hand (line a minus b)					-1,537,646.17	

# Federal Cash Transaction Report

If 10c is a positive amount, you must provide an explanation on line 12.

Enter Certifying Officer's name in Box 13b

Scroll to the top or bottom of the page and click the "Certify" button to attest to the accuracy and completeness of the report.

12 Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

Funds drawn at the end of the month for payroll

Prepared by: User01\_Testgrantee Phone No.: 456-123-379  
 Email Address: testusr01@email.com

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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. Typed or Printed Name and Title of Authorized Certifying Officer  
 c. Telephone (Area code, number and extension)

b. Signature of Authorized Certifying Official  
 PMS Preparer Signature x

d. Email Address  
 e. Date Report Submitted

14. Agency use only

User Code  
 Payee Account Z8888P1  
 DPM Rep Name  
 Phone Number

Paperwork Burden Statement  
 (According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 2348-0081. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2348-0081), Washington, DC 20503.)

Standard Form 425 - Revised 6/26/2010  
 OMB Approval Number 2348-0081  
 Expiration Date 10/31/2011

Save Certify Report Disbursements Cancel

## FTCR Certify Step Two

This window may or may not pop up.

If it does.....  
 Read Windows message and click "OK" if you agree

Message from webpage

 PLEASE READ CAREFULLY

By checking the box in section 13, I confirm that by signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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).

-----  
 If you agree with the above disclaimer please:  
 - print the FFR and Report Disbursements  
 - select the checkbox in section 13 upon close of this disclaimer  
 - click SUBMIT button again to complete your certification.

OK

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
User01, Testgrantee accountant	456-123-379
b. Signature of Authorized Certifying Official	d. Email Address
PMS Preparer Signature	testusr01@email.com
	e. Date Report Submitted
	14. Agency use only

By checking this box, I certify that this report is true, complete and accurate to the best of my knowledge.

User Code	
Payee Account	Z8888P1
DPM Rep Name	
Phone Number	

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0001. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0001), Washington, DC 20503

Standard Form	425 - Revised 6/28/2010
OMB Approval Number	0348-0001
Expiration Date	10/31/2011

Save Submit Report Disbursements Cancel

Check the box under 13b

Don't forget to save before you click on the "Submit" button.

Once report is submitted, the message "Certify Transaction Complete" will appear

Updates to the report, can be made 24 hours after submission.

11

Your report has now been submitted.

You can click on the "Return to List" button to see the new status of your report.

If you missed a past report, you must complete the current quarters report in order to be compliant.

## Federal Financial Report Attachment

# Certify Transaction Complete

**The report will be available for recertification the next business day.**

You may select another process from the menu.

OR

OR

[Repeat Same Transaction Type](#)

## COMPLETING THE FINANCIAL STATUS REPORT (FSR)

Recipients complete the report in the Payment Management System. To complete the FSR, you will need to fill out sections 10d through 13e of the FFR.

If the recipient has a multi-year grant, the recipient will only report on those funds provided for that budget period. Do not provide cumulative totals from previous years. The form is on the next two pages. The layout of the form looks different in the PMS system but the data fields require the same information.

**Federal Expenditures and Unobligated Balance**

- 10d - Total Federal funds authorized this period
- 10e - Federal fund expenditures  
Cash basis = the sum of cash disbursements for direct charges  
Accrual basis = the sum of cash disbursements for direct charges
- 10f - Unliquidated obligations  
Cash basis = obligations incurred, but not yet paid  
Accrual basis = obligations incurred, but for which an expenditure has not yet been recorded
- 10g - Sum of lines 10e and 10f
- 10h - Amount of line 10d minus 10g

**Federal Financial Status Report**

[Return](#)

Certify Save Cancel

FEDERAL FINANCIAL REPORT

1. Federal Agency and Organizational Element to Which Report is Submitted 2. Federal Grant or Other Identifying Number

3. Recipient Organization (Name and complete address including Zip code)

4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number 6a. Report Frequency 6b. Report Type 7. Basis of Accounting

068005943 1546057095A5 Final Final Cash Accrual

8. Project/Grant Period(month,day,year) 9. Reporting Period End Date(month,day,year)

From: To:

10. Transactions Cumulative  
(Use lines a-c for single or multiple grant reporting)

**Federal Cash (on the GRANT LEVEL)**

a. Cash Receipts

b. Cash Disbursements

c. Cash on Hand (line a minus b)

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized

e. Federal share of expenditures

f. Federal share of unliquidated obligations

g. Total Federal share (sum of lines e and f)

h. Unobligated balance of Federal funds (line d minus g)

**Recipient Share**

- 10i - Total Recipient share for reporting period Line 9
- 10j - Recipient share of actual cash disbursements or outlays
- 10k Line 10i minus 10j -  
If 10j is greater than the required match amount in Line 10i, enter zero

**Recipient Share:**

i. Total recipient share required

j. Recipient share of expenditures

k. Remaining recipient share to be provided (line i minus j)

**Program Income:**

l. Total Federal program income earned

m. Program income expended in accordance with the deduction alternative

n. Program income expended in accordance with the addition alternative

o. Unexpended program income (line l minus line m or line a)

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Provisional						
Provisional						
g. Totals:						

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation

Prepared by: Phone No: Email Address:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension)

b. Signature of Authorized Certifying Official d. Email Address

e. Date Report Submitted

14. Agency use only

**Program Income**

- 10l - Amount of program income earned
- 10m - Program income used to reduce the Federal share of the total project costs (ANA doesn't typically use this)
- 10n - Program income added to funds committed to total project costs
- 10o - Amount of Line 10l minus 10m or 10n, Equals program income earned and not expended as of reporting period.

<b>Recipient Share:</b>						
i. Total recipient share required						
j. Recipient share of expenditures						
k. Remaining recipient share to be provided (line i minus j)						
<b>Program Income:</b>						
l. Total Federal program income earned						
m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative						
o. Unexpended program income (line l minus line m or line n)						
<b>11. Indirect Expense</b>						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Provisional						
Provisional						
g. Totals:						
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
Prepared by:			Phone No.:			
Email Address:						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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. Typed or Printed Name and Title of Authorized Certifying Official			c. Telephone (Area code, number and extension)			
			d. Email Address			
b. Signature of Authorized Certifying Official			e. Date Report Submitted			
14. Agency use only						

**Indirect Expense**

- 11a - Type. Select the type of indirect rate; provisional, final, or fixed
- 11b - Rate. Insert the rate i.e. 10%
- 11c - Period From and To. Insert the beginning and ending period of the rate which is typically the corporate year of the Tribe or organization
- 11d - Base. Insert the amount of the base which could be Modified Total Direct Costs, Salaries, or Salaries and Fringe.
- 11e - Amount Charged. Enter the dollar amount of the indirect expense.
- 11f - Federal Share. Enter the dollar amount included in Federal Share of Expenditures (10.e.) and Federal Share of Unliquidated Obligations (10.f.)

<b>Recipient Share:</b>						
i. Total recipient share required						
j. Recipient share of expenditures						
k. Remaining recipient share to be provided (line i minus j)						
<b>Program Income:</b>						
l. Total Federal program income earned						
m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative						
o. Unexpended program income (line l minus line m or line n)						
<b>11. Indirect Expense</b>						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Provisional						
Provisional						
g. Totals:						
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
Prepared by:			Phone No.:			
Email Address:						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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. Typed or Printed Name and Title of Authorized Certifying Official			c. Telephone (Area code, number and extension)			
			d. Email Address			
b. Signature of Authorized Certifying Official			e. Date Report Submitted			
14. Agency use only						

Type full name

Once all information has been completed, you may **Certify, Save or Cancel** the report.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
b. Signature of Authorized Certifying Official	d. Email Address
	e. Date Report Submitted
14. Agency use only	

**Paperwork Burden Statement**  
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

Standard Form	425 - Revised 6/28/2010
OMB Approval Number	0348-0061
Expiration Date	10/31/2011

Certify Save Cancel

Check the box under 13b

Don't forget to save before you click on the "Submit" button.

Once report is submitted, the message "Certify Transaction Complete" will appear

Updates to the report, can be made 24 hours after submission.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
User01, Testgrantee accountant	456-123-379
b. Signature of Authorized Certifying Official	d. Email Address
PMS Preparer Signature	testusr01@email.com
	e. Date Report Submitted
14. Agency use only	

By checking this box, I certify that this report is true, complete and accurate to the best of my knowledge.

User Code	
Payee Account	Z8888P1
DPM Rep Name	
Phone Number	

**Paperwork Burden Statement**  
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Save Submit Report Disbursements Cancel

7





# Chapter 4

## UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS

# UNIFORM ADMINISTRATIVE REQUIREMENTS FOR FEDERAL AWARDS

The purpose of the Office of Management and Budget Guidance in 2 CFR Part 200, which was adopted by the Department of Health and Human Services and codified in 45 CFR Part 75, is to ensure that government funds are used by governments and organizations efficiently and effectively to provide the services and/or goods authorized by the Federal agency that awarded the funds. They also ensure that the governments and organizations financial management systems provide accurate, reliable, and timely financial information to the Federal government.

On August 13, 2020, 2 CFR Part 200 revisions were made to support the President's Management Agenda for enhanced result-oriented accountability for grants. The revisions were effective November 12, 2020. The changes have not been codified into 45 CFR Part 75 to date. This includes new and revised definitions and also changes in the areas of review of risk, de minimis indirect cost rate, procurement standards, and grant closeout. In addition to the changes made 200.215 contains a new requirement to never contract with the enemy.

## OVERVIEW OF 45 CFR PART 75

The management of an Administration for Native Americans grant requires a working knowledge of the financial assistance rules and regulations and basic cost contained in 45 CFR Part 75.

Below is a summary of 45 CFR Part 75. It is important that the full regulations be referenced for information about each of the areas covered by the regulations.

The circular is organized as follows:

Part 75 – Subpart A: Acronyms and Definitions

Part 75 – Subpart B: General Provisions

Part 75 – Subpart C: Pre-Federal Award Requirements and Contents of Federal Awards

Part 75 – Subpart D: Post Federal Award Requirements

Part 75 – Subpart E: Cost Principles

Part 75 – Subpart F: Audit Requirements

## 45 CFR PART 75 – SUBPART A – ACRONYMS AND DEFINITIONS

This section combines the definitions from the administrative requirements and cost principles circulars into a single list. In addition to the definitions detailed in 2 CFR Part 200, HHS has added definitions for awardee, commercial organization, departmental appeals board, excess property, expenditure report, grantee, HHS awarding agency, and principal investigator/program director. Several of the key terms include:

- Expenditure Report. The Federal Financial Report (FFR) for non-construction awards.
- Fixed Amount Awards. A type of grant agreement under which the Federal awarding agency or pass-through entity provides a specific level of support without regard to actuals costs incurred under the Federal award.
- Micro-purchase. A purchase of supplies or services using simplified acquisition procedures, the aggregate amount of which does not exceed the micro-purchase threshold of \$10,000 as established by the Federal Government.
- Pass-through Entity. A non-federal entity that provides a subaward to a subrecipient to carry out part of a Federal program. ANA then details more specific information on pass-through entities.
- Performance Goal. A target level of performance expressed as a tangible, measurable objective (for ANA these are your Objectives identified in your Outcome Tracker), against which actual achievement can be compared, including a goal expressed as a quantitative standard, value, or rate (for ANA these are your Indicator and Targets identified in your Outcome Tracker).
- Principal Investigator/Program Director (PI/PD). The individual designated to direct the project. This position is responsible for the proper conduct of the project and/or activities.
- Protected Personally Identifiable Information. An individual's first name or first initial and last name in combination with any one or more of types of information, including, but not limited to, social security number, passport number, credit card numbers, clearances, bank numbers, biometrics, date and place of birth, mother's maiden name, criminal, medical and financial records, educational transcripts.

## 45 CFR PART 75 – SUBPART B – GENERAL PROVISIONS

This subpart describes the purpose of Title 45, describing the contents of the remaining subparts, who it is applicable to as well as exceptions. In summary, this section:

- Establishes the uniform administrative requirements, cost principles and audit requirements for Federal awards to non-Federal entities.
- Explains that, in circumstances where the provisions of Federal statutes or regulations differ, the Federal statutes or regulations govern and specifically reference the Indian Self-Determination and Education and Assistance Act.
- States the specific programs that the cost principles do not apply to.
- Allows for exceptions in 75.102 if recommended by the Federal agency and approved by OMB.

The effective date for full implementation was with awards issued after December 26, 2014 and audits of fiscal years beginning on or after December 26, 2014.

Non-Federal agencies must disclose in writing any potential conflicts of interest. Also all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.

## **45 CFR PART 75 – SUBPART C - PRE-FEDERAL AWARD REQUIREMENTS AND CONTENTS OF FEDERAL AWARDS**

This subpart is primarily addressed to the awarding agency. As such, the following are the responsibility of ANA. These responsibilities span part 75.201 through 75.218. Here is a summary of each relevant section:

### **75.201 Use of Grant Agreements, Cooperative Agreements, and Contracts**

Information on the award instrument which includes grant agreements, cooperative agreement, or contracts. It also allows for fixed amount awards. The Federal agency will determine the appropriate instrument.

### **75.202 Requirement to Provide Public Notice of Federal Financial Assistance Programs**

Requires the Federal awarding agency to notify the public of Federal programs in the Catalog of Federal Domestic Assistance. Specific information must be provided to GSA about the Federal program.

### **75.203 Notices of Funding Opportunities**

Requires a public notice of funding opportunities for competitive grants and cooperative agreements.

#### **75.204 Federal Awarding Agency Review of Merit Proposals**

Requires the Federal awarding agency to design and execute a merit review process for applications for competitive grants or cooperative agreements.

#### **75.205 Federal Awarding Agency Review of Risk Posed by Applicants**

Requires the Federal awarding agency to conduct a review of risk posed by applicants. The Federal agency may use a risk-based approach and may consider any items such as:

- Financial stability;
- Quality of management systems and ability to meet the management standards;
- History of performance;
- Reports and findings from audits; and
- Applicant's ability to effectively implement statutory, regulatory, or other requirements.

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#### **75.206 Standard Application Requirements**

Including forms for applying for HHS financial assistance, and state plans.

#### **75.207 Specific Award Conditions**

Provides authorization to impose specific award conditions as needed for applicants with a history of failure to comply with terms and conditions of a Federal award, fails to meet expected performance goals, or otherwise not responsible.

#### **75.211 Public Access To Federal Award Information**

Implements the statutory requirement for Federal spending transparency which requires the Federal awarding agency to announce all Federal awards publicly and publish on the OMB designated website. Currently <http://USAspending.gov>.

#### **75.213 Suspension and Debarment**

These regulations restrict awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

## **75.218 Participation by Faith-Based Organizations**

The funds must be administered in compliance with the standards in 45 CFR Part 87.

## **45 CFR PART 75 – SUBPART D – POST AWARD REQUIREMENTS**

This section of the code is primarily focused on the expectations of the grant recipient in carrying out their role and responsibilities while managing Federal funds. Here, we've summarized the relevant parts from 75.301 through 75.403. We've also included suggestions on how to apply these requirements to your own internal practices. Many of these are further explored in the Toolkit on the pages noted for each.

### **75.301 Performance Measurement**

The Federal awarding agency must require the recipient to relate financial data to performance accomplishments of the Federal award.

When applicable, recipients must also provide cost information to demonstrate cost effective practices.

The recipient's performance should be measured in a way that will help the Federal awarding agency and other non-Federal entities to improve program outcomes, share lessons learned, and spread the adoption of promising practices.

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### **75.302 Financial Management**

The financial management system must provide for:

- Retention, methods of transfer, transmission and storage of information.
- Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received.
- Accurate, current, and complete disclosure of financial results of each Federal award or program.
- Records that identify adequately the source and application of funds.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts.

- Written procedures to implement the payment requirements.
- Written procedures for determining whether costs are allowable (allowability of costs) in accordance with the generally accepted cost principles

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### **75.303 Internal Controls**

The non-Federal entity must establish and maintain effective internal control over the Federal award which is in compliance with guidance in “Standards for Internal Control in the Federal Government”.

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#### **Additional Information About Internal Controls that is Not Part of the Regulations.**

*The Standards for Internal Control in the Federal Government are classified into the following components of internal control:*

##### **1. Control Environment**

Principle 1: Demonstrate Commitment to Integrity and Ethical Values which encompasses having established standards of conduct and adhering to the standards of conduct.

Principle 2: Exercise Oversight Responsibility which is oversight of the internal control system and procedures for remediation of deficiencies.

Principle 3: Establish Structure, Responsibility, and Authority Organizational Structure by assigning responsibility and delegation of authority documentation of the internal control system.

Principle 4: Demonstrate Commitment to Competence through ensuring that all staff have the skills to ensure the integrity of the control system and there are contingency plans for the organization.

Principle 5: Enforce Accountability: The organization ensures that established procedures are followed by everyone.

## **2. Risk Assessment**

Principle 1: Define Objectives and Risk Tolerances. This includes having specific and measurable terms and potential risks and designing the system as such.

Principle 2: Identify, Analyze, and Respond to Risks. The organization defines potential risks in the first principle and then must have procedures in place which clearly identifies and responds to risks if they occur in operations.

Principle 3: Assess Fraud Risk which would involve analyzing operations and determining potential vulnerable areas that are at risk for fraud and ensuring appropriate procedures are in place such as misappropriation of assets.

Principle 4: Identify, Analyze, and Respond to Change which involves always being aware of changes in the organizational structure or requirements that would trigger making appropriate changes to the internal control system.

## **3. Control Activities**

Principle 1: Design Control Activities that are policies and procedures to achieve objectives and respond to risks in the internal control system. The control activities should be appropriate and address various levels. They also must ensure a segregation of responsibilities.

Principle 2: Design Activities for the Information System. The information system would include the control activities for the information technology infrastructure, security management, and also technology acquisition, development, and maintenance.

Principle 3: Implement Control Activities which is the documentation of responsibilities through policies and periodic review of the control activities.

## **4. Information and Communication**

Principle 1: Use Quality Information. Quality information is the identification of information requirements, getting data from reliable sources, and processing the data into quality information.

Principle 2: Communicate Internally. Internal communication is key to effective internal control and communication should be to everyone within the organization. Also important is appropriate methods of communication.

Principle 3: Communicate Externally. As with internal communication it is important to determine the information to share externally and the appropriate

methods of communication to be used.

## **5. Monitoring**

Principle 1: Perform Monitoring Activities. Monitoring is important as things change and the internal control system needs respond to current operations.

Principle 2: Evaluate Issues and Remediate Deficiencies. In monitoring you might find that the current system is not producing the results anticipated and the controls need to be changed to meet the objectives of the internal control system.

### **75.305 Payments**

Payments must minimize the time elapsing between the transfer of funds from the Federal government and the disbursement of funds.

Payments must be paid in advance, provided the non-Federal entity maintains written procedures that minimize the time elapsing between the transfer of funds and disbursement and systems that meet the standards for fund control and accountability.

Reimbursement is the preferred method when the requirements cannot be met.

If the non-Federal entity does not meet standards but cannot operate without an advance a working capital advance may be made available.

Rebates, refunds, contract settlements, audit recoveries, and interest must be used first before requesting an advance.

All advances must be placed in an interest-bearing account unless the non-Federal entity receives less than \$120,000 in Federal awards, interest earned would not exceed \$500 per year, depository requires a high average or minimum balance, or a foreign government or banking system prohibits or precludes interest bearing accounts.

The first \$500 of interest earned may be retained for administrative expenses.

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### **75.306 Cost Sharing or Matching**

Cost sharing or matching must meet the following requirements:

1. Verifiable from the non-Federal entity's records,

2. Not included as contributions for any other Federal award,
3. Necessary and reasonable for accomplishment of project objectives,
4. Allowable under the cost principles,
5. Not paid by the Federal government under another Federal award, except where the Federal statute authorizes use of funds for cost sharing or matching,
6. Provided for in the approved budget

The regulations contain additional information on the valuation of donated services, property, indirect costs, land, and equipment.

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### **75.307 Program Income**

Program income is defined as gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance.

Proceeds from the sale of real property or equipment are not program income; such proceeds will be handled in accordance with the post federal award requirements.

There are three methods for treatment of program income:

1. Deduction
2. Addition
3. Cost sharing or matching

The HHS Grants Policy Statement goes into further detail on the use of program income alternatives in Exhibit 7. If the Federal award does not specify in its regulations or terms and conditions of the Federal award, the program income will be deduction.

ALTERNATIVE	USE OF PROGRAM INCOME
Additive	Added to funds committed to the project or program and used to further eligible project or program objectives
Deductive	Deducted from total allowable costs of the project or program to determine the net allowable costs on which the Federal share of costs will be based
Matching	Used to satisfy all or part of the non-Federal share of a project or program
Combination	Uses all program income up to (and including) \$25,000 as specified under the additive alternative and any amount of program income exceeding \$25,000 under the deductive alternative

**TABLE 16: USE OF PROGRAM INCOME ALTERNATIVES**

For Institutions of Higher Education or non-profit research institutions if not specified the program income will be addition.

If addition or cost sharing or matching methods are authorized, any program income in excess of any amounts specified must also be deducted from expenditures.

There are no Federal requirements governing the disposition of income earned after the end of the period of performance for the Federal award unless the Federal awarding agency regulations or the terms and conditions of the Federal award provide otherwise.

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**NOTE:** ANA always uses the addition method for treatment of program income.

### **75.308 Revision of Budget and Program Plans**

The budget must be related to performance for program evaluation purposes when appropriate. For non-construction Federal awards, recipients must request prior approvals for the following:

- *Change in the scope or the objective of the project*
- *Change in key personnel*
  - Disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project by the approved project director or principal investigator
- *Costs requiring prior approval as defined in the cost principles*
- *Transfer of funds budgeted for participant support costs.* Participant support costs are defined as direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees in connection with conferences, or training projects
- *Transfer or contracting out of any work under the Federal award unless described in the application and funded in the approved Federal award.* This does not apply to acquisition of supplies, material, equipment or general support services
- *Changes in the amount of approved cost-sharing or matching*
- *A fixed amount sub-award as described in 75.353*
- *The recipient wishes to dispose of, replace, or encumber title to real property, equipment, or intangible property that was acquired or improved with a Federal award*
- *Federal awarding agencies may waive certain prior approvals*
- *Incurring costs 90 days prior to award*
- *Initiation of a one-time extension of the period of performance by up to 12 months*
- *Carry forward unobligated balances to subsequent periods of performance*
- *The HHS awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities if the amount exceeds \$150,000 or 10% of the total budget amount (ACF uses 25% instead of 10% for the ceiling for transfers)*

- *The need for additional funds*

### **75.309 Period of Performance**

Costs may be charged only during the period of performance or 90 days prior to the period of performance if authorized by the Federal awarding agency.

### **75.310 Insurance**

Must be the equivalent of coverage as provided to property owned by the non-Federal entity.

### **75.316 Real Property**

Will be used for the originally authorized purpose. When no longer needed must secure disposition instructions from the Federal awarding agency.

### **75.319 Federally Owned and Exempt Property**

Title to Federally-owned property remains vested in the Federal Government, and the non-Federal entity must submit an inventory of the property in its custody, annually. Exempt Property is property acquired under a Federal award that has explicit terms and conditions detailed in the Federal award.

### **75.320 Equipment**

- Title will vest with the non-Federal entity.
- Equipment must be used by the non-Federal entity in the program or project for which it was acquired as long as needed.
- When no longer needed by project or program it can be used in the following ways:
  - o Activities under Federal award from the Federal awarding agency which funded the original project,
  - o Activities under Federal awards from other Federal awarding agencies
- The non-Federal entity must make the equipment available for use on other projects or programs provided that such use does not interfere with the work on the projects or program for which it was originally acquired

- Equipment cannot be used to provide services for a fee that is less than private companies charge for equivalent services
- When acquiring replacement equipment, the non-Federal entity may use the equipment to be replaced as a trade-in
- There must be written procedures for managing and maintenance of equipment
- Property records must include the following:
  - Description of property
  - Serial number
  - Source of funding
  - Who holds title
  - Acquisition date
  - Acquisition cost
  - Percentage of Federal participation
  - Location
  - Use and condition
  - Ultimate disposition
- A control system must be developed to safeguard the equipment
- *Disposition of equipment:*
  - Equipment with a current fair market value of \$5,000 or less may be retained, sold or otherwise disposed of with no further obligations to the Federal awarding agency
  - Equipment with a fair market value of \$5,000 or more the non-Federal agency must secure disposition instructions. If instructions are not received in 120 days, the regulations detail how to handle the disposition

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### **75.321 Supplies**

Title to supplies upon acquisition vest with the non-Federal entity upon acquisition. If the residual inventory of unused supplies exceeds \$5,000 upon completion or termination of project and not needed for other Federal awards,

the non-Federal entity must compensate the Federal government for its share.

If the Federal government retains an interest in the supplies, they cannot be used to provide services for a fee that is less than private companies charge for equivalent services.

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### **75.322 Intangible Property**

Intangible property is defined as property having no physical existence, such as trademarks, copyrights, patents and patent applications and property, such as loans, notes and other debt instruments, lease agreements, stock and other instruments of property ownership.

Title to intangible property acquired under a Federal award vests upon acquisition in the non-Federal entity.

There are a number of conditions about use, please read the regulations if applicable.

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## **PROCUREMENT STANDARDS**

### **75.327 General Procurement Standards**

- Non-Federal entity must use its own documented procurement procedures
- Must maintain oversight to ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders
- Must maintain written standards of conduct covering conflicts of interest and governing the performance of its employees engaged in the selection, award and administration of contracts
- Must maintain written standards of conduct covering organizational conflicts of interest
- Procedures must avoid acquisition of unnecessary or duplicative items
- Non-Federal entity is encouraged to enter into state and local intergovernmental agreements or inter-entity agreements where applicable

- Encouraged to use Federal excess and surplus property
- Encouraged to use value engineering clauses in contracts for construction projects
- Must award contracts only to responsible contractors possessing the ability to perform successfully
- Must maintain records sufficient to detail the history of the procurement
- Can only use time and materials contracts if no other contract is suitable

### **75.328 Competition**

All procurement transactions must be conducted in a manner providing full and open competition.

### **75.329 Methods of Procurement to be Followed**

- *Micro-Purchases.* Micro-purchase is the purchase of supplies which do not exceed the Federal government threshold for micro-purchase which is currently \$10,000 in the aggregate. They may be awarded without soliciting competitive quotations if the price is reasonable.
- *Small Purchase Procedures.* Small purchase procedures cannot exceed the Federal Simplified Acquisition Threshold. Price or rate quotations must be obtained from an adequate number of qualified sources. The Federal Simplified Acquisition Threshold is currently \$250,000.
- *Sealed Bids.* The following conditions must exist for sealed bids to be feasible:
  - o A complete, adequate, and realistic specification is available
  - o Two or more responsible bidders are able to compete
  - o The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price

The following requirements apply:

1. The invitation for bids (IFB) will be publicly advertised and solicited from an adequate number of suppliers

2. The IFB will include any specifications and pertinent attachments
  3. All bids will be publicly opened
  4. A firm fixed price contract will be made in writing to the lowest responsive and responsible bidder
  5. Any or all bids may be rejected for documented reason
- **Competitive Proposals.** Competitive proposals are used when conditions are not appropriate for the use of sealed bids. The following conditions apply:
    - o Must be publicized and identify all evaluation factors and their relative importance
    - o Solicited from an adequate number of qualified sources
    - o Must have a written method for conducting technical evaluations and selecting recipients
    - o Awarded to the firm whose proposal is most advantageous to the program, with price and other factors considered
  - **Non-Competitive Proposals.** Solicitation through only one source. May be used only when the following circumstances apply:
    - o Item is available only from a single source
    - o Public exigency or emergency will not permit a delay
    - o Authorized by the funder
    - o After solicitation of a number of sources, competition is determined inadequate

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### **75.330 Contracting with Small and Minority Businesses, Women's Business Enterprises, and Labor Surplus Area Firms**

The non-Federal entity must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.

### **75.331 Procurement of Recovered Materials**

Procuring only items designated in guidelines of the Environmental Protection Act that contain the highest percentage of recovered materials practicable.

### **75.332 Contract Cost and Price**

The non-Federal entity must perform a cost or price analysis in connection with every procurement action in excess of the Simplified Acquisition Threshold.

### **75.333 Federal Awarding Agency or Pass-Through Entity Review**

The non-Federal entity must make available procurement documents when requested, or when:

- The procurement procedures or operations fail to comply with procurement standards
- Is to be awarded without competition
- Specifies a “brand name”
- Is awarded to other than the apparent low bidder under a sealed bid procurement
- A proposed modification changes the scope of the contract amount

The non-Federal entity may request that its procurement system be reviewed by the Federal awarding agency or the non-Federal entity may self-certify its procurement system.

### **75.334 Bonding**

This section is specific to construction or facility improvement contracts and subcontracts. ANA does not allow for construction projects. Please read the regulations, if applicable.

### **75.341 Financial Reporting**

The current OMB financial report is the Federal Financial Report or the SF-425. The report can be required no less frequently than annually and no more frequently than quarterly without OMB approval.

### **75.342 Monitoring and Reporting Program Performance**

The non-Federal entity is responsible for oversight of the operations of the Federal award supported activities to assure compliance with requirements and performance expectations are being achieved. This must cover each activity.

The performance reports must have OMB approval. Performance reports will be required no less frequently than annually and no more frequently than quarterly without OMB approval. Annual reports will be due 90 calendar days after the reporting period and quarterly or semiannual reports will be due 30 calendar days after the reporting period.

### **75.343 Reporting on Real Property**

The non-Federal entity is required to report at least annually on any tangible personal property (e.g., equipment with a unit cost of \$5,000 or more). A Final SF-428 report should be submitted within 90 days from the end of the project period.

### **75.352 Requirements for Pass-Through Entities**

Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes such identification as: Subrecipient name, FAIN, award date, amount, description, and so on.

### **75.353 Fixed Amount Sub awards**

With prior written approval from the HHS awarding agency, a pass-through entity may provide subawards based on fixed amounts up to the Simplified Acquisition Threshold, provided that the subawards meet the requirements for fixed amount awards.

### **75.361 Retention Requirements for Records**

All records and supporting documents must be retained for three years from the date of submission of the final expenditure report or for awards that are renewed quarterly or annually from the date of the submission of the quarterly or annual financial report.

If any litigation, claim, or audit is started before the expiration of the three-year period the records must be retained until resolved. Also, if the awarding

agency notifies the non- Federal entity in writing to retain records.

Property and equipment records must be retained for three years after final disposition.

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### **75.363 Methods for Collection, Transmission and Storage of Information**

There are a number of requirements for records collection, transmission, and storage. Also refer to Access to Records in 75.364

### **75.371 Remedies for Noncompliance**

A non-Federal entity that fails to comply with Federal statutes, regulations, or the terms and conditions, the HHS awarding agency or pass-through entity may impose additional conditions.

### **75.372 Termination**

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The awarding agency may terminate an award if the non-Federal entity fails to comply with the terms of the Federal award, mutual consent is reached, if written notification is sent, or if there is cause.

### **75.381 Closeout**

The awarding agency will close-out the Federal award when all applicable administrative actions and required work is completed. This includes submitting reporting and liquidating all obligations.

## **45 CFR PART 75 – SUBPART E – COST PRINCIPLES**

### **75.401 Application**

The principles must be used in determining the allowable costs of work performed by the non-Federal entity under Federal awards.

### **75.402 Composition of Costs**

The total cost of a Federal award is the sum of the allowable direct and indirect costs. For ANA's purposes, this is the Federal request in your approved Notice of Grant Award (NGA) and line-item budget.

### **75.403 Factors Affecting Allowability of Costs**

- Must be necessary and reasonable

- Conform to any limitations or exclusions in the cost principles or the federal award
- Be consistent with policies and procedures
- Be accorded consistent treatment
- Be determined in accordance with generally accepted accounting principles
- Not included as a cost or used to meet cost sharing or matching requirements of any other federally financed program
- Be adequately documented

The regulations also address direct and indirect costs and cost allocation plans. 75.416 states the special considerations for States, Local Governments and Indian Tribes and discusses cost allocation plans and indirect cost proposals.

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## OMB COST PRINCIPLES: SELECTED ITEMS OF COST

The next two pages display a graphic of the allowability of selected elements of cost detailed in the regulations. It is important to read the specific requirements located in sections 75.421 through 75.475 if you have questions about specific costs.

	ALLOWABLE	PRIOR APPROVAL REQUIRED	NOT ALLOWABLE
<b>Advertising and Public Relations - read the regulations</b>			
<b>Advisory Councils - read the regulations</b>			
<b>Alcoholic Beverages</b>			✓
<b>Alumni/ae Activities</b>			✓
<b>Audit Services</b>	✓ (with restrictions)		
<b>Bad Debts</b>			✓
<b>Bonding Costs</b>	✓		
<b>Collections of Improper Payments</b>	✓		
<b>Commencement and Convocation Costs</b>			✓ (with exception)
<b>Compensation - Personal Services - read the regulations</b>	✓		
<b>Compensation - Fringe Benefits</b>	✓		
<b>Conferences</b>	✓		
<b>Contributions and Donations - read allowability of contributions to the Tribe or organization</b>			✓
<b>Defense and Prosecution of Criminal and Civil Proceedings, Claims, Appeals and Patent Infringements - some exceptions</b>			✓
<b>Depreciation</b>	✓		
<b>Employee Health and Welfare Costs</b>	✓		
<b>Entertainment Costs</b>			✓
<b>Equipment and Other Capital Expenditures</b>		✓	
<b>Exchange Rates</b>		✓	
<b>Fines, Penalties, Damages and Other Settlements - some exceptions</b>			✓
<b>Fund Raising and Investment Management Costs</b>		✓ (If to meet Federal program Objectives)	

	ALLOWABLE	PRIOR APPROVAL REQUIRED	NOT ALLOWABLE
<b>Gains and Losses on Disposition of Depreciable Assets - read the regulations</b>			✓
<b>General Costs of Government</b>			✓
<b>Goods or Services for Personal Use</b>			
<b>Idle Facilities and Idle Capacity</b>			✓ (two exceptions)
<b>Insurance and Indemnification</b>	✓		
<b>Intellectual Property</b>	✓		
<b>Interest - read the regulations</b>			
<b>Lobbying</b>			✓
<b>Losses on Other Awards or Contracts</b>			✓
<b>Maintenance and Repair Costs</b>	✓		
<b>Materials and Supplies Costs, including costs of computing devices</b>	✓		
<b>Organization Costs</b>		✓	
<b>Proposal Costs</b>	✓		
<b>Publication and Printing Costs</b>	✓		
<b>Rearrangement and Reconversion Costs - read the regulations</b>		✓	
<b>Recruiting Costs</b>	✓		
<b>Relocation Costs of Employees</b>	✓ (Only specific criteria)		
<b>Rental Costs of Real Property and Equipment - read the regulations</b>	✓		
<b>Selling and Marketing - direct costs only</b>		✓	
<b>Specialized Service Facilities</b>	✓ (specific conditions)		
<b>Student Activity Costs</b>			✓
<b>Taxes</b>	✓		
<b>Termination Costs</b>	✓		
<b>Training and Education Costs</b>	✓		
<b>Transportation Costs</b>	✓		
<b>Travel Costs - read the regulations</b>	✓		
<b>Trustees Travel and Subsistence Costs</b>	✓		

## **45 CFR PART 75 – SUBPART F – AUDIT REQUIREMENTS**

### **75.501 Audit Requirements**

A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program specific audit conducted for that year.

### **75.504 Frequency of Audits**

Audits required by this part must be conducted annually with the following exceptions:

- An Indian tribe that is required by constitution or statute, in effect on January 1, 1987, to undergo its audits less frequently than annually, is permitted to undergo its audits pursuant to this Part biennially.
- Any nonprofit organization that had biennial audits for all biennial periods ending between July 1, 1992 and January 1, 1995 is permitted to undergo its audits pursuant to this Part biennially.

### **75.512 Report Submission**

The audit must be completed and the required data collection form and reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor's report or nine months after the end of the audit period.

*Appendix I:* Full Text of Notice of Funding Opportunity

*Appendix II:* Required Contract Provisions

*Appendix III:* Indirect Cost Institutions of Higher Education

*Appendix IV:* Indirect Cost Nonprofit Organizations

*Appendix V:* Government Entities Cost Allocation Plans

*Appendix VI:* Public Assistance Cost Allocation Plans

*Appendix VII:* Indirect Cost for Government Entities

*Appendix VIII:* Nonprofit Organizations exempted from Cost Principles

*Appendix IX:* Hospital Cost Principles

*Appendix X:* Data Collection Form

*Appendix XI:* Compliance Supplement

**NOTE:** The management of an ANA grant requires a working knowledge of the financial assistance rules and regulations and basic cost principles of HHS. HHS rules and regulations are contained in Title 45 of the Code of Federal Regulations (45 CFR). More detailed information on how HHS implements the CFRs is in the Grants Policy Statement available at: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hsgps107.pdf> in the middle of the page under Certifications..

# CONCLUSION

Congratulations on your ANA grant. We hope the information in this manual is helpful in the management and reporting of your ANA project. ANA has a variety of resources available to help you during the course of your project.

ANA believes community members are at the heart of lasting and positive change and community involvement is central to designing and implementing a successful project. The ANA website includes success stories, a growing resource library, and guides for new recipients.

Please review the ANA website at <https://acf.hhs.gov/ana>.

ANA also has regional training and technical assistance centers. These centers are staffed by training and technical assistance (TTA) providers with extensive experience managing and implementing community development projects. Contact information for the centers can be found on the back cover of this manual.



Good luck on your new project and let your Program Specialist or TTA provider know if you have any questions.

# APPENDIX 1

## ABBREVIATIONS AND ACRONYMS

<b>Term</b>	<b>Definition</b>
ACF	Administration for Children and Families
ANA	The Administration for Native Americans
CFDA	Catalog of Federal Domestic Assistance
CFR	Code of Federal Regulations
COB	Carry Over Budget
DoP	ANA Division of Policy
DPEP	ANA Division of Program Evaluation and Planning
DPO	ANA Division of Program Operations
DUNS	Data Universal Numbering System
EMI	Esther Martinez Immersion
ERE	Environmental Regulatory Enhancement
NOFO	Funding Opportunity Announcement
FFR	Federal Financial Reports
FCTR	Federal Cash Transaction Report
FSR	Federal Status Report
GPS	Grants Policy Statement
HHS	Department of Health and Human Services
NAPA	Native American Programs Act of 1974, as amended
NCC	Non-Competing Continuation
NCE	No Cost Extension

<b>Term</b>	<b>Definition</b>
NFS	Non-Federal Share
NGA	Notice of Grant Award
NOA	Notice of Award Letter
OGM	ACF Office of Grants Management
OLDC	Online Data Collection System
OMB	Office of Management and Budget
OPR	Ongoing Progress Report
OWP	Objective Work Plan
PIP	Project Improvement Plan
P & M	Native American Language Preservation and Maintenance
PMS	Payment Management System
SEDS	Social and Economic Development Strategies
SF	Standard Form
T/TA	Training and Technical Assistance

# APPENDIX 2

## ANA DEFINITIONS

**Authorizing Official:** The individual, named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements and conditions that apply to grant applications or awards. Usually the Chairman, Chief, Governor, President or Executive Director of the Tribe or Organization.

**Budget Justification:** A narrative that provides information to ANA which validates that each expense is necessary and reasonable. The budget justification will explain how the cost was calculated and provide additional information about each expense.

**Budget Period:** The interval of time (usually 12 months) into which a project period is divided for budgetary and funding purposes. Funding of individual budget periods sometimes is referred to as “incremental funding.” The budget period also is the “period of funding availability” as specified in 45 CFR Part 75.

**Community Assessment:** A systematic process to acquire an accurate, thorough picture of the strengths and weaknesses of a community. This process is utilized to help identify and prioritize goals, develop a plan for achieving those goals, and allocate funds and resources for undertaking the plan. A community assessment can be conducted to identify community condition(s), define which condition a project will address, and identify resources that can be used in the project to reduce or eliminate the community condition.

**Community Involvement:** How the community participated in the development of the proposed project and how the community will be involved during the project implementation and after the project is completed. Evidence of community involvement can include, but is not limited to, certified petitions, public meeting minutes, surveys, needs assessments, newsletters, special meetings, public council meetings, public committee meetings, public hearings, and annual meetings with representatives from the community.

**Community-Based Projects:** Projects designed and developed in the community, by the community. Community-based projects involve tapping into local needs, understanding and building on the strengths of existing institutions and resources, and defining the changes needed to support community action. They reflect the cultural values; collective vision; and long-term governance, social, and economic development goals of Native communities.

**Community Based Strategies:** A strategy which relates the proposed project to a long-term community goal, justifies why the proposed project is important to the long-term community goal, and describes how the community was involved in identifying the project as a means to achieve the long-term community goal.

**Community Condition:** A specific and current community condition that is related to the purpose of the project. Sufficient detail should be included to describe the baseline condition for the project, so that the achievement of the project goal and outcomes can be used to show an enhancement in the condition described.

**Comprehensive Plan:** A document developed by the community that lists the community's long-term goals. The plan should include benchmarks that measure progress towards achieving those goals. Comprehensive plans usually require at least a year to complete and cover a five- to ten-year time span.

**Construction:** Construction of a new building, including the installation of fixed equipment, but excluding the purchase of land and ancillary improvements, for example, parking lots or roads.

**Contingency Plan:** A set of specific actions to reduce anticipated negative impacts on a project in the event challenges arise.

**Core Administration:** Salaries and other expenses for those functions that support the applicant's organization as a whole or for purposes unrelated to the actual management or implementation of the ANA-funded project.

**Federal Share:** Financial assistance provided by ANA in the amount of 80 percent of the total approved costs of the project. The Commissioner may approve assistance in excess of such percentage if such action is in furtherance of the purposes of the Native American Programs Act of 1974 (NAPA), 42 U.S.C. 2991b.

**Governing Body:** A body: (1) consisting of duly elected or designated representatives, (2) appointed by duly elected official, or (3) selected in accordance with traditional tribal means. The body must have authority to enter into contracts, agreements, and grants on behalf of the organization or individuals who elected, designated, appointed, or selected them.

**Equipment:** An article of nonexpendable, tangible personal property, having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000.

**Evaluation:** Involves assessing the strengths and weaknesses of programs, policies, personnel, products, and organizations to improve their efficiency and effectiveness. Project evaluation measures the efficiency and effectiveness of a project and determines the level of achievement of the project objectives.

**Indicators:** Measurement descriptions used to verify the impact or the achievement of the project goal. Indicators must be quantifiable and documented. Indicators include target numbers and tracking systems. ANA requires one indicator per objective.

**Line Item Budget:** The detailed cost presentation for the project. The line item budget must be reasonable and tied to the project objectives and work plan.

**Leveraged Resources:** Any resource not including the Federal share, non-Federal contribution, and program income, expressed as a dollar figure, acquired or utilized during the project period that supports the project. Leveraged resources may include natural, financial, personnel, and physical resources provided to assist in the successful completion of the project.

**Long-Term Community Goal:** A goal that has been identified by a community through surveys, community meetings, or a strategic plan.

**Milestone Activities:** The main activities ordered in a sequential manner which become the building blocks to accomplish the objectives. These activities have a definite start and end date. ANA has limited these to a maximum of 25 activities per objective (per budget period), excluding administrative functions such as attending ANA mandatory meetings and reporting.

**Minor Alterations and Renovations:** A minor renovation or alteration is distinguished from construction and major renovations with the following characteristics;

- Work that changes the interior arrangements or other physical characteristics of an existing facility or installed equipment so that it may be more effectively used for its current designated purpose or adapted to an alternative use to meet a programmatic requirement.
- Costs may not exceed \$250,000 or 25 percent of the total approved budget for a budget period.

New construction, development or repair of parking lots, or activities that would change the “footprint” of the facility (for example relocation of existing exterior walls or roofs) would not be allowable.

**Non-Federal Share (NFS):** Financial amount provided by recipient in the amount of 20 percent of the total approved costs of the project. Non-Federal Share is the value of cash and non-cash contributions directly benefiting a grant-supported project or program not borne by the Federal Government. Recipient contributions may be derived from any non-Federal source; from Federal sources if received as fees, payments, or reimbursements for the provision of a specific service; or from other program income. Otherwise, unless there is specific statutory authority, Federal funds may not be used to match HHS grant funds.

OTHER TERMS OFTEN UTILIZED TO IDENTIFY NFS INCLUDE MATCHING, COST SHARING AND IN-KIND SERVICES.

**Objective:** A statement of the specific outcomes or results to be achieved within the project period which directly contribute to the achievement of the project goal and support the community’s long-range goal.

**Ongoing Progress Report (OPR):** The semi-annual form used by recipients to report project progress to ANA. The OPR includes several sections, including work plan status, activity completion dates, staffing, and financials.

**Objective Work Plan (OWP):** The plan for achieving the project objectives and producing the outcome expected for each objective. The OWP is the blueprint for the project and includes the project goal, objectives, and

activities. The form can be found at: <http://www.acf.hhs.gov/programs/ana/resource/objective-work-plan>

**Online Data Collection System (OLDC):** An electronic reporting system that houses the Ongoing Progress Report. Access to the OLDC is found through GrantSolutions.gov.

**Outcomes:** Measurable, beneficial changes that result from the project and are directly tied to the Objectives.

**Outcome Tracker:** A tool used to identify the outcomes and indicators of each objective which provide benchmarks for 4 points in time: baseline, end of project year, end of project period, and 3-year post project; as well as lists project outputs.

**Outcome Tracking Strategy:** A narrative which explains when and how the project will collect and manage data, and if the applicant organization will use, develop and/or improve a data management system to collect and assess project data.

**Outputs:** Outputs are tangible products or services that result from actions taken to achieve project objectives.

**Partnerships:** A collaborative effort between two or more parties that will support the development and implementation of the project.

**Program Income:** Means gross income earned by a non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided in 45 CFR Part 75.307.

**Project:** A set of activities with a start and end date that will accomplish measurable objectives, achieve a project goal and are funded by a budget.

**Project Approach or Strategy:** The plan of action the project will take to successfully achieve its goal and objectives.

**Project Goal:** The specific result or purpose expected from the project and

achieved through the project objectives and activities.

**Project Period:** The total time for which federal support has been programmatically approved as shown in the Notice of Award; however, it does not constitute a commitment by the federal government to fund the entire period.

**Project Planning:** The process used to create a plan of action that will reduce or eliminate a condition that stands between the community and a long-term goal and determines the costs associated with implementation of that plan.

**Project Steering Committee:** A consultant committee that includes a cross-section of people, such as: community members, potential beneficiaries, agency leadership, staff and partner organizations that coordinate project planning, oversee project implementation and assist with project evaluation.

**Real Property:** Land, including land improvements, structures, and added fixtures thereto, excluding movable machinery and equipment.

**Stakeholder:** A stakeholder (or interest group) is someone who has something to lose or gain through the outcomes of a project.

**Standard Form 425 (SF 425):** A required Office of Management and Budget financial reporting form to track the status of financial data tied to a Federal grant award.

**Strategic Plan:** A plan to realize a priority long-term goal through development and implementation of two or three strategic initiatives in a three to five-year period.

**Sustainability Plan:** A narrative description of how a project and its benefits will continue after grant funding is complete.

**Sustainable Project:** Ongoing project operation through such strategies as routinization, revenue generation or leveraged resources.

**Total Project Cost:** In a project budget, the sum of the federal request amount and the non-federal share.

# APPENDIX 3

## SUCCESSFUL PROJECT STRATEGIES

ANA seeks to fund community development projects that reflect the cultural values, collective vision, and long-range development goals of native communities. ANA supports this approach because community involvement in both the planning and implementation phases is a key factor in achieving project success. In addition to strong community involvement in the planning and implementation of a project, successful projects share many common characteristics. During impact visits, recipients are provided an opportunity to share with ANA the best practices learned during the implementation of their project. No categories or lists are provided by ANA, rather recipients simply give open comments on what useful information and effective techniques were utilized that may be of use to other recipients implementing similar types of projects.

THE SEVEN MOST FREQUENT BEST PRACTICE SUGGESTIONS FROM RECIPIENTS ARE:

1. Form Partnerships and Collaborations;
2. Ensure Community Support Throughout;
3. Market / Share Project Successes with Community;
4. Project Activities Should Be Culturally Appropriate;
5. Project / Staff Flexibility is Key;
6. Hire Motivated and Competent Staff; and
7. Have Organized / Standardized Record-keeping.

All projects encounter challenges. During the impact visits, recipients are asked to list and discuss the challenges encountered during implementation.

The eleven most common challenges reported by the recipients are:

- Staff turnover;
- Late start;
- Overambitious project scope;
- Geographic isolation and travel related issues;
- Lack of expertise;
- Challenges with ANA processes;
- Underestimated project cost;
- Underestimated personnel needs;

- Partnership fell through;
- Lack of community support during implementation; and
- Hiring delays.

To expand the best practices and challenges noted above, quotes from ANA recipients regarding their best practices and challenges are below, broken down by project stage and then by program area. The following information is not necessarily the views of ANA, but recipient- provided information.

## **RECIPIENT'S BEST PRACTICES BY PROJECT STAGE**

### **Project Management**

#### **PARTNERS**

- Build partnerships early and learn the key players. Know who to invite to the process.
- Partner and collaborate with programs of a similar mission to learn best practices.
- Find the right partners, involve stakeholders in the project design, focus your project on a specific target population.
- Project must be designed to be flexible and adaptable to partner needs.
- Be willing to share your deliverables.
- Find resources that are already established and tap into them as much as possible.
- Manage partner relationships well and with care: you should recognize partners with letters and cards. You should go to lunch with them and visit them. Talk to them when you don't even want anything from them!

#### **STAFFING**

- Work with/Hire a dedicated and motivated staff that will not waver in their commitment to the project goal.
- Understand the skill sets of your current staff.
- Find a project director that is dedicated to the administrative side of project implementation (i.e. time cards, scheduling, logistics, meetings, etc.) rather than only being focused on the programmatic side.
- In order to deal with staff turnover, make sure that all staff provides materials and training for transition so that if someone leaves, the new person will be prepared.

- Ensure stable staffing pattern by hiring qualified, passionate and culturally knowledgeable personnel.
- To ensure project activities are accomplished, write them into the responsible staff person's annual performance plan.

#### COMMUNITY SUPPORT/INVOLVEMENT

- Ensure you have face time with people, not just emails and phone calls.
- Create an atmosphere of communication and collaboration by including the community in the implementation process.
- Conduct a preliminary survey in the community where you will implement the project to ensure there is not opposition.
- Provide incentives for project involvement and participation: gift certificates, hotel nights, free daycare for project events, etc.
- Maintain humility in conversations with community members and continue to strive to serve the community rather than impose ideas upon the community.
- Manage volunteers as if they were paid staff (i.e. be organized with their schedules and planning their daily activities – make sure everyone stays busy). Be respectful of volunteers' time.
- Treat elders as experts and allow them their say to set the path for project implementation.
- Take tribal elections into account and do not plan a project during an election year.
- Be open to criticism to make your project better.

#### ADMINISTRATIVE

- Review the OWP as much as possible during the project.
- Realize that everything is a step-by-step process.
- Find ways of overcoming any obstacles. They will happen, so expect them.
- Be flexible and adaptable as an agency; be able to reinvent yourself quickly
- Make sure infrastructure is in place before undertaking your project.
- Record keeping and project documentation are very important.
- Be proactive in your project's evaluation.
- Be sustained by the nobility of the purpose.
- Trainings should be adapted to suit native people's needs and should be culturally relevant.
- Focus on one thing, don't spread yourself too thin.

- Have a project staff communication plan in place and follow it.
- Record the progress and achievements of your project in a well-designed monograph. It will help you to educate others about your work and will serve as a marketing tool for future efforts.

#### FINANCIAL MANAGEMENT

- Track all financial activities and keep financial documents (i.e. leveraged resources and NFS) well-organized.
- Be as clear as possible at the outset of the project regarding the definitions of supplies and equipment.
- Keep track of your Non-Federal Share (NFS) on a monthly basis.
- When directly related to project activities, food is an allowable cost. Use it! (Note to recipients: Be sure to read HHS policy on when food is an allowable cost. Food costs are subject to a series of conditions.)
- Compact all contracting and subcontracting into one general contract, then let the contractor handle the details for each of the subcontracting jobs. This should save time and headaches.

#### MARKETING BEST PRACTICES

DURING IMPACT VISITS IN 2008, ANA'S DEPARTMENT OF POLICY, PLANNING, AND EVALUATION (DPPE) BEGAN GATHERING INFORMATION ON EACH RECIPIENT'S THREE BEST MARKETING PRACTICES, RANKED IN ORDER. DPPE LOOKED AT THE TYPE OF MARKETING STRATEGY USED BY EACH RECIPIENT AND COMPARED THEM TO WHETHER THE RECIPIENT REPORTED CHALLENGES WITH COMMUNITY SUPPORT DURING IMPLEMENTATION.

THE TOP THREE MARKETING STRATEGIES FOR ALL PROJECTS THAT RECEIVED IMPACT VISITS ARE ESSENTIALLY THE SAME:

- NEWSPAPERS
- FLIER/BROCHURES
- WORD OF MOUTH

#### SUSTAINABILITY STRATEGIES

##### What Is Needed For Sustainability?

- Community is key to the entire project and development: Having a community driven, community informed and community involved project is of utmost important when developing a proposal plan.
- Strong community ownership.
- Training local trainers.
- Incentives.

- Have non-profit status.
- Local entrepreneurship.
- Have a Business plan.
- Focus on strengths.
- Volunteers.
- Valid Market.
- Outside revenue streams.
- Committed and diversified partnerships
- Dedicated Staff.
- Long-term vision.
- Have defined short term and long-term goals.
- Have an effective planning process.
- Passion.
- Politicking – networking.
- Financial Plan and Budget. Good financial systems and accountability.
- Contingency Plans.
- Policies, procedures, guidelines on operations, human resources, etc.
- Good management and leadership.
- Offer meals and food.
- Recognition and celebrations.
- Interoperability.
- Visibility, flexibility, adaptability, accountability
- Documentation of impact.
- Continued goals and objectives.
- Project evaluation.
- Political will.
- Wealthy friends.
- Get the youth involved.
- Public education/marketing.
- Staff training.

### **How Do You Achieve Programmatic Sustainability?**

- Do a community assessment.
- Write and use a strategic plan.
- Have powerful friends.
- Strong Partnerships.
- Credential your teachers.
- Teach financial literacy.

- Look into doing Community Supported Agriculture (CSAs).
- Mentoring/training of personnel, community and youth.
- Promote positive thinking and doing.
- Written curriculum for participants/trainers/and with DVDs, etc.
- Employee buy-in and community assurances.
- Focus on limiting staff turn-over.
- Strong evaluation and data collection.
- Have political allies/support and mobilize.
- Good facilities and have a backup plan if not.
- High expectations and standards.
- Having core values and vision.
- Have incentives and recognition.
- Culture-spirit driven.

### **HOW DO YOU ACHIEVE POLITICAL SUSTAINABILITY?**

- Establish personal connections with partners and community.
- Have benchmarks and demonstrated results to gain credibility.
- Invite stakeholders to celebrations of success (keeps motivation high).
- Recognize partner contributions.
- Being a reliable and valuable partner.
- Identifying stakeholders.
- Valuing diversity in partnerships.
- Clear communication.
- Building Relationships and Trust.
- Well planned agendas.
- Re-evaluating partnerships.

### **FINANCIAL SUSTAINABILITY**

- Identify and Prioritize Needs
- Multi-market appeal (i.e. non-native).
- Leverage funding resources.
- Innovative donor strategies (tech-based).
- Establish clear profit motive.
- Take advantage of non-profit/tribal status if competing in the mainstream.
- Developing relationships with corporations.
- Find sponsor that supports similar services.
- Look for ways to get items/services for free (internships, ETC.),

“welfare to work”.

- Write for new grants.
- Apply to United Way.

## Recipient SUGGESTIONS ON PREVENTING AND OVERCOMING CHALLENGES

### STAFF TURNOVER

- Provide competitive salaries and benefits.
- Provide culturally appropriate job training.
- Clearly define the roles and responsibilities of each position.
- Hire qualified people with expertise in the position.
- Provide cross training for staff in the event staff turnover occurs.
- If a staff person leaves, consider bringing on a consultant or contractor to temporarily fill the vacant position.

### LATE START

- Research your tribes’ hiring procedures during the project planning stage. Some tribes require a position to be open for at least 45 days before a hiring decision may be made.
- Familiarize yourself with the project and OWP so you can hit the ground running.
- Begin marketing the project as soon as possible to make people aware of it.
- Maintain communication with ANA to avoid or manage any delays in start-up processes.

### SCOPE TOO AMBITIOUS

- Use the OWP as a guide and step-by-step means of implementing your project.
- Focus on accomplishing one thing at a time – break the project down into manageable pieces.
- Recruit volunteers to help out with the project’s implementation.
- Delegate work evenly amongst project staff and according to areas of expertise.
- Collaborate with your partners to see if you can lessen your workload sometimes a partner may already be implementing similar activities and you can simply work with them rather than reinventing the wheel this will ENSURE THERE IS NO DUPLICATION OF EFFORT.
- Use all resources available to you.

## **GEOGRAPHIC ISOLATION / TRAVEL**

- Plan ahead – complete activities with the weather/seasons in mind.
- Use local resources (consultants, volunteers, etc.).
- Provide incentives such as gas cards if you are having difficulties with participation due to travel distances.
- Provide transportation to project participants.

## **LACK OF EXPERTISE**

- Research other resources that may be able to provide staff training or volunteer to work on the project.
- Take the time to train your staff, it will save you time in the long run.
- Cross-train your staff with other departments or agencies.
- Utilize your partnerships for capacity-building.

## **CHALLENGES WITH ANA PROCESSES**

- Maintain contact with your Program Specialist.
- Contact your Program Specialist as soon as you begin experiencing any difficulties.
- Be patient and anticipate that ANA processes can take a long time (the average grant action takes 3 months).
- Work on what you can while waiting for confirmation.

## **UNDERESTIMATED PROJECT COST**

- Leverage as many resources as you can through partnerships and available resources.
- See if there is another department, organization, or partner willing to share costs.
- Market your project as much as possible, which will help attract leveraged resources and project support – remember, word of mouth is free!

## **UNDERESTIMATED PERSONNEL NEEDS**

- Find volunteers to work on your project.
- Use summer interns and students.
- Delegate project tasks as evenly as possible amongst your staff and maintain open communication to ensure Your staff can handle the

extra workload.

- Build a partnership with the AmeriCorps, as they provide volunteers to fit an organization's needs.

### **PARTNERSHIP FELL THROUGH**

- Immediately begin research for finding a replacement based on what that partner was bringing to the project.
- Use existing resources to make up for the loss.
- Look at alternative options for implementing your project without changing the project scope.
- Plan ahead and do not design a project that relies heavily on one specific partnership.

### **LACK OF COMMUNITY SUPPORT**

- Rely on the community to help develop the project idea – involving people in the planning process will lead to their participation in the project's implementation.
- Provide incentives for meetings, trainings, and workshops.
- Create an atmosphere of communication and collaboration with the community.
- Market your project as much as possible, especially at social events.
- Conduct active marketing techniques such as face-to-face visits, phone calls, community meetings, etc.

### **HIRING DELAYS**

- Provide competitive salaries and benefits.
- Begin marketing the project as soon and as much as possible to increase awareness.
- Have other staff fill in during the hiring process.
- If possible, work on other aspects of the project while waiting for new hires.
- Seek advice and support from your governing board or council.
- If you will be hiring project staff with very specific qualifications, research the local talent pool to see if candidates exist.
- Research your tribe's hiring procedures during the project planning stage. Some tribes require a position to be open for at least 45 days before a hiring decision may be made.

# APPENDIX 4

## GRANT AMENDMENT EXAMPLES

### BUDGET REVISION INSTRUCTIONS

Recipients generally have some flexibility to re-budget within and between budget categories (25% of the budget total) to meet unanticipated needs and to make other post-award changes. Once you have received approval from your Program Specialist to submit a Budget Revision, refer to the table below and the examples that follow to prepare the amendment to be submitted in GrantSolutions.

GRANTSOLUTIONS PLACEHOLDER	EXPLANATION
INSTRUCTIONS	An information-only document that provides these instructions for preparing the amendment.
SF- 424A	Both of the 424 forms are on-line forms which you can open and fill out directly in GrantSolutions. You will have the ability to Save and come back to it. Begin by filling out the 424A, which will pre-populate some of the data in the 424 form. You also have the option of uploading the completed form. *Note: Make sure to break out both the Federal and Non-Federal amount in section B, in separate columns. If you complete the 424A in the on-line form as shown in the attached example, it will create the two columns.
SF- 424	The 424 is another online form that you should open and complete in GrantSolutions. As with the 424A, you can upload a completed form.
COVER LETTER UPLOAD	This is the placeholder to attach a letter clearly summarizing the purpose of the budget revision. This letter should be on company or tribal letterhead, signed by your authorizing official, scanned, and attached.

GRANTSOLUTIONS PLACEHOLDER	EXPLANATION
SF-425 UPLOAD	Attach your most recent SF-425 here; however, if you do not have a recent SF-425 you can download the form from Grants.gov and upload the completed form.
PROJECT NARRATIVE	If you have already provided a clear rationale for the budget revision in your Cover Letter, you do not need to upload anything here. If not, include a description of the project status and why a budget modification is necessary and how the budget will be reallocated.
BUDGET NARRATIVE UPLOAD	The Budget Narrative Upload section is the place for you to attach your completed line-item budget (Federal and Non-Federal) and a budget justification. The budget justification should clearly show and describe the budget changes to justify the proposed costs.
MISCELLANEOUS INFORMATION	If you are revising your budget due to a change in your Indirect Cost Rate, attach a copy of your new indirect agreement here. You may also use this placeholder to upload any additional information, for example, cost quotes or consultant contract, that would help in processing your amendment.

Once you have completed each of the components in the application, you are ready to submit the application for review. Please note that a request for a budget revision does not have an automatic approval attached to it. You must receive a signed Notice of Grant Award from ACF before you can proceed with implementation of your request. If you do not hear from OGM, please do not assume that your request has been approved.

**Note: The following example does not include a Project Narrative. The information is included in the sample Cover Letter.**

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input type="radio"/> Preapplication <input type="radio"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input type="radio"/> New <input type="radio"/> Continuation <input checked="" type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text" value="A: Other (specify)"/>	
* 3. Date Received: <input type="text" value="04/06/2020"/>		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			5b. Federal Award Identifier: <input type="text" value="90NA0000"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: <input type="text" value="Indigenous Community Council"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="11-1111111"/>			* c. Organizational DUNS: <input type="text" value="0000000000000"/>		
d. Address:					
* Street1:		<input type="text" value="100 Lake Street"/>			
Street2:		<input type="text"/>			
* City:		<input type="text" value="Generic City"/>			
County/Parish:		<input type="text"/>			
* State:		<input type="text" value="OK: Oklahoma"/>			
Province:		<input type="text"/>			
* Country:		<input type="text" value="USA: UNITED STATES"/>			
* Zip / Postal Code:		<input type="text" value="00000-1111"/>			
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="John"/>		
Middle Name:	<input type="text"/>				
* Last Name:	<input type="text" value="Smith"/>				
Suffix:	<input type="text"/>				
Title:	<input type="text" value="Program Director"/>				
Organizational Affiliation: <input type="text"/>					
* Telephone Number:	<input type="text" value="777-777-7779"/>	Fax Number:	<input type="text" value="777-777-7779"/>		
* Email:	<input type="text" value="jsmith@indigenouscommunity.org"/>				

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:**

K: Indian/Native American Tribally Designated Organization

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

ACE-Native American

**11. Catalog of Federal Domestic Assistance Number:**

93.612

**CFDA Title:**

Native American Programs

**\* 12. Funding Opportunity Number:**

HHS-2018-ACE-ANA-NA-1339

**\* Title:**

Social and Economic Development Strategies - SEDS

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Healthy Living Through Traditional Foods

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant:  \* b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:  \* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="198,441.00"/>
* b. Applicant	<input type="text" value="93,755.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="292,196.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**BUDGET INFORMATION - Non-Construction Programs**  
**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. NA - SEDS	93.612			\$198,441.00		\$198,441.00
2. NA - SEDS	93.612				\$49,720.00	\$49,720.00
3.						
4.						
5. Totals				\$198,441.00	\$49,720.00	\$248,161.00

**SECTION B - BUDGET CATEGORIES**

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) NA - SEDS	(2) NA - SEDS	(3)	(4)	
a. Personnel	\$84,448.00	\$19,214.00			\$103,662.00
b. Fringe Benefits	\$24,339.00	\$5,966.00			\$30,305.00
c. Travel	\$8,486.00	\$3,500.00			\$11,986.00
d. Equipment					
e. Supplies	\$1,800.00				\$1,800.00
f. Contractual					
g. Construction					
h. Other	\$50,453.00	\$14,404.00			\$64,857.00
i. Total Direct Charges (sum of 6a-6h)	\$169,526.00	\$43,084.00			\$212,610.00
j. Indirect Charges	\$28,915.00	\$6,636.00			\$35,551.00
k. TOTALS (sum of 6i and 6j)	\$198,441.00	\$49,720.00			\$248,161.00

7. Program Income						
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SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8. NL - Grant Languages Program						
9. NL - Grant Languages Program	\$49,024.00					\$49,024.00
10. NL - Grant Languages Program						
11. NL - Grant Languages Program						
12. TOTAL (sum of lines 8-11)	\$ 49,024.00	\$	\$	\$	\$	\$49,024.00
SECTION D - FORECASTED CASH NEEDS						
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter		
\$ 195,721.00	\$ 41,286.00	\$41,520.00	\$ 60,802.00	\$	\$52,113.00	
\$49,024.00	\$12,256.00	\$12,256.00	\$12,256.00	\$	\$12,256.00	
15. TOTAL (sum of lines 13 and 14)	\$ 244,745.00	\$53,776.00	\$ 73,058.00	\$	\$64,369.00	
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program	FUTURE FUNDING PERIODS (Years)					
	(b) First	(c) Second	(d) Third	(e) Fourth		
16. NL - Grant Languages Program	\$ 189,858.00	\$				\$
17. NL - Grant Languages Program						
18. NL - Grant Languages Program						
19. NL - Grant Languages Program						
20. TOTAL (sum of lines 16-19)	\$ 189,858.00	\$	\$	\$	\$	\$
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:	22. Indirect Charges:					
	2020 IDC rate 17.08%					
23. Remarks:						

Indigenous Community Council  
100 Lake Street  
Generic City, OK 00000-1111  
(777) 777-7779

April 4, 2021

Jane Deer, Grants Management Specialist US - DHHS - ACF  
Division of Discretionary Grants  
Office of Grants Management  
Mary E. Switzer Memorial Building 330 C Street, SW  
Washington, DC 20201

RE: ANA Grant 90NA0000

Dear Ms. Deer:

I am requesting that we be allowed to modify the budget line items in the Indigenous Community Council's project; Traditional Foods for Healthy Eating, ANA grant 90NA0000. This modification reflects changes resulting from our decreased 2021 IDC rate and a reduction in our Fringe costs.

Our approved 2021 IDC rate of 16.98% is a decrease from the 2019 IDC rate of 17.40%. In addition, both the Project Coordinator and the Community Dietician have opted out of the health insurance provided by ICC and are on alternate plans. This resulted in a reduction of our fringe rate from the 42%, estimated at the time the grant application was submitted, to 29.36%, effective January 1, 2021.

We are submitting forms 424 and 424A with the line item revisions, a revised line item budget with justification and the signed Indigenous Community Council 2021 Indirect Cost Rate Agreement along with this letter.

If you have any questions concerning this, please contact John Smith, project contact at 777-777-7772 or email at [JSmith@indigenouscommunity.org](mailto:JSmith@indigenouscommunity.org).

Respectfully;

Ellen Shows  
Ellen Shows

Chair, Indigenous Community Council Board of Directors cc: Mary Stevens, Program Specialist

INDIGENOUS COMMUNITY COUNCIL - HEALTHY LIVING THROUGH TRADITIONAL FOODS  
90NA0000

<b>YEAR 2 9/30/19 - 9/29/20</b>		<b>FED REQUEST</b>	<b>FED REV +/-</b>	<b>NEW FED REQUEST</b>	<b>MATCH</b>	<b>MATCH REV +/-</b>	<b>NEW MATCH</b>	<b>YR2 REV. BUDGET</b>
<b>Personnel</b>								
Planning Director	-				3,461	-	3,461	\$ 3,461
Project Coordinator	33,163			33,163	-	-	-	\$ 33,163
Project Secretary	-				15,753	-	15,753	\$ 15,753
Community Dietician	42,429			42,429	-	-	-	\$ 42,429
Digital Media Operator (LTE)	4,800		48	4,848	-	-	-	\$ 4,848
Testing/Demonstration Asst	1,940		2,068	4,008	-	-	-	\$ 4,008
<b>SUBTOTAL PERSONNEL</b>	<b>\$ 82,332</b>		<b>\$ 2,116</b>	<b>\$ 84,448</b>	<b>\$ 19,214</b>	<b>\$ -</b>	<b>\$ 19,214</b>	<b>\$ 103,662</b>
<b>Fringe Benefits</b>								
Fringe Benefits	34,339		(10,000)	24,339	8,454	(2,488)	5,966	\$ 30,305
<b>SUBTOTAL FRINGE BENEFITS</b>	<b>\$ 34,339</b>		<b>\$ (10,000)</b>	<b>\$ 24,339</b>	<b>\$ 8,454</b>	<b>\$ (2,488)</b>	<b>\$ 5,966</b>	<b>\$ 30,305</b>
<b>Travel</b>								
ANA Grantee Meeting	4,000			4,000				\$ 4,000
Staff travel	2,500		1,986	4,486	3,500	-	3,500	\$ 7,986
<b>SUBTOTAL TRAVEL</b>	<b>\$ 6,500</b>		<b>\$ 1,986</b>	<b>\$ 8,486</b>	<b>\$ 3,500</b>	<b>\$ -</b>	<b>\$ 3,500</b>	<b>\$ 11,986</b>
<b>Supplies</b>								
General Supplies	1,800			1,800	-	-	-	\$ 1,800
<b>SUBTOTAL SUPPLIES</b>	<b>\$ 1,800</b>		<b>\$ -</b>	<b>\$ 1,800</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,800</b>
<b>Other</b>								
Elder/Harvester stipend	7,750		3,050	10,800	-	-	-	\$ 10,800
Elder/Harvester travel	2,750		1,344	4,094	-	-	-	\$ 4,094
Communications	-		-	-	3,000	-	3,000	\$ 3,000
Duplication	-		-	-	600	-	600	\$ 600
Vehicle O & M/ Insurance	-		-	-	3,000	-	3,000	\$ 3,000
Cooking Supplies	3,422		2,000	5,422	-	2,424	2,424	\$ 7,846
Office Space Cost	-		-	-	1,540	-	1,540	\$ 1,540
Vehicle Lease	-		-	-	3,840	-	3,840	\$ 3,840
Food Handling Safety Training	200		-	200	-	-	-	\$ 200
Publication Printing	25,000		-	25,000	-	-	-	\$ 25,000
DVD Production	4,937		-	4,937	-	-	-	\$ 4,937
<b>SUBTOTAL OTHER</b>	<b>\$ 44,059</b>		<b>\$ 6,394</b>	<b>\$ 50,453</b>	<b>\$ 11,980</b>	<b>\$ 2,424</b>	<b>\$ 14,404</b>	<b>\$ 64,857</b>
<b>YEAR 2 DIRECT TOTAL</b>	<b>\$ 169,030</b>		<b>\$ 496</b>	<b>\$ 169,526</b>	<b>\$ 43,148</b>	<b>\$ (64)</b>	<b>\$ 43,084</b>	<b>\$ 212,610</b>
Indirect Charges	29,411		(496)	28,915	6,572	64	6,636	\$ 35,551
<b>TOTAL YEAR 2</b>	<b>\$ 198,441</b>		<b>\$ -</b>	<b>\$ 198,441</b>	<b>\$ 49,720</b>	<b>\$ -</b>	<b>\$ 49,720</b>	<b>\$ 248,161</b>

ICC PROJECT PROPOSED BUDGET 90NA0000	BUDGET YR 2	BUDGET CHANGES PLUS/ MINUS	BUDGET MODIFICATION REQUEST	JUSTIFICATION
<b>PERSONNEL</b>				
Project Coordinator	\$33,163		\$33,163	
Community Dietician	\$42,429		\$42,429	
Digital Media Operator (LTE)	\$4,800	\$48	\$4,848	This will cover an increase in the LTE salary from \$10/hr. to \$10.10/hr. as per directive from the ICC administration regarding raising the minimum wage to \$10.10/hr.
Testing/ Demonstration Asst	\$1,940	\$2,068	\$4,008	Increase costs will allow for this LTE position to be on board for an additional 200 hours at a rate of \$10.10 per hour. Salary increase is retroactive to January 1, 2021. (See above re: LTE wage directive).
<b>Sub Total - Personnel</b>	<b>\$82,332</b>	<b>\$2,116</b>	<b>\$84,448</b>	
<b>Fringe</b>	<b>\$34,339</b>	<b>(\$10,000)</b>	<b>\$24,339</b>	Fringe costs were reduced from 42% in the original application to 29.36% FTE and 11% LTE effective January 1, 2021.(See cover letter.)
<b>TRAVEL</b>				
Recipient Meeting	\$4,000		\$4,000	
Staff Travel	\$2,500	\$1,986	\$4,486	Costs will cover additional travel costs for project staff to travel to Native Food Sovereignty Conference (2 staff X \$500 ea./RT airfare, 2 staff lodging X \$125/day X 2 days, 2 staff meals X \$75/day X 2 days, airport parking 2 staff X \$20 X 3 days, taxi fare \$66)

ICC PROJECT PROPOSED BUDGET 90NA0000	BUDGET YR 2	BUDGET CHANGES PLUS/ MINUS	BUDGET MODIFICATION REQUEST	JUSTIFICATION
<b>Sub Total - Travel</b>	<b>\$6,500</b>	<b>\$1,986</b>	<b>\$8,486</b>	
<b>SUPPLIES</b>				
General Supplies	\$1,800		\$1,800	
<b>Sub Total - Supplies</b>	<b>\$1,800</b>		<b>\$1,800</b>	
<b>OTHER</b>				
Elder/Harvester stipend	\$7,750	\$3,050	\$10,800	Increase will allow 61 additional hours for elder/harvester participation at community cooking demonstrations during recipe book presentations.
Elder/Harvester travel	\$2,750	\$1,344	\$4,094	This will cover travel cost of elders participating in demonstrations and receipt book presentations.
Cooking Supplies	\$3,422	\$2,000	\$5,422	This will cover additional costs of cooking supplies to be used in food demonstrations.
Food Handling Safety Training	\$200		\$200	
Publication Printing	\$25,000		\$25,000	
DVD Production	\$4,937		\$4,937	
<b>Sub Total - Other</b>	<b>\$44,059</b>	<b>\$6,384</b>	<b>\$50,453</b>	
<b>Total Direct</b>	<b>\$169,030</b>	<b>\$496</b>	<b>\$169,526</b>	
<b>Indirect Cost</b>	<b>\$29,411</b>	<b>(\$496)</b>	<b>\$28,915</b>	Decrease reflects the 2021 IDC rate of 16.98%
<b>TOTAL</b>	<b>\$198,441</b>		<b>\$198,441</b>	

MATCHING BUDGET 90NA0000	MATCHING BUDGET YR 2	BUDGET CHANGES PLUS/ MINUS	NEW MATCHING BUDGET Y2	JUSTIFICATION
<b>PERSONNEL</b>				
Planning Director	\$3,461		\$3,461	
Project Secretary	\$15,753		\$15,753	
<b>Sub Total - Personnel</b>	<b>\$19,214</b>		<b>\$19,214</b>	
<b>Fringe @ 42% FTE, 16% LTE</b>	<b>\$8,454</b>	<b>(\$2,488)</b>	<b>\$5,966</b>	Fringe costs were reduced from 42% in the original application to 29.36% FTE and 11% LTE effective January 1, 2021. (See cover letter.)
<b>TRAVEL</b>				
Staff Travel	\$3,500		\$3,500	
<b>SUB TOTAL - TRAVEL</b>	<b>\$3,500</b>		<b>\$3,500</b>	
<b>SUPPLIES</b>				
<b>SUB TOTAL - SUPPLIES</b>	<b>\$0</b>		<b>\$0</b>	
<b>OTHER</b>				
Communications	\$3,000		\$3,000	
Duplication	\$600		\$600	
Vehicle O & M/ Insurance	\$3,000		\$3,000	This will cover additional costs of cooking supplies to be used in food demonstrations.
Cooking Supplies		\$2,424	\$2,424	Cash match will be provided to purchase additional cooking supplies for community cooking demonstrations.
Office Space Cost	\$1,540		\$1,540	
Vehicle Lease	\$3,840		\$3,840	
<b>SUB TOTAL - OTHER</b>	<b>\$11,980</b>	<b>\$2,424</b>	<b>\$14,404</b>	
<b>TOTAL DIRECT</b>	<b>\$43,148</b>	<b>(\$64)</b>	<b>\$43,084</b>	
<b>INDIRECT COST</b>	<b>\$6,572</b>	<b>\$64</b>	<b>\$6,636</b>	Reflects the 2021 IDC rate of 16.98%
<b>TOTAL</b>	<b>\$49,720</b>		<b>\$49,720</b>	

Indian Organizations  
Indirect Cost Negotiation Agreement

EIN: 11-1111111

Organization: Indigenou Community Council  
1000 Lake St  
Generic City, OK 00000

Date: February 24, 2020

Report No(s): 00-A-0000

Filing Ref.:  
Last Negotiation Agreement  
dated June 7, 2019

The indirect cost rate contained herein is for use on grants, contracts, and other agreements with the Federal Government to which Public Law 93-638 and 2 CFR 225 (OMB Circular A-87) apply, subject to the limitations contained in 25 CFR 900 and in Section II.A. of this agreement. The rate was negotiated by the U.S. Department of the Interior, Interior Business Center, and the subject organization in accordance with the authority contained in 2 CFR 225.

Section I: Rate

Type	Effective Period		Rate*	Locations	Applicable To
	From	To			
Fixed Carryforward	01/01/20	12/31/20	16.98%		All Programs

\*Base: Total direct costs, less capital expenditures and passthrough funds. Passthrough funds are normally defined as major subcontracts, payments to participants, stipends to eligible recipients, and subgrants, all of which normally require minimal administrative effort.

Treatment of fringe benefits: Fringe benefits applicable to direct salaries and wages are treated as direct costs; fringe benefits applicable to indirect salaries and wages are treated as indirect costs.

Section II: General

Page 1 of 3

A. Limitations : Use of the rate contained in this agreement is subject to any applicable statutory limitations. Acceptance of the rate agreed to herein is predicated upon these conditions: (1) no costs other than those incurred by the subject organization were included in its indirect cost rate proposal, (2) all such costs are the legal obligations of the grantee/contractor, (3) similar types of costs have been accorded consistent treatment, and (4) the same costs that have been treated as indirect costs have not been claimed as direct costs (for example, supplies can be charged directly to a program or activity as long as these costs are not part of the supply costs included in the indirect cost pool for central administration).

B. Audit : All costs (direct and indirect, federal and non-federal) are subject to audit. Adjustments to amounts resulting from audit of the cost allocation plan or indirect cost rate proposal upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation agreement.

C. Changes: The rate contained in this agreement is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in organizational structure, or changes in the method of accounting for costs that affect the amount of reimbursement resulting from use of the rate in this agreement, require the prior approval of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowance.

D.

1. Fixed Carry Forward Rate: The fixed carryforward rate is based on an estimate of costs that will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, an adjustment will be made to the rate for a future period, if necessary, to compensate for the difference between the costs used to establish the fixed rate and the actual costs.

2. Provisional/Final Rate: Within 6 months after year end, the final rate must be submitted based on actual costs. Billings and charges to contracts and grants must be adjusted if the final rate varies from the provisional rate. If the final rate is greater than the provisional rate and there are no funds available to cover the additional indirect costs, the organization may not recover all indirect costs. Conversely, if the final rate is less than the provisional rate, the organization will be required to pay back the difference to the funding agency.

E. Agency Notification: Copies of this document may be provided to other federal offices as a means of notifying them of the agreement contained herein.

F. Record Keeping: Organizations must maintain accounting records that demonstrate that each type of cost has been treated consistently either as a direct cost or an indirect cost. Records pertaining to the costs of program administration, such as salaries, travel, and related costs, should be kept on an annual basis.

G. Reimbursement Ceilings: Grantee/contractor program agreements providing for ceilings on indirect cost rates or reimbursement amounts are subject to the ceilings stipulated in the contract or grant agreements. If the ceiling rate is higher than the negotiated rate in Section I of this agreement, the negotiated rate will be used to determine the maximum allowable indirect cost.

H. Use of Other Rates: If any federal programs are reimbursing indirect costs to this grantee/contractor by a measure other than the approved rate in this agreement, the grantee/contractor should credit such costs to the affected programs, and the approved rate should be used to identify the maximum amount of indirect cost allocable to these programs.

I. Central Service Costs: Where central service costs are estimated for the calculation of indirect cost rates, adjustments will be made to reflect the difference between provisional and final amounts.

J. Other:

1. The purpose of an indirect cost rate is to facilitate the allocation and billing of indirect costs. Approval of the indirect cost rate does not mean that an organization can recover more than the actual costs of a particular program or activity.

2. Programs received or initiated by the organization subsequent to the negotiation of this agreement are subject to the approved indirect cost rate if the programs receive administrative support from the indirect cost pool. It should be noted that this could result in an adjustment to a future rate.

3. New indirect cost proposals are necessary to obtain approved indirect cost rates for future fiscal or calendar years. The proposals are due in our office 6 months prior to the beginning of the year to which the proposed rates will apply.

Section III: Acceptance

Listed below are the signatures of acceptance for this agreement:

By the Indian Organization:

Indigenous Community Council  
Tribal Government

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Title

**February 18, 2020**  
Date

By the Cognizant Federal Government Agency:

U.S. Department of the Interior  
Interior Business Center  
Agency

\_\_\_\_\_  
Dee A. Poe  
Name  
Office Chief  
Office of Indirect Cost Services  
Title

\_\_\_\_\_  
Date  
Negotiated by Jane Doe  
Telephone (444) 444-4444

**FEB 24 2020**

## CARRYOVER BUDGET (COB) REQUEST

RECIPIENTS WITH MULTI-YEAR GRANTS MAY REQUEST A CARRYOVER OF FUNDS FROM ONE YEAR TO THE NEXT IF THE FUNDS THEY ARE CARRYING OVER ARE FOR PROJECT ACTIVITIES THAT WERE NOT COMPLETED DURING THE PREVIOUS BUDGET PERIOD. ONCE YOU HAVE RECEIVED APPROVAL FROM YOUR PROGRAM SPECIALIST TO SUBMIT A CARRYOVER REQUEST, REFER TO THE TABLE BELOW AND THE EXAMPLES THAT FOLLOW TO PREPARE THE AMENDMENT TO BE SUBMITTED IN GRANTSOLUTIONS.

GRANTSOLUTIONS PLACEHOLDER	EXPLANATION
Instructions	An information-only document that provides instructions for preparing the amendment.
SF- 424A	Both of the 424 forms are on-line forms which you can open and fill out directly in GrantSolutions. You will have the ability to Save and come back to it. Begin by filling out the 424A, which will pre-populate some of the data in the 424 form. You also have the option of uploading a completed form instead of filling out the form on-line. *Note: Make sure to break out both the Federal and Non-Federal amount in section B, in separate columns. If you complete the 424A as shown in the attached example, it should automatically create the two columns.
SF- 424	The 424 is another online form that you should open and complete in GrantSolutions. As with the 424A, you can alternately upload a completed form. Be sure to mark <b>Revision in 2. Type of Application.</b>
COVER LETTER UPLOAD	This is the placeholder to attach a letter clearly summarizing the purpose of the request. It should include information on the progress of the project, all activities that were not completed on time, and how they will be completed during the current project year. This letter should be on company or tribal letterhead, signed by your authorizing official, scanned, and attached.

GRANTSOLUTIONS PLACEHOLDER	EXPLANATION
SF-425 UPLOAD	Attach your most recent SF-425 here; however, if you do not have a recent SF-425 you can download the form from Grants.gov and upload the completed form.
BUDGET NARRATIVE UPLOAD	This placeholder is used to attach your completed line-item budget (Federal and Non-Federal) and a budget justification. The line-item budget should clearly show the line items to be revised by the carryover amounts while the budget justification should explain how the carryover amounts will be used.
MISCELLANEOUS INFORMATION	Upload an OWP for each applicable objective that shows the incomplete activities and their new completion dates. If there is any additional information that would help in processing your amendment, for example, indirect cost rate agreements, vendor quotes, or consultant contracts, attach them here.

Please note that a Carryover Budget (COB) request does not have an automatic approval attached to it. You must receive a signed Notice of Grant Award from ACF before you can proceed with implementation of your request. If you do not hear from ogm, please do not assume that your request has been approved.

OFFICE OF THE TRIBAL CHIEF  
100 Main Street  
•New City •State • 00000  
Phone: (000) 000-0000 • Fax: (000) 000-0000

September 25, 2021

Tim Chappelle

Grants Management Specialist

Office of Grants Management

Mary E. Switzer Memorial Building 330 C Street, SW

Washington, DC 20201

Dear Mr. Chappelle,

This letter is a request for Carry Over Balance for our ANA Native American Language Maintenance Grant project in the amount of \$6,728.25, from the budget period ending June 30, 2021, to the budget period ending June 30, 2021. The amount requested is the amount stated on the final SF-425.

The Carry Over Balance will be used to hold Curriculum Design Team Meetings and Community Feedback Sessions that were not held in project year two. These meetings were scheduled to provide feedback and final reviews of the Native Language Curriculum drafted for the completion of Objective 1 of our project.

Objective 1: Develop and produce curriculum, materials, and activities for teaching Native Language Content Standards in four language learner proficiency levels to be used within NT Pre-K and Elementary schools) by developing and approving themed curriculum units for five standards content areas in four language learner proficiency levels (20 total) by the end of the 24th month;

2) by developing or adapting and producing receptive, productive, and interactive language learning resources, for five standards content areas in 4 language learner proficiency levels (60 total) by the end of the 36th month.

The following is a list of incomplete activities from the prior budget period that correspond with these meetings and community feedback sessions.

Incomplete Activities:

- Obj. 1 Activity 2: Conduct Six Curriculum Design Team Meetings (three of the six were not completed)
- Obj. 1 Activity 4: Evaluate & Revise Curriculum Modules (No community meetings were held)

At the beginning of the 3rd quarter of project year two, the New Tribal Schools System called for an early implementation of the curriculum. This required our project staff to finalize two months' worth of curriculum materials before the end of quarter three, and then provide support for the implementation of the curriculum during the first two months of quarter four. As a result, there was a delay in curriculum activity drafting that was to be completed before the end of quarter four, and no community-based Curriculum Design Team meetings were held for two quarters. Additionally, we were unable to get broad based community feedback on the curriculum. It was only reviewed with project staff and the project evaluator, and presented briefly to a small segment of parents. Because we have not had a forum for community review or approval outside of the school system we recommend for six community review sessions to occur before the end of the grant project, one in each community with a school that is being served by this grant project.

Upon approval of this Carry Over Balance request, our project staff will schedule the required meetings to be held in the months of April, May and June of this grant project year, or Quarter 4 - as described in the attached Objective Work Plan.

Attached is the 424, 424a, detailed budget, budget justification and SF-425 showing the un-obligated amount. The corresponding 20% match for the Carry Over Balance, equal to \$1,682.06, was met during the 2019-2021 budget period (see attached SF-425). Your attention to this request is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Doe', with a stylized flourish at the end.

John Doe Tribal Chief New Tribe

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input type="radio"/> New <input type="radio"/> Continuation <input checked="" type="radio"/> Revision	* If Revision, select appropriate letter(s): E: Other (specify): * Other (Specify): Budget Carryover
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

* 3. Date Received: 09/25/2020	4. Applicant Identifier:
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5a. Federal Entity Identifier:	5b. Federal Award Identifier: 00NL0000
--------------------------------	-------------------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

* a. Legal Name: New Tribe	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 00-0000000	* c. Organizational DUNS: 00000000000000

d. Address:

* Street1: 100 Main Street
Street2:
* City: New City
County/Parish:
* State: OK: Oklahoma
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 00000-0000

e. Organizational Unit:

Department Name:	Division Name:
------------------	----------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	* First Name: Mike
Middle Name:	
* Last Name: Smith	
Suffix:	
Title: Principal Investigator	
Organizational Affiliation:	
* Telephone Number: 000-000-0000	Fax Number: 000-000-0000
* Email: msmith@nt-nsn.gov	

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

I: Indian/Native American Tribal Government (Federally Recognized) ▼

Type of Applicant 2: Select Applicant Type:

▼

Type of Applicant 3: Select Applicant Type:

▼

\* Other (specify):

**\* 10. Name of Federal Agency:**

ACF-Native Americans

**11. Catalog of Federal Domestic Assistance Number:**

93.587

CFDA Title:

Promote the Survival and Continuing Vitality of Native American Languages

**\* 12. Funding Opportunity Number:**

HHS-2018-ACF-ANA-NL-1342

\* Title:

Native American Language Preservation and Maintenance

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Native Language Teaching Standards

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="6,728.25"/>
* b. Applicant	<input type="text" value="1,682.06"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="8,410.31"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

[View Burden Statement](#)

**BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006  
Expiration Date: 02/28/2022

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. HL Preservation and Maintenance	93.587	\$	\$	\$ 6,728.25	\$	\$ 6,728.25
2. HL Preservation and Maintenance	93.587				1,682.06	1,682.06
3.						
4.						
5. Totals		\$	\$	\$ 6,728.25	\$ 1,682.06	\$ 8,410.31

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Prescribed by OMB (Circular A - 102) Page 1

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	ML Preservation and Maintenance	ML Preservation and Maintenance			
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other	5,739.36	1,434.83			7,174.19
i. Total Direct Charges (sum of 6a-6h)	5,739.36	1,434.83			7,174.19
j. Indirect Charges	988.69	247.23			1,236.12
k. TOTALS (sum of 6i and 6j)	\$ 6,728.25	\$ 1,682.06	\$	\$	\$ 8,410.31
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. NL Preservation and Maintenance	\$	\$	\$	\$	\$
9. NL Preservation and Maintenance	1,682.06				1,682.06
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	1,682.06

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 6,728.25	\$	\$	\$	6,728.25
14. Non-Federal	\$ 1,682.06	\$	\$	\$	1,682.06
15. TOTAL (sum of lines 13 and 14)	\$ 8,410.31	\$	\$	\$	8,410.31

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. NL Preservation and Maintenance	\$	\$	\$	\$	\$
17. NL Preservation and Maintenance					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	Federal = \$5739.36, Non-Federal = \$1434.83
22. Indirect Charges:	17.23% Indirect Cost Rate Agreement
23. Remarks:	

**NT CARRY OVER BUDGET - YEAR 3**

Budget Categories	Current Approved Federal Budget	Federal Carryover +/-	New Federal Budget	Current Approved NFS Budget	NFS Carryover +/-	NEW Non Federal Share	NEW TOTAL PROJECT COSTS
<b>Personnel</b>							
Project Director	\$ 40,076.00		\$ 40,076.00			\$ -	\$ 40,076.00
Curriculum Writer	\$ 28,600.00		\$ 28,600.00	\$ 10,000.00		\$ 10,000.00	\$ 38,600.00
Cultural Content Educator Trainer	\$ 33,352.84		\$ 33,352.84	-		\$ -	\$ 33,352.84
Multimedia Specialist	\$ 30,060.00		\$ 30,060.00	\$ 5,000.00		\$ 5,000.00	\$ 35,060.00
Materials Designer	\$ 26,520.00		\$ 26,520.00	\$ 5,000.00		\$ 5,000.00	\$ 31,520.00
<b>Total Personnel</b>	<b>\$ 158,608.84</b>	<b>\$ -</b>	<b>\$ 158,608.84</b>	<b>\$ 20,000.00</b>	<b>\$ -</b>	<b>\$ 20,000.00</b>	<b>\$ 178,608.84</b>
<b>Fringe</b>							
	\$ 44,410.48	\$ -	\$ 44,410.48	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 49,410.48
<b>Total Fringe</b>	<b>\$ 44,410.48</b>	<b>\$ -</b>	<b>\$ 44,410.48</b>	<b>\$ 5,000.00</b>	<b>\$ -</b>	<b>\$ 5,000.00</b>	<b>\$ 49,410.48</b>
<b>Travel</b>							
ANA Grantee Meeting	\$ 4,000.00		\$ 4,000.00			\$ -	\$ 4,000.00
<b>Total Travel</b>	<b>\$ 4,000.00</b>	<b>\$ -</b>	<b>\$ 4,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,000.00</b>
<b>Equipment</b>							
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
<b>Total Equipment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Supplies</b>							
Office Supplies	\$ 1,200.00		\$ 1,200.00			\$ -	\$ 1,200.00
Curriculum supplies	\$ 6,048.79		\$ 6,048.79			\$ -	\$ 6,048.79
			\$ -			\$ -	\$ -
<b>Total Supplies</b>	<b>\$ 7,248.79</b>	<b>\$ -</b>	<b>\$ 7,248.79</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,248.79</b>
<b>Other</b>							
Training and meetings	\$ 9,500.00	\$ 4,745.76	\$ 14,245.76			\$ -	\$ 14,245.76
Local Travel	\$ 3,294.60	\$ 993.60	\$ 4,288.20			\$ -	\$ 4,288.20
Consultants	\$ 23,480.26		\$ 23,480.26	\$ 13,636.00		\$ 13,636.00	\$ 37,116.26
Project Facilities			\$ -	\$ 24,000.00	\$ 1,434.84	\$ 25,434.84	\$ 25,434.84
<b>Total Other</b>	<b>\$ 36,274.86</b>	<b>\$ 5,739.36</b>	<b>\$ 42,014.22</b>	<b>\$ 37,636.00</b>	<b>\$ 1,434.84</b>	<b>\$ 39,070.84</b>	<b>\$ 81,085.06</b>
<b>TOTAL DIRECT</b>	<b>\$ 250,542.97</b>	<b>\$ 5,739.36</b>	<b>\$ 256,282.33</b>	<b>\$ 62,636.00</b>	<b>\$ 1,434.84</b>	<b>\$ 64,070.84</b>	<b>\$ 320,353.17</b>
<b>Indirect Costs at 17.23%</b>	<b>\$ 43,168.55</b>	<b>\$ 988.89</b>	<b>\$ 44,157.44</b>	<b>\$ 10,792.18</b>	<b>\$ 247.22</b>	<b>\$ 11,039.40</b>	<b>\$ 55,196.84</b>
<b>Totals</b>	<b>\$ 293,711.52</b>	<b>\$ 6,728.25</b>	<b>\$ 300,439.77</b>	<b>\$ 73,428.18</b>	<b>\$ 1,682.06</b>	<b>\$ 75,110.24</b>	<b>\$ 375,550.01</b>

## BUDGET JUSTIFICATION

### OTHER

Trainings and Meetings           \$4,745.76

Request an average of \$593.22 per meeting for a total of 8 meetings to total \$4,745.76. Budget will be used to cover facilities, food, and materials as needed including copies of curriculum materials for review. Two meetings will be held for curriculum design and six meetings will be held for community feedback.

#### Two Curriculum Design Team retreats

These meetings will differ from the Design Team meetings scheduled in Year Three in that they will require the attendance of The NTLIC board as well as Department of Schools staff so that suggestions for revisions and final decisions on content can be confirmed. One meeting will be scheduled in May for a revision review, and one meeting will be held in June for a final approval review. The invited attendees will include five NTLIC Board Members, six Native Language Instructor candidates, six community members, two Department of Schools staff members, and four project staff members.

#### Six Community Feedback sessions

The community feedback sessions will be held in each of the six tribal communities where the Tribal elementary schools are located. The following community members will be invited to attend: One Native Language Instructor candidate, five project staff members, two Department of Schools staff, and fifteen community members.

Local Travel   \$993.60

Local travel funds, up to 12 miles, will be available for non-project staff members invited to attend the above meetings in the communities. This is estimated to be a minimum of 144 total meeting participants.  $144\text{ppl} \times 12 \text{ miles} \times \$0.575/\text{mile} = \$993.60$ .

Total Direct Charges   \$5,739.36

Indirect Charge           \$988.89

Total Indirect Charges are 17.23% of total Direct Charges.

Non-Federal Share   \$1,682.06

NON FEDERAL SHARE WAS MET IN YEAR 2 TOTALING MORE THAN THE \$1,682.06 REQUIRED FOR THE REQUESTED CARRY OVER BALANCE (SEE ATTACHED SF 425 FFR FOR 2019-2021 ANNUAL REPORT). A TOTAL OF \$83,158.93 IN NFS WAS ACQUIRED IN YEAR 2, EXCEEDING THE REQUIRED NFS AMOUNT OF \$73,428.18 BY \$9,730.75.

TOTAL FEDERAL CARRY OVER REQUEST   \$6,728.25

**Objective Work Plan (OWP)**

**Project Title: Native Language Teaching Standards**

**Project Goal:** To build a larger cadre of material and human resources all working in conjunction to support the increase of language learning opportunities that will increase Native language learner proficiencies in the state.

**Project Year: 2 (Activities to be completed in Year 3)**

**Objective #1:** Develop and produce curriculum, materials, and activities for teaching Native Language Content Standards in four language learner proficiency levels to be used within NT Pre-K and Elementary schools: 1) by developing and approving themed curriculum units for five standards content areas in four language learner proficiency levels (20 total) by the end of the 24<sup>th</sup> month; 2) by developing or adapting and producing receptive, productive, and interactive language learning resources, for five standards content areas in 4 language learner proficiency levels (60 total) by the end of the 36<sup>th</sup> month.

**Outcome: Increased capacity to implement a language program**

PC=Project Coordinator, CW=Curriculum Writer, CCE=Cultural Content Educator, MD=Materials Designer, MS=Multimedia Specialist, T=Translator, CRT=Community Resource Trainer, I=Immersion Trainer, IA=Immersion Apprentice				
Activities	Outputs	Project Staff	Start Date	End Date
2 Conduct six Curriculum Design Team Meetings (NOTE: 3 were held, 3 need to be completed)	<ul style="list-style-type: none"> <li>6 team meeting minutes</li> <li>Assignments made</li> <li>Schedule created</li> </ul>	PC/CW/MS/ CCE	7/01/19	06/30/20 (NEW DATE: 6/30/21)
4 Evaluate and Revise Curriculum Modules (6 community meetings)	<ul style="list-style-type: none"> <li>Community meetings at 6 schools</li> <li>6 sign-in sheets</li> <li>6 meeting minutes</li> <li>Final Curriculum modules using community input</li> </ul>	CW/CCE/PC/ MD	1/30/20	6/30/20 (NEW DATE: 6/30/21)

The Paperwork Reduction Act of 1995: Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.

## Federal Financial Report

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Administration for Native Americans</b>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>90NL0000</b>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <b>New Tribe</b> Street1: <b>100 Main Street</b> Street2: City: <b>New City</b> County: State: <b>State</b> Province: Country: <b>USA</b> ZIP / Postal Code: <b>00000</b>			
4a. DUNS Number <b>000000000</b>	4b. EIN <b>00-0000000</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <b>07/01/2018</b> To: <b>06/30/2021</b>	9. Reporting Period End Date <b>06/30/2020</b>
<b>10. Transactions</b>			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
<b>Federal Cash (To report multiple grants, also use FFR attachment):</b>			
a. Cash Receipts			284,975.75
b. Cash Disbursements			284,975.75
c. Cash on Hand (line a minus b)			.00
<i>(Use lines d-o for single grant reporting)</i>			
<b>Federal Expenditures and Unobligated Balance:</b>			
d. Total Federal funds authorized			291,704.00
e. Federal share of expenditures			284,975.75
f. Federal share of unliquidated obligations			.00
g. Total Federal share (sum of lines e and f)			284,975.75
h. Unobligated balance of Federal Funds (line d minus g)			6,728.25
<b>Recipient Share:</b>			
i. Total recipient share required			71,926.00
j. Recipient share of expenditures			71,926.00
k. Remaining recipient share to be provided (line i minus j)			.00
<b>Program Income:</b>			
l. Total Federal program income earned			
m. Program Income expended in accordance with the deduction alternative			
n. Program Income expended in accordance with the addition alternative			
o. Unexpended program income (line l minus line m or line n)			

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Adjusted direct	17.23	07/01/19	06/30/20	243,091.15	41,884.60	41,884.60
g. Totals:				243,091.15	41,884.60	0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name and Title of Authorized Certifying Official

Prefix:  First Name:  Middle Name:

Last Name:  Suffix:

Title:

b. Signature of Authorized Certifying Official

c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only:

Standard Form 425

## NON-COMPETING CONTINUATION (NCC)

The Non-Competing Continuation (NCC) is an abbreviated version of the original grant application that recipients must complete to receive their next year of funding. Due to the annual congressional appropriations cycle, ANA approves multi-year projects, but only funds projects for one year at a time. Thus, recipients must submit a non-competing continuation application to ANA for their next year’s funding. Once you have received approval from you Program Specialist to start your NCC application, refer to the table below and the sample NCC application.

GRANTSOLUTIONS PLACEHOLDER	EXPLANATION
INSTRUCTIONS	An information-only document that provides these instructions for preparing the NCC. Once you begin your NCC application kit in GrantSolutions, you will need to download forms from Grants.gov. The following link includes many of the forms you will be required to upload for the NCC application: <a href="https://www.grants.gov/web/grants/forms/sf-424-family.html">https://www.grants.gov/web/grants/forms/sf-424-family.html</a>
SF- 424 APPLICATION FOR FEDERAL ASSISTANCE	The 424 is an online form that you will have the option to complete online in GrantSolutions. For “18. Estimated Funding” be sure to enter the Federal and Non-Federal amounts you are requesting in your upcoming project year. (E.g., if you are in year 1 applying for year 2 funding, enter the Federal and Non-Federal amounts you requested in your year 2 budget.)
SF- 424A BUDGET INFORMATION	The 424A is also an online form. You will have the ability to Save and come back to it. Make sure to break out both the Federal and Non-Federal amount in section B, in separate columns. If you complete the online 424A form as shown in the attached example, it will create the two columns automatically. Note that you also have the option of uploading the completed form.
SF-424B ASSURANCES - NON-CONSTRUCTION	The 424B is another online form that you should open and complete in GrantSolutions. Make sure that the AOR signs this form unless another staff person has written approval to do so.

COVER LETTER UPLOAD	Please upload a Cover Letter on tribal or organizational letterhead that states the year of funding you are applying for and notes any pertinent contents of the NCC application. This letter can be signed by the PI/PD or the AOR.
BUDGET NARRATIVE AND LINE ITEM BUDGET UPLOAD	The Budget Narrative Upload section is the place for you to attach your completed Budget (Federal and Non-Federal) Narrative, to include a budget with the line-item detail and narrative to justify the proposed costs. If you need to do a budget revision for the upcoming year please do this as part of your NCC application, but be sure to discuss this with your Program Specialist.
PROJECT NARRATIVE UPLOAD	The Project Narrative Upload section is the place for you to attach a brief (1-5 page) narrative on how your project has progressed and what you plan to accomplish in your upcoming year. You can include successes, challenges, delays, lessons learned, and how these will inform your coming year. If you have already included this information in the Cover Letter, then an additional Project Narrative is not necessary.
INDIRECT COST RATE AGREEMENT UPLOAD (IF APPLICABLE)	The Indirect Cost Rate Agreement Upload section is the place for you to attach your current indirect cost rate agreement. If your agreement has expired, please include you most recent agreement.
PROJECT PERFORMANCE SITE LOCATION FORM - UPLOAD	Complete the Project Performance Site Location Form and attach in this section. This form can be found on the Grants.gov link that is provided above.
CERTIFICATION REGARDING LOBBYING - UPLOAD	Complete the Certification Regarding Lobbying Form and attach in this section. This form can be found on the grants.gov link that is provided above. Make sure this form is signed by the AOR.
LOBBY DISCLOSURE FORM UPLOAD (IF APPLICABLE)	If your organization or tribe is engaged in lobbying, please complete the lobbying disclosure form and upload it here.

<p>COOPERATIVE AGREEMENT UPLOAD (IF APPLICABLE)</p>	<p>If your project has a cooperative agreement with ANA, please upload your signed cooperative agreement for the coming year. (This only applies for special project types such as I-LEAD or NLCC).</p>
<p>CERTIFICATION REGARDING MAINTENANCE OF EFFORT</p>	<p>Please upload a Certification Regarding Maintenance of Effort Form here. Make sure this is signed by the AOR.</p>
<p>MISCELLANEOUS INFORMATION</p>	<p>Please use this section to upload any additional documents that you would like to provide with your NCC application. This not mandatory, but if you have annual reports or other documents that are relevant to your NCC, this is where you can attach such documents.</p>

FROSTBITE FALLS INDIGENOUS COMMUNITY

March 29, 2020

Jane Deer, Grants Management Specialist  
US - DHHS - ACF  
Division of Discretionary Grants  
Office of Grants Management  
Mary E. Switzer Memorial Building  
330 C Street, SW  
Washington, DC 20201

RE: ANA Grant # 90NL0000

Dear Ms. Deer;

Enclosed is the Non-Competing Continuation application for Year 2 of the Frostbite Falls Indigenous Community's language project "Re-establishing our Native Language" ANA grant 90NL0000. The first year went by so quickly as you will see from our narrative our project is on track for successful completion. If you have any questions or concerns, please contact either, Bulwinkle J. Moose - [bjmoose@ffic.nsn.gov](mailto:bjmoose@ffic.nsn.gov), (001) 001-0003 or Rocky J. Squirrel - [rjsquirrel@FFIC-nsn.gov](mailto:rjsquirrel@FFIC-nsn.gov) (001) 001-0001.

Best Regards,

Rocky J. Squirrel  
Community Administrator  
Frostbite Falls Indigenous Community

Cc: Mary Doe, Program Specialist

## **Project Narrative** *ANA Grant # 90NL0000 - March 29, 2020*

### *Re-establishing our Native Language*

As of the last report, project staff attended the Annual ANA Grantees Meeting in Washington, D.C. While attending the grantees meeting, the Language Specialist and Language Specialist Assistant networked with other language program personnel to gauge the effectiveness of curriculum materials used in those programs. The language staff also shared ideas and challenges in order to better develop project material.

The project staff hosted the FFIC Elder Advisory Committee meeting at the Northern Frozen Lake Visitors Center. This meeting included elders and other language professionals from FFIC's various communities. The meeting covered the status of the language project, elicited feedback for initial draft of materials, provided an opportunity for ideas that should be incorporated into the activity booklets, and further nurtured the partnership with the Northern Frozen Lakes Visitor Center.

The Language Specialist Assistant developed workbook activities to include: species identification, mathematical reasoning, weather terminology, winter safety, Human Anatomy labeling, word puzzles, and image-based sentence building. The activities developed to date have been tested with the Native Language class at Northern Frostbite Falls University. The Language Specialist met with the Director of the newly created language department at the Lake City tribal community to test material and garner further input on the activities. The Language Specialist developed a 30 panel children story that uses monolingual narration to depict the winter harvesting activities of rabbit snaring and spearing fish through the ice. Language staff have been working with first-speaker Roy Royer to ensure proper language use in the materials. A teachers' edition is also being developed to include more complex language and phrasing for interpersonal interaction between teachers and students.

Project staff have developed an additional partnership with Northland College, in order to use a radio studio to record audio for use on the FFIC Language Department website. The Language Specialist and Northland College hosted a traditional winter storytelling event open to students and the surrounding community to promote language and culture.

The Interactive Media Web Designer has undergone various online training via Peabody.com and Articulate Online Learning Community to enhance website building skill set. Seven activities focusing on Animal Identification, Numbers, Colors, Weather, and Winter Harvesting are in the process of being completed for inclusion on the website. The Interactive Media Web Designer has been working closely with language staff to ensure appropriate language usage. The web designer has also worked with the Language Specialist to develop animations, characters, and images for use in the activities.

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application			
* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision			
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>			
* 3. Date Received:	4. Applicant Identifier:		
<input type="text"/>	<input type="text"/>		
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:		
<input type="text"/>	90NL0000		
<b>State Use Only:</b>			
6. Date Received by State:	7. State Application Identifier:		
<input type="text"/>	<input type="text"/>		
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name:	Frostbite Falls Indigenous Community		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:		
0000000020	00000000		
<b>d. Address:</b>			
* Street1:	3215 Main Street		
Street2:	<input type="text"/>		
* City:	Frostbite Falls		
County:	<input type="text"/>		
* State:	Minicom		
Province:	<input type="text"/>		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	00000-0000		
<b>e. Organizational Unit:</b>			
Department Name:	Division Name:		
<input type="text"/>	<input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	Mr.	* First Name:	Bulwinkle
Middle Name:	J.		
* Last Name:	Moose		
Suffix:			
Title:	Project Director		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	000-000-0003	Fax Number:	000-000-0002
* Email:	bjmoose@ffc-nsn.gov		

<b>Application for Federal Assistance SF-424</b>	
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
<input type="text" value="Federally Recognized Indian Tribe"/>	
Type of Applicant 2: Select Applicant Type:	
<input type="text"/>	
Type of Applicant 3: Select Applicant Type:	
<input type="text"/>	
* Other (specify):	
<input type="text"/>	
<b>* 10. Name of Federal Agency:</b>	
<input type="text" value="HHS-ACF Administration for Native Americans"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
<input type="text" value="93.587"/>	
CFDA Title:	
<input type="text" value="Promote the Survival and Continuing Vitality of Native American Languages"/>	
<b>* 12. Funding Opportunity Number:</b>	
<input type="text"/>	
* Title:	
<input type="text"/>	
<b>13. Competition Identification Number:</b>	
<input type="text"/>	
Title:	
<input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
<input type="text"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
<input type="text" value="FFIC Re-establishing our Native Language"/>	
Attach supporting documents as specified in agency instructions.	

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant MC-001

\* b. Program/Project MC-001

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date: 07/01/2019

\* b. End Date: 06/30/2022

**18. Estimated Funding (\$):**

\* a. Federal 195,721

\* b. Applicant 49,024

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 244,745

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation**

Yes

No

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: Mr. \* First Name: Rocky

Middle Name: J.

\* Last Name: Squirrel

Suffix:

\* Title: Community Administrator

\* Telephone Number: 000-000-0001

Fax Number: 000-000-0002

\* Email: rjsquirrel@FFIC-NSN.gov

\* Signature of Authorized Representative: Rocky J. Squirrel (electronic signature) \* Date Signed: 03/29/2020

**Application for Federal Assistance SF-424**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text box for Applicant Federal Debt Delinquency Explanation]

**BUDGET INFORMATION - Non-Construction Programs**

SECTION A - BUDGET SUMMARY							
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)		
		\$	\$	\$	\$	\$	
1.NL - Grant Languages Pro	93,587			\$195,721.00		\$195,721.00	
2.NL - Grant Languages Pro	93,587				\$49,024.00	\$49,024.00	
3.							
4.							
5. Totals				\$195,721.00	\$49,024.00	\$244,745.00	
SECTION B - BUDGET CATEGORIES							
Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY						
	6) NL - Grant Languages Prog	6) NL - Grant Languages Prog	6) NL - Grant Languages Prog	6) NL - Grant Languages Prog	6) NL - Grant Languages Prog	Total (6)	
a. Personnel	\$102,638.00	\$27,085.00				\$129,723.00	
b. Fringe Benefits	\$30,135.00	\$7,952.00				\$38,087.00	
c. Travel	\$8,000.00					\$8,000.00	
d. Equipment							
e. Supplies	\$1,616.00					\$1,616.00	
f. Contractual							
g. Construction							
h. Other	\$24,923.00	\$8,038.00				\$32,961.00	
i. Total Direct Charges (sum of 6a-6h)	\$167,312.00	\$43,075.00				\$210,387.00	
j. Indirect Charges	\$28,409.00	\$5,949.00				\$34,358.00	
k. TOTALS (sum of 6i and 6j)	\$195,721.00	\$49,024.00				\$244,745.00	
7. Program Income							
		\$	\$	\$	\$	\$	
		<b>Authorized for Local Reproduction</b>					

Standard Form 424A (Rev. 7-97)  
Prescribed by OMB Circular A-102

Previous Edition Usable

SECTION C - NON-FEDERAL RESOURCES										
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS						
8. NL - Grant Languages Program										
9. NL - Grant Languages Program	\$49,024.00					\$49,024.00				
10. NL - Grant Languages Program										
11. NL - Grant Languages Program										
12. TOTAL (sum of lines 8-11)	\$ 49,024.00	\$	\$	\$	\$	\$49,024.00				
SECTION D - FORECASTED CASH NEEDS										
	Total for 1st Year	1st Quarter			2nd Quarter		3rd Quarter		4th Quarter	
		\$				\$		\$		\$
13. Federal	\$195,721.00	\$	\$41,286.00	\$41,520.00	\$	\$60,802.00	\$	\$52,113.00		
14. Non-Federal	\$49,024.00		\$12,256.00	\$12,256.00		\$12,256.00		\$12,256.00		
15. TOTAL (sum of lines 13 and 14)	\$244,745.00	\$	\$53,542.00	\$53,776.00	\$	\$73,058.00	\$	\$64,369.00		
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT										
(a) Grant Program	FUTURE FUNDING PERIODS (Years)									
	(b) First	(c) Second	(d) Third	(e) Fourth						
16. NL - Grant Languages Program	\$ 189,858.00	\$								
17. NL - Grant Languages Program										
18. NL - Grant Languages Program										
19. NL - Grant Languages Program										
20. TOTAL (sum of lines 16-19)	\$ 189,858.00	\$	\$	\$	\$	\$	\$	\$	\$	\$
SECTION F - OTHER BUDGET INFORMATION										
21. Direct Charges:	22. Indirect Charges: 2020 IDC rate 17.08%									
23. Remarks:										

### ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED OFFICIAL 	TITLE Community Executive
APPLICANT ORGANIZATION Frostbite Falls Indigenous Community	DATE SUBMITTED March 29, 2020

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### Budget/Budget Justification – ANA Grant # 90NL0000

Re-establishing our Native Language	Year 2 ANA	Year 2 Match	Year 2 Total
<b>Personnel</b>			
Project Director @ 30%		\$19,792	\$19,792
Language Specialist Gr 6/9	\$39,115		\$36,337
Language Assistant Gr 5/3	\$29,553		\$29,645
Inter-media web designer Gr 6/4	\$33,970		\$34,002
Secretary @ 25%		\$7,293	\$7,293
<b>Sub Total</b>	\$102,638	\$27,085	\$129,723
<b>Fringe @ 29.36%</b>	\$30,135	\$7,952	\$38,087
<b>Travel</b>			
ANA Grantee meeting	\$4,000		\$4,000
Staff travel	\$4,000		\$4,000
<b>Sub Total</b>	\$8,000	\$0	\$8,000
<b>Supplies</b>	\$1,616		\$1,616
<b>Other</b>			
Elder Committee Travel	\$1,568		\$1,568
Stipends Elder/Speaker	\$2,200		\$2,200
Stipends	\$1,500	\$1,400	\$2,900
Training	\$750		\$750
Communication	\$1,200		\$1,200
Duplicating	\$600		\$600
Van Lease @ 350/mo		\$4,200	\$4,200
Vehicle O & M	\$1,800		\$1,800
Printing	\$15,180		\$15,180
Web page domain registration/hosting	\$125		\$125
Space costs		\$2,403	\$2,403
<b>Sub Total</b>	\$24,923	\$8,038	\$32,961
<b>Total Direct</b>	\$167,312	\$43,075	\$210,387
IDC @ 17.08%	\$28,409	\$5,949	\$34,358
<b>Total</b>	<b>\$195,721</b>	<b>\$49,024</b>	<b>\$244,745</b>

Re-establishing our Native Language	Year 2 ANA	Year 2 Match	Justification
<b>Personnel</b>			
Project Director @ 30%		\$19,792	To be provided as project match. This position is estimated at @ 30% time. This is a salaried position at FFIC Grade 12/Step 7 position. See project OWP, project strategy, and position description for duties and position information. See FFIC Board resolution for commitment of matching.
Language Specialist	\$39,115		ANA request. This Full Time Employee (FTE) position is estimated at \$18.81/hr this is equivalent to a FFIC Grade 6/Step 9. See project OWP, project strategy, and position description for duties and position information.
Language Assistant	\$29,553		ANA request. This Full time Employee (FTE) position is Estimated rate @ \$14.21/hr is equivalent to FFIC Grade 5/Step 3. See project OWP, project strategy, and position description
Inter-media web designer	\$33,970		ANA request. This Full time Employee (FTE) position is estimated rate @ \$16.33/hr is equivalent to FFIC Grade 6/Step 4. See project OWP, project strategy, and position description for duties and position information
Secretary @ 25%	\$0	\$7,293	To be provided as project match. This position is estimated at @ 25% time. This is a salaried position at FFIC with step increase. See project OWP, project strategy, and position description for duties and position information. See FFIC Board resolution for commitment of matching
Sub Total	\$102,638	\$27,085	

	Year 2 ANA	Year 2 Match	Justification
Re-establishing our Native Language			
<b>Fringe @ 29.36%</b>	\$30,135	\$7,952	Fringe for Full Time Employee est@ 29.36%; FICA - 6.72%; Unemployment Comp - 1.2%; Work Comp - 1.63%; Retirement - 2.64%; Med Ins - 15.19%; Dental Ins - 1.09%; Vision Ins - 0.29% LTD - .44%; Life Ins - 0.16 %
<b>Travel</b>			
ANA Grantee meeting	\$4,000		This will cover the cost of two project staff to attend the annual ANA/ACF Grantee Meeting in Washington D.C. per ANA request.
Staff travel  Lodging \$80 X 14 X 2 = \$2240 Per Diem \$62.86 X 14 X 2 = \$1760  TOTAL = \$4000	\$4,000		ANA request - Travel for over- night stay at hotel for two project staff to meet with tribal schools and early education programs to develop content for Children Activity booklets. Est. \$80/night + \$62.86 per diem (6 qtrs @ \$10.47/qtr) x 14 nights.  Staff will limit each meeting to; one overnight stay and two, half- days per diem for travel as a means to mitigate accruing Per Diem costs. No mileage expenses shall be incurred due to vehicle donation of one Toyota Sienna by FFIC for use during project. See Other Attachments section for mileage distances from FFIC offices.
Sub Total	\$8,000	\$0	
<b>Supplies</b>	\$1,616		ANA request - This will cover costs of; office supplies to include blank CDs with cases and mailers, printer ink for two printers set aside for project, cultural resource and language materials, paper, pens, paperclips, appointment calendars, tape w/dispenser, stapler w/staples, notepads, and other similar supplies as needed.

Re-establishing our Native Language	Year 2 ANA	Year 2 Match	Justification
<b>Other</b>			
Travel	\$1,568		ANA request - Estimates are based on cost figures from past Elder Advisory Group meeting travel. Cost is estimated @ 1,547 miles total Advisory group mileage x \$.565/mile + 4 motel rooms @ \$70 each + 6qtr @ 11.50/qtr x 6 members x 1 meeting. Total mileage for Elder Advisory Group members to attend one meeting is 1,547 miles. Due to travel distances from tribal communities to FFIC offices, not all members will need motel rooms or collect per diem. In addition, one member rooms with her mother, another member. See Other Attachments for travel distances from FFIC offices to member tribes.
Stipends	\$2,200		ANA request - Estimated at 11 members x \$50/hr x 4 hrs/mtnng x 1 meeting. The project will provide stipends for the Elder Advisory Group. The Advisory Group will meet twice during the project year to review project progress, review materials and provide input into project direction, and provide traditional/elder guidance to project staff. The Advisory Group consists of recognized elders/speakers from FFIC member tribes. See Other Attachments for FFIC Language and Culture Elder Advisory Group members.
Elder/Speaker Stipends	\$1,500	\$1,400	Estimated at 2 speakers \$50/hr x 29 hours each. Time includes initial meetings, prep time, content review, and comments/corrections.
Travel	\$0		

	Year 2 ANA	Year 2 Match	Justification
Re-establishing our Native Language			
Training	\$750		ANA request - Estimated cost for Inter-media Web Designer and Language Specialist Assistant training for software familiarity via class work and/or online seminars.
Communication	\$1,200		ANA request - Est @ \$100/mo x 12 mos. Costs will cover phone and internet access for project staff.
Duplicating	\$600		ANA request - Est @ \$50/ mo x 12 mos. Costs will cover all duplicating charges.
Van Lease @ 350/mo		\$4,200	FFIC will dedicate a Toyota Sienna to the project. This will cut down on projected mileage costs to member communities and partners. Estimated at \$350/mo. for 12 mo. Estimate based on regional vehicle lease cost. Estimate based on regional vehicle lease cost. While the offices of the Granite Falls Indian Community are centrally located the furthest reservation, is 322 miles away. The member communities range from 39 to 182 miles distance.
Vehicle Operation and Maintenance	\$1,800		ANA request - Estimated cost for vehicle insurance and general maintenance upkeep for 2019 Toyota Sienna that will be dedicated to the project.
Printing	\$15,180		ANA request - Estimated printing cost for Re-establishing our Native Language –monolingual activity workbooks and teachers’ bi-lingual edition. Estimated costs are based upon past printings of other materials and bid from printer. See attachments for initial bid from printer. Costs are for 4,000 copies of each seasonal workbook, and 400 copies of each seasonal Teacher Guide.

	Year 2 ANA	Year 2 Match	Justification
Re-establishing our Native Language			
Web page domain registration and hosting	\$125		ANA request-Estimated web page domain registration and hosting for the second year of the re-establishing our Native Language. Estimate based on costs of other websites and web pages maintained by FFIC.
Space costs		\$2,403	197.58 sf. @ \$12.34/sf.
Sub Total	\$24,923	\$8,038	
Total Direct	\$167,312	\$43,075	
IDC @ 17.08%	\$28,409	\$5,949	The approved IDC rate for FFIC is 17.08%. See attachments for signed 2020 IDC Agreement.
Total	\$195,721	\$49,024	

## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
Frostbite Falls Indigenous Community	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix:	* First Name: Rocky Middle Name: J
* Last Name: Squirrel	Suffix:
* Title: Community Administrator	
	03/29/2020

**REGARDING MAINTENANCE OF EFFORT**

In accordance with the applicable program statute(s) and regulation(s), the undersigned certifies that financial assistance provided by the Administration for Children and Families, for the specified activities to be performed under the ANA Native Language Preservation Program by Frostbite Falls Indian Community, will be in addition to, and not in substitution for, comparable activities previously carried on without Federal assistance.

Rocky Squirrel

Signature of Authorized Certifying Official

Community Administrator

Title

3/29/2020

Date

Indian Organizations  
Indirect Cost Negotiation Agreement

EIN: 000000020

Organization: Frostbite Falls Indigenous Community  
3215 Main Street  
Frostbite Falls, MM 00000

Date: February 24, 2020

Report No(s): 00-A-0000

Filing Ref.:  
Last Negotiation Agreement  
dated June 7, 2019

The indirect cost rate contained herein is for use on grants, contracts, and other agreements with the Federal Government to which Public Law 93-638 and 2 CFR 225 (OMB Circular A-87) apply, subject to the limitations contained in 25 CFR 900 and in Section II.A. of this agreement. The rate was negotiated by the U.S. Department of the Interior, Interior Business Center, and the subject organization in accordance with the authority contained in 2 CFR 225.

Section I: Rate

Type	Effective Period		Rate*	Locations	Applicable To
	From	To			
Fixed Carryforward	01/01/20	12/31/20	17.08%	All	All Programs

\*Base: Total direct costs, less capital expenditures and passthrough funds. Passthrough funds are normally defined as major subcontracts, payments to participants, stipends to eligible recipients, and subgrants, all of which normally require minimal administrative effort.

Treatment of fringe benefits: Fringe benefits applicable to direct salaries and wages are treated as direct costs; fringe benefits applicable to indirect salaries and wages are treated as indirect costs.

Section II: General

Page 1 of 3

A. Limitations: Use of the rate contained in this agreement is subject to any applicable statutory limitations. Acceptance of the rate agreed to herein is predicated upon these conditions: (1) no costs other than those incurred by the subject organization were included in its indirect cost rate proposal, (2) all such costs are the legal obligations of the grantee/contractor, (3) similar types of costs have been accorded consistent treatment, and (4) the same costs that have been treated as indirect costs have not been claimed as direct costs (for example, supplies can be charged directly to a program or activity as long as these costs are not part of the supply costs included in the indirect cost pool for central administration).

B. Audit : All costs (direct and indirect, federal and non-federal) are subject to audit. Adjustments to amounts resulting from audit of the cost allocation plan or indirect cost rate proposal upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation agreement.

C. Changes: The rate contained in this agreement is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in organizational structure, or changes in the method of accounting for costs that affect the amount of reimbursement resulting from use of the rate in this agreement, require the prior approval of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowance.

D.

1. Fixed Carry Forward Rate: The fixed carryforward rate is based on an estimate of costs that will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, an adjustment will be made to the rate for a future period, if necessary, to compensate for the difference between the costs used to establish the fixed rate and the actual costs.

2. Provisional/Final Rate: Within 6 months after year end, the final rate must be submitted based on actual costs. Billings and charges to contracts and grants must be adjusted if the final rate varies from the provisional rate. If the final rate is greater than the provisional rate and there are no funds available to cover the additional indirect costs, the organization may not recover all indirect costs. Conversely, if the final rate is less than the provisional rate, the organization will be required to pay back the difference to the funding agency.

E. Agency Notification: Copies of this document may be provided to other federal offices as a means of notifying them of the agreement contained herein.

F. Record Keeping: Organizations must maintain accounting records that demonstrate that each type of cost has been treated consistently either as a direct cost or an indirect cost. Records pertaining to the costs of program administration, such as salaries, travel, and related costs, should be kept on an annual basis.

G. Reimbursement Ceilings: Grantee/contractor program agreements providing for ceilings on indirect cost rates or reimbursement amounts are subject to the ceilings stipulated in the contract or grant agreements. If the ceiling rate is higher than the negotiated rate in Section I of this agreement, the negotiated rate will be used to determine the maximum allowable indirect cost.

H. Use of Other Rates: If any federal programs are reimbursing indirect costs to this grantee/contractor by a measure other than the approved rate in this agreement, the grantee/contractor should credit such costs to the affected programs, and the approved rate should be used to identify the maximum amount of indirect cost allocable to these programs.

I. Central Service Costs: Where central service costs are estimated for the calculation of indirect cost rates, adjustments will be made to reflect the difference between provisional and final amounts.

J. Other:

1. The purpose of an indirect cost rate is to facilitate the allocation and billing of indirect costs. Approval of the indirect cost rate does not mean that an organization can recover more than the actual costs of a particular program or activity.

2. Programs received or initiated by the organization subsequent to the negotiation of this agreement are subject to the approved indirect cost rate if the programs receive administrative support from the indirect cost pool. It should be noted that this could result in an adjustment to a future rate.

3. New indirect cost proposals are necessary to obtain approved indirect cost rates for future fiscal or calendar years. The proposals are due in our office 6 months prior to the beginning of the year to which the proposed rates will apply.

Section III: Acceptance

Listed below are the signatures of acceptance for this agreement:

By the Indian Organization:

By the Cognizant Federal Government Agency:

Frostbite Falls Indigenous Community  
Tribal Government

U.S. Department of the Interior  
Interior Business Center  
Agency

Rocky J. Squirrel

Name (Type or Print)

Community Administrator

Title

Dee A. Poé

Name  
Office Chief

Office of Indirect Cost Services

Title

February 18, 2020

Date

**FEB 24 2020**

Date

Negotiated by Jane Doe

Telephone (444) 444-4444

## NO COST EXTENSION INSTRUCTIONS

NA expects recipients to complete their projects within the approved timeframe; however, sometimes unforeseen circumstances arise delaying a project's completion. A No Cost Extension allows a recipient that has incomplete activities and unspent funds to extend their project by up to one year to complete their project. Once you have notified and received approval from your Program Specialist of your need for a No Cost Extension, refer to the table below and the examples that follow to prepare the amendment to be submitted in GrantSolutions.

GRANTSOLUTIONS PLACEHOLDER	EXPLANATION
Instructions	An information-only document that provides instructions for preparing the amendment.
SF- 424A	Both of the 424 forms are online forms which you can open and fill out directly in GrantSolutions. You will have the ability to Save and come back to it. Begin by filling out the 424A, which will pre-populate some of the data in the 424 form. You also have the option of uploading a completed form in the Miscellaneous Information placeholder instead of filling out the form online. *Note: Make sure to break out both the Federal and Non-Federal amount in section B, in separate columns. If you complete the 424A as shown in the attached example, it should create the two columns.
SF- 424	The 424 is another online form that you should open and complete in GrantSolutions. Be sure to mark Revision in 2. Type of Application. As with the 424A, you can alternately upload a completed form in the Miscellaneous Information placeholder.
SF-425 Upload	Attach your most recent SF-425 here for the last budget period; however, if you do not have a recent SF-425 you can download the form from Grants.gov and upload the completed form.
Miscellaneous Information	Upload a Cover Letter on company or tribal letterhead that describes the rationale for the amendment and lists the incomplete activities and their anticipated completion dates. This letter should be signed by your authorizing official. Also upload an updated OWP that shows the incomplete activities and their new completion dates. If there are changes that need to be made to the budget, attach a revised line-item budget and budget justification.

Please note that you must receive a signed Notice of Grant Award from ACF before you can proceed with implementation of your request. If you do not hear from OGM, please do not assume that your request has been approved.

## TRIBAL NATION DEVELOPMENT

30 Rural Road  
Generic City, OK 00000

August 31, 2020

Sue Smith  
Program Specialist  
Administration for Native Americans  
Mary E. Switzer Building  
330 C Street, SW, 4106B  
Washington, DC 20024

RE: Grant 90NA0000

Dear Ms. Smith:

Tribal Nation Development (TND) is requesting a No Cost Extension to our "Diversifying Tribal Nation Farm" project until September 29, 2021. In response to the COVID-19 pandemic, the project was closed from 3/18/20 until 6/15/20.

Due to the closure, we were unable to offer the on-the-job training component of the project for the Farm Trainees that was scheduled to start on 4/01/20. Travel restrictions that TND implemented as a safety precaution have also prevented staff from attending training opportunities during this time.

We are requesting a No Cost Extension to pay wages for the Farm Trainees to complete the harvest and for our staff to attend trainings that will enhance their capabilities in diversification of farm operations and workforce development. In preparing this request we have factored in potential travel restrictions and training schedules being impacted by COVID-19 into 2021 which is why we are estimating one year to complete activities. We are also looking at virtual trainings that are being offered in lieu of traveling to trainings. We have attached a revised OWP indicating the incomplete activities and expected dates for completion.

Your consideration of this request is appreciated. If you have any questions, please contact Cathy Jones at [cjones@tnd.com](mailto:cjones@tnd.com).

Sincerely,

Cathy Jones  
Project Director

Enclosures

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): E: Other (specify) <input type="text"/> * Other (Specify): No Cost Extension <input type="text"/>
* 3. Date Received: 08/31/2020	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: 90NA0000	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Tribal Nation Development		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 00-0000000	* c. Organizational DUNS: 0000000000000	
<b>d. Address:</b>		
* Street1: 30 Rural Road	Street2: <input type="text"/>	
* City: Generic City	County/Parish: <input type="text"/>	
* State: OK: Oklahoma	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 00000-0000	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>	* First Name: Cathy	
Middle Name: <input type="text"/>	* Last Name: Jones	
Suffix: <input type="text"/>	Title: Project Director	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 000-000-0004	Fax Number: <input type="text"/>	
* Email: c.jones@tnd.com		

Application for Federal Assistance SF-424	
<p>* 9. Type of Applicant 1: Select Applicant Type:</p> <p>M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) <input type="button" value="v"/></p> <p>Type of Applicant 2: Select Applicant Type <input type="button" value="v"/></p> <p>Type of Applicant 3: Select Applicant Type: <input type="button" value="v"/></p> <p>* Other (specify): <input type="text"/></p>	
<p>* 10. Name of Federal Agency:</p> <p>ACF-Administration for Native Americans</p>	
<p>11. Catalog of Federal Domestic Assistance Number:</p> <p>93.612</p> <p>CFDA Title:</p> <p>Native American Programs</p>	
<p>* 12. Funding Opportunity Number:</p> <p>HHS-2017-ACF-ANA-NA-1236</p> <p>* Title:</p> <p>Social and Economic Development Strategies (SEDS)</p>	
<p>13. Competition Identification Number:</p> <p><input type="text"/></p> <p>Title:</p> <p><input type="text"/></p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.):</p> <p><input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="Copy Attachment"/></p>	
<p>* 15. Descriptive Title of Applicant's Project:</p> <p>Diversifying Tribal Nation Farm</p>	
<p>Attach supporting documents as specified in agency instructions</p> <p><input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachment"/> <input type="button" value="Copy Attachment"/></p>	

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a Applicant  \* b Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a Start Date  \* b End Date

**18. Estimated Funding (\$):**

* a Federal	<input type="text" value="135,751.00"/>
* b Applicant	<input type="text" value="82,889.00"/>
* c State	<input type="text" value=""/>
* d Local	<input type="text" value=""/>
* e Other	<input type="text" value=""/>
* f Program Income	<input type="text" value=""/>
* g TOTAL	<input type="text" value="418,650.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006  
Expiration Date: 02/28/2022

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.	83.612	\$	\$	\$ 335,751.00	\$	\$ 335,751.00
2.	82.812				\$2,899.00	\$2,899.00
3.						
4.						
5. Totals		\$	\$	\$ 335,751.00	\$ 2,899.00	\$ 418,650.00

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8. <small>SEDS</small>	\$	\$	\$	\$		
9. <small>SEDS</small>	82,899.00				82,899.00	
10.						
11.						
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	82,899.00	
SECTION D - FORECASTED CASH NEEDS						
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter		
13. Federal	\$ 335,751.00	\$ 70,450.00	\$ 84,000.00	\$ 86,325.00		
14. Non-Federal	\$ 82,899.00	\$ 19,300.00	\$ 22,800.00	\$ 18,299.00		
15. TOTAL (sum of lines 13 and 14)	\$ 418,650.00	\$ 89,750.00	\$ 106,800.00	\$ 104,625.00		
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)					
	(b) First	(c) Second	(d) Third	(e) Fourth		
16. <small>SEDS</small>	\$	\$	\$	\$	\$	\$
17. <small>SEDS</small>						
18.						
19.						
20. TOTAL (sum of lines 15 - 19)	\$	\$	\$	\$	\$	\$
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:						
22. Indirect Charges:						
23. Remarks:	27,224 Indirect Funds					

**Objective Work Plan (OWP)**

**Project Title:** Diversifying Tribal Nation Farm

**Project Goal:** Tribal Nation Development will diversify the Tribal Nation Farm operations to create a self-sustainable farm with a work force consisting of tribal members.

**Project Year:** **3 (Incomplete activities to be completed with NCE)**

**Objective # 1:** By the end of 36 months, Tribal Nation Farm will be a sustainable, diversified farm operation with an increase in annual revenues of at least 25% per year.

**Outcome** Revenue will sustain the diversified farm operation.

Activities	Outputs	Project Staff	Start Date	End Date
3. Staff attend trainings related to the diversification of farm operations.	2 trainings attended 5 staff trained	Farm Production Manager, Farm Sales Coord., Workforce Dev. Coord., Agriculture Spec., Crew Leader WDC	10/01/2019	09/29/2020 <b>NEW COMP. DATE: 09/29/2021</b>
9. Workforce Development Coordinator (WDC) attends NINAETC as training to diversify workforce development.	WDC trained New methods of diversification	WDC	10/01/2019	03/31/20 <b>NEW COMP. DATE: 09/29/2021</b>

The Paperwork Reduction Act of 1995: Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.

**Objective Work Plan (OWP)**

**Project Title:** Diversifying Tribal Nation Farm

**Project Goal:** Tribal Nation Development will diversify the Tribal Nation Farm operations to create a self-sustainable farm with a work force consisting of tribal members.

**Project Year:** **3 (Incomplete activities to be completed with NCE)**

**Objective # 2:** By the end of 36 months, Tribal Nation Farm will have trained a workforce of 50 Native Americans will be trained in traditional economic development farm operations, 25 will be employed or business partners for the farm operations.

**Outcome** Revenue will sustain the diversified farm operation.

Activities	Outputs	Project Staff	Start Date	End Date
2. Provide training in farm operations.	15 tribal members trained	Farm Production Manager, Workforce Dev. Coord., Crew Leader	04/01/2019	09/29/2020 <b>NEW COMP. DATE: 09/29/2021</b>

The Paperwork Reduction Act of 1995: Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.

## Federal Financial Report

(Follow form Instructions)

OMB Control Number: 4040-0014  
Expiration Date: 2/28/2022

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> Administration for Native Americans		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b> 90NA0000	
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Recipient Organization Name: Tribal Nation Development Street1: 30 Rural Road Street2: City: Generic City County: State: OK: Oklahoma Province: Country: USA: UNITED STATES ZIP / Postal Code: 00000-0000			
<b>4a. DUNS Number</b> 000000000	<b>4b. EIN</b> 00-0000000	<b>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</b> 	
<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	<b>8. Project/Grant Period</b> From: 09/30/2019 To: 09/29/2020	<b>9. Reporting Period End Date</b> 06/30/2020
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)			Cumulative
<b>Federal Cash (To report multiple grants, also use FFR attachment):</b>			
a. Cash Receipts			109,793.00
b. Cash Disbursements			109,793.00
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			335,571.00
e. Federal share of expenditures			109,793.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			109,793.00
h. Unobligated balance of Federal Funds (line d minus g)			225,778.00
<b>Recipient Share:</b>			
i. Total recipient share required			82,899.00
j. Recipient share of expenditures			38,564.00
k. Remaining recipient share to be provided (line i minus j)			44,335.00
<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
o. Unexpended program income (line l minus line m or line n)			0.00

STANDARD FORM 425 (REV. 6/2010)

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Fixed employee	81.99	12/01/2019	06/30/2020	104,673.00	85,809.00	
g. Totals				104,673.00	85,809.00	

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name and Title of Authorized Certifying Official

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Title:

b. Signature of Authorized Certifying Official c. Telephone (Area code, number and extension)

d. Email Address e. Date Report Submitted 14. Agency use only:

STANDARD FORM 425 (REV. 6/2010)

## CHANGE PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR (PI/PD)

If your Project Director changes during the course of your project, you will need to complete a Change in PI/PD Amendment. Once you have discussed the change with your Program Specialist, please reference the instructions and the sample amendment that follows.

GRANTSOLUTIONS PLACEHOLDER	EXPLANATION
Change PI/PD Instructions ACF	An information-only document that provides instructions for preparing this amendment.
Change Project Director	<p>Start by clicking “Enter Online” to complete the online only <i>Change Project Director</i> form which will ask you to identify your new PI/PD. Then, in the Uploads placeholder, you will need to upload the following documents:</p> <ul style="list-style-type: none"> <li>• <b>Cover Letter:</b> Click “Upload” to attach a Cover Letter identifying the new Project Director and the reason for the change. This letter should be on tribal or company letterhead, signed by your authorizing official, scanned and attached.</li> <li>• <b>Resume:</b> Click “Upload” to attach a resume for the new PI/PD</li> <li>• <b>GrantSolutions User Account Request Form:</b> The new PI/PD must complete a GrantSolutions User Account Request form if they do not have a GrantSolutions account. The form can be found at: <a href="https://home.grantsolutions.gov/home/wp-content/uploads/2021/05/Grant-Recipient-User-Account-Request-Form-2019-Final-.pdf">https://home.grantsolutions.gov/home/wp-content/uploads/2021/05/Grant-Recipient-User-Account-Request-Form-2019-Final-.pdf</a>. Click “Upload” to attach the completed form.</li> </ul>
SF- 424 Application for Federal Assistance	Click “Enter Online” to complete the SF-424 in GrantSolutions.
Miscellaneous Information	Upload a Cover Letter on company or tribal letterhead that describes the rationale for the amendment and lists the incomplete activities and their anticipated completion dates. This letter should be signed by your authorizing official. Also upload an updated OWP that shows the incomplete activities and their new completion dates. If there are changes that need to be made to the budget, attach a revised line-item budget and budget justification.

Once you have completed each of the components in the application, you are ready to submit the application for review.

You must receive a signed Notice of Grant Award from ACF before you can proceed with implementation of your request. If you do not hear from OGM, please do not assume that your request has been approved.

# Change Principal Investigator/Project Director

## CHANGE PROJECT DIRECTOR

★ Indicates a required field.

**Last Awarded Project Director**  
▼ Project Director Details

Name	<input type="text"/>
Position	<input type="text"/>
Street Address	<input type="text"/>
Street Address 2	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

### New Project Director

Select Project Director (from grantee organization)  (OR) Add Project Director:

▼ Project Director Details

Prefix	<input type="text" value="Please select a prefix or choose other and specify"/>
First Name ★	<input type="text"/>
Middle Name	<input type="text"/>
Last Name ★	<input type="text"/>
Suffix	<input type="text"/>
Position	<input type="text"/>
Country ★	<input type="text" value="UNITED STATES"/>
Street Address ★	<input type="text"/>
Street Address 2 (Mail Stop)	<input type="text"/>
Street Address 3 (Department/Division)	<input type="text"/>
City ★	<input type="text"/>
State ★	<input type="text" value="Please select a state"/>
Zip Code	<input type="text"/> - <input type="text"/>
Work Phone ★	<input type="text"/>
Mobile Phone	<input type="text"/>
Fax	<input type="text"/>
Email ★	<input type="text"/>

**Note: This is a GrantSolutions Online Form**

## **INDIGENOUS COMMUNITY COUNCIL**

August 15, 2020

Jane Deer  
Grants Management Specialist  
HHS/ACF Division of Discretionary Grants  
Office of Grants Management  
Mary E. Switzer Memorial Building  
330 C Street, SW  
Washington, DC 20201

Re: Grant #90NL0000

Dear Ms. Deer,

I am writing to notify you that Mike Smith, Indigenous Community Council (ICC) Language Project Director, resigned from his position with ICC effective May 23, 2020. Upon receipt of his resignation, the ICC Board of Directors moved quickly to replace him with only three months remaining before the opening of our school in late August, 2020.

We were very fortunate to recruit Tim Jones to serve as ICC's New Director. Tim is a retired Native educator who worked many years with the Minneapolis Public Schools as a teacher, school principal, and most recently, as Director of Indian Education for the school district. His resume is being submitted with the letter. Tim is highly respected both within the broader education community as well as the American Indian community.

Tim's complete contact information appears below:

Tim Jones, Director  
Indigenous Community Council  
1000 Lake Street  
Generic City, ST Zip  
Phone: 777-777-7777  
E-mail: [TJones@indigenouscommunity.org](mailto:TJones@indigenouscommunity.org)

Sincerely,



Ellen Shows  
Chair, Indigenous Community Council Board of Directors

cc: Mary Stevens, Program Specialist

www. indigenouscommunity. org  
• 1000 Lake Street • Generic City • State • 00000 •

## **TIM JONES**

[TJ0000@gmail.com](mailto:TJ0000@gmail.com)

10000 Rutaners Street  
Generic City, ST 00000  
777-111-1234

### **SUMMARY**

Educator and administrator with expertise in school structures, teaching, curriculum development, and teacher relationships. Strong interpersonal and communication skills; developed a good reputation for school reform. Successfully meet daily demands of quality focused operations, high productivity, honesty, and cooperation. Self-motivated; able to meet operational deadlines and set effective priorities to achieve immediate and long-term goals. Areas of expertise include:

- Strategic Planning
- Organization Development
- Budgets/Cost-Cutting
- Staff Training & Development
- Disciplinary Systems
- Curriculum Development
- Magnet Programs
- Native American Studies
- At-Risk Schools/Student

### **PROFESSIONAL EXPERIENCE**

#### **Director of Education GCA High School**

**2017 to 2020**

Ultimately in charge of all school operations, compliance, and personnel.

#### **Teacher Nawayee Center School**

**2014 to 2017**

I am teaching Social Studies courses including Tribal Economics, Beginning Ojibwe Language and Culture, American History from a Native Perspective, and Native American Music. I am a Teacher Mentor and a member of the Leadership Team at the school. I also have an independent contract with the school to assist the school in restructuring.

#### **Independent Consultant,**

**2010 to Present**

*I am currently working on an independent contract with Generic City Public Schools helping them to develop an Indian Education Department, working with parents and students. I recently finished a project interviewing teachers of Native American students who have demonstrated success in teaching Native students. This research was done in the "spirit" of Appreciative Inquiry and Action Research for use on the Phillips Indian Educators Web site. It is based on the assumption that dialogue among effective educators is the first, and most important, key to educational reform. Results can be found at [peducators.com](http://peducators.com) under "Wisdom" then "Writings and Articles", titled "Indigenous Education: What Works with Native Youth". I am also interviewed on the site. This can be found under "Conversation with Indigenous Elders".*

#### **Interim Director of Indian Education, Generic City, ST**

**2008 to 2009**

*Director – Restructured Indian Education Department and worked to actualize the "Memorandum of Agreement", a document between the Generic City Public School Board and the Generic City Native American Community.*

#### **Principal Generic City Public Schools**

**1992 to 2007**

Was a principal at three of the district's seven high schools, South High School, Roosevelt High School, and Henry High School. In each case I faced the task of restructuring a major program or function of the school. These varied from budgetary to disciplinary to academic restructuring. I was also asked to "fresh start" an elementary school then called "Four Winds"

now called “Anishinabe Academy”. In each case I mentored an administrator to take over the principal role. In each case, the administrator became a very successful principal. All of these schools are presently operating successfully.

#### **PROFESSIONAL DEVELOPMENT**

##### **University of St. Eve, Other City, ST**

- Masters Degree plus 30 credits in Education Administration

##### **University of State, Generic City, ST**

- Bachelor of Arts, Psychology and Indian Studies
- Bachelor of Science, Secondary Education Social Studies

##### **Other State University, Learning, DV**

- Achieved 15 credits towards a Masters Degree in Counseling

#### **AWARDS ACHIEVED**

##### **Henry High School, North Generic City, ST**

- Awarded as 1 of the first 6 recipients of the **National Education Award** presented by the **Ken Family Foundation** and the **State Department of Children, Families & Learning**.

NOTE: A more detailed resume can be provided upon request.



## Grant Recipient User Account Request Form: Part 1

### Rules of Behavior

As a User granted Grant Recipient access in GrantSolutions, I agree to abide by the following:

- I will not disclose data from the GrantSolutions system to any unauthorized users.
- I will not make any unencrypted electronic copies of data from the GrantSolutions system.
- I will take all reasonable steps to ensure I do not violate the privacy and confidentiality of all data from the GrantSolutions systems as per the Privacy Act of 1974.
- I will ensure the proper disposal of data (in any format) and printed reports.
- I will access the GrantSolutions system only to the extent that my duties require such access.
- I will report inappropriate or malicious use of the GrantSolutions system to the GrantSolutions Help Desk (at [help@grantsolutions.gov](mailto:help@grantsolutions.gov) or toll-free at (866) 577-0771) and to the GrantSolutions Information System Security Officer at [jacob.kuruvilla@grantsolutions.gov](mailto:jacob.kuruvilla@grantsolutions.gov).
- I will immediately notify the GrantSolutions Help Desk of any account changes, including the need to close my account.

User Name (Printed) Tim Jones

User Signature Tim Jones Date 8/15/2020



## Grant Recipient User Account Request Form: Part 2

Request Type:  New Account  Account Change  Account Closure

**Partner Agency:**

**Department of Health & Human Services**

- Administration for Children and Families
- Administration for Community Living Centers for Disease Control and Prevention Centers for Medicare & Medicaid Services Health Resources & Services Administration Indian Health Service
- Office of Head Start
- Office of the Assistant Secretary for Health
- Office of the Assistant Secretary for Preparedness and Response
- Office of the National Coordinator for Health Information Technology

**Department of Homeland Security**

- Citizenship and Immigration Services

**Department of Transportation**

- Federal Motor Carrier Safety Administration
- Federal Railroad Administration
- Pipeline and Hazardous Materials Safety Administration

**Department of the Treasury**

- Internal Revenue Service
- Office of Grant Community Relations

**Other Agencies**

- Bureau of the Fiscal Service
- Consumer Product Safety Commission
- Denali Commission
- Department of Agriculture
- Department of Housing and Urban Development
- Department of the Interior
- Environmental Protection Agency
- Gulf Coast Ecosystem Restoration Council
- Public Health Service
- Small Business Administration
- Social Security Administration
- Other:

Grant Recipient (Organization):	Indigenous Community Council			
Address 1 (Organization):	1000 Lake Street			
Address 2 (Organization):				
City:	Generic City	State:	STATE	ZIP: 00000
Grant Number(s):	90NL0000			
DUNS:	000000000			
User First Name:	Tim	User Last Name:	Jones	
Title:	Director			
Phone:	777-777-7777			
Email:	TJones@indigenouscommunity.org			

**Role Authority:**

- Authorizing Official/Authorizing Representative
- Program Director/Principal Investigator
- Financial Officer
- Support Staff
- Financial Officer Support

Supervisor or Authorized Official Name: Ellen Shows

Title: Chair

Signature:

**Note: The Supervisor or Authorized Official should sign requests.**

Version 2/3/2020

# APPENDIX 5

## ONGOING PROGRESS REPORT

### Administration for Native Americans

Ongoing Progress Report (OPR)

		Page:		of Pages:	
1. Grantee Name			2. Grant Number		
3a. DUNS Number			3b. EIN		
4. Recipient Organization (Name and complete address including zip code)				5. SF-425 Submitted to the Payment Management System (PMS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Project Period			7. Reporting Period		
Budget Period Year Covered in the Report:	Start Date (Month, Day, Year)	End Date (Month, Day, Year)	End Date (Month, Day, Year)	8. <input type="checkbox"/> 1st semi-annual (mid-year) <input type="checkbox"/> 2nd semi-annual (end of budget period)	
9. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)					
Project Title: _____					
Report prepared by:    Name: _____    Date: _____					
Email Address: _____    Telephone (area code, number and extension): _____					
10. Other Attachments:					
<b>11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</b>					
12a. Typed or Printed Name and Title of Authorized Certifying Official				12c. Telephone (area code, number, and extension)	
				12d. Email Address	
12b. Signature of Authorized Certifying Official				12e. Date Report Submitted (Month, Day, Year)	
				13. Agency use only	

**Administration for Native Americans  
Ongoing Progress Report (ANA-OPR)**  
(maintained and submitted in GrantSolutions)

**ONGOING PROJECT PROGRESS**

<b>A. OBJECTIVE WORK PLAN (OWP) STATUS/UPDATE</b>	
1. Do you need to make any changes to your OWP (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please describe any changes to your work plan and if you requested the change from the ANA office.	
3. Please complete the tables below and include all activities, outputs, outcomes, and dates as they appear in your OWP. If you require more space, please add additional tables as necessary. In completing the 'Status of Activity' column please choose the status of the activity from the drop-down box below utilizing the following definitions: <ul style="list-style-type: none"> <li>• Completed (check this box if activity is complete)</li> <li>• On-going (check this box only if activity is supposed to continue past this quarter according to the OWP)</li> <li>• N/A this quarter (check this box if activity is scheduled to start after this current quarter)</li> <li>• Delayed (check this box if activity is not completed by the originally anticipated end date and is still active)</li> </ul>	

**GOAL:**

**YEAR:**

<b>OBJECTIVE 1:</b>						
<b>Milestone Activities</b>	<b>Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g., # of participants, workshops, etc.).</b>	<b>Outputs</b>	<b>Describe the status of each Output</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Status of Activity and Output (See instructions above)</b>
Expected Outcomes						
Current status of Expected Outcomes						

<b>OBJECTIVE 2:</b>						
<b>Milestone Activities</b>	<b>Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g., # of participants, workshops, etc.).</b>	<b>Outputs</b>	<b>Describe the status of each Output</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Status of Activity and Output (See instructions above)</b>
Expected Outcomes						
Current status of Expected Outcomes						

**OBJECTIVE 3:**

Milestone Activities	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g., # of participants, workshops, etc.).	Outputs	Describe the status of each Output	Begin Date	End Date	Status of Activity and Output (See instructions above)
Expected Outcomes						
Current status of Expected Outcomes						

**B. STAFFING AND HUMAN RESOURCES**

1. Do you have any current vacancies that are associated with this project?  Yes  No

1.a. If Yes, please list positions that are vacant or were vacant as of 30 days prior to the end of this reporting period. Include reasons for vacancies and actions taken or to be taken to fill vacant positions.

2. Did you have any changes or turnover in project staff, consultants, or contractors during this reporting period?  Yes  No

2.a. If Yes, please list affected positions, explain the reason for the change, how long the position has been open, and if the position has been filled:

**3. Project Funded Staffing**

Please list, in the following table, all project positions required for the project and currently filled. NOTE: This will be for staff funded from the federal or non-federal budget either from staffing, consultants, or other.

Position Title	Position Type (dropdown menu)	Position Funding	Name of Individual	Filled by?	Date Job Filled	Avg. # Hours per Week	Date Job Ended (if applicable)	Did position exist before the project?	Will position continue after the project ends?

**3a. Employment Obtained Through Project Activities**

Please list, in the following table, all project positions obtained as a result of project activities such as job training, readiness, business creation, or expansion, etc. NOTE: These positions are not funded by the project's federal or non-federal funds.

Name of Individual	Position Title	Position Type (dropdown menu)	Industry (dropdown menu)	Filled by?	Date Job Filled	Avg. # Hours per Week	Salary	Date Job Ended (if applicable)	Did position exist before the project?	Will position continue after the project ends?

**C. CHALLENGES**

1. Did your project face any challenges during this reporting period?  Yes  No

1.a. If Yes, please describe your challenges in the table below:

Provide a description of the challenge.	Did you overcome the challenge?	If Yes, please state how you overcame the challenge. If no, please identify your plan to address this challenge.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Would training or technical assistance benefit the project at this time?  Yes  No

2.a. Please describe the services you would like to receive.

**D. FINANCIAL**

1. Did you have trouble accessing funds through PMS during this reporting period?  Yes  No

1.a. If Yes, please explain the problem and if it was resolved:

2. Have any changes requiring prior approval been made to your budget during this reporting period?  Yes  No

2.a. If Yes, please explain:

3. Provide the forecasted cash needs for this reporting period (from the SF-424A) and the actual expenditures (from the SF-425)? Please list in the table below:

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual
Federal								
Non-Federal								

3a. If forecasted and actual amounts for the quarter do not match, please explain why:

Q1:

Q2:

Q3:

Q4:

4. Do you anticipate obligating all of the Federal funds awarded for this budget period by the budget period's end?  Yes  No

If No, please explain:

5. Do you have any pending amendments with ANA?  Yes  No

6. Did your project generate any program income as a result of project activities?  Yes  No

6.a. If yes, how much was generated and from what source?

6.b. How will the program income be utilized to support the project?

**E. OTHER**

Please include any other information you would like to share with ANA regarding your project:

Please Note: Many of the questions in this form ask for a "total number" of people as well as a "new number." The total number refers to all of the people that participated in a particular activity, whereas the new number refers to the individuals that were participating in the project for the first time and had not been counted before. For example, if a total of six individuals completed training X, but two of those individuals had already completed previous training(s) during the project, then the number of new people that completed training X would be four.

### F. IMPACT INDICATOR(S)

Your approved project impact indicator or indicators are identified below, as well as your pre-grant status (baseline measure), end-of-project target, 3-year target, and means of measurement.

Indicator	Baseline	Project Year 1 Target	Project Year 2 Target	Project Year 3 Target	Project Year 4 Target	End-of Project Target	3-Year Post-Project Target	Means of Measurement

1. For each impact indicator, please report on the actual change that has occurred so far. For example, if your impact indicator is the unemployment rate, list the actual unemployment rate at the end of the reporting period.

Indicator	Actual Change During Reporting Period

### G. NATIVE YOUTH AND ELDER ENGAGEMENT

For each reporting period, please update the table below if any project activities occurred in which Native youth and Elders participated. This table should reflect only those activities occurring within the reporting period so that, by project's end, all activities that took place are reflected.  Yes  No

1. During this reporting period, did this project provide any opportunities or activities for Native youth and Elders?

1a. If yes, please complete the following table:

Title/Description of Activity	Total # of youth participating	# of New youth participating	Total # of Elders participating	# of New Elders participating

2. During this reporting period, did any of the above activities involving Elders and youth promote cultural preservation?  Yes  No

2a. If yes, please describe:

3. During this reporting period, has the project engaged youth in leadership development activities?  Yes  No

3a. If yes, please describe:

### H. PROJECT DEVELOPMENT

1. Please identify who wrote the grant application in the table below:

Name	Title	Program Staff	Consultant	Native	Tribal Member
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

### I. PARTNERSHIPS

1. For each reporting period, please update the table below. The table should reflect only those partnerships relevant to the reporting period so that by project's end all partnerships are reflected.

Name of Partner	New = Partnership Formed During the Project Pre-existing = Partnership Existed Prior to the Project	Federal or Non-Federal Partner	Type of Partner	Resources Contributed to the Project by the Partner
	<input type="checkbox"/> New <input type="checkbox"/> Pre-existing	<input type="checkbox"/> Federal <input type="checkbox"/> Non-Federal		
Cumulative Total Since Beginning of Project: (This field auto-populated by the number of entries in 'Name of Partner' column)				

2. If there are any potential organizations or individuals that your project would like to partner with, but have not yet been able to, please indicate below:

Name of Potential Partner	Potential Role in Support of the Project

**J. COMMUNITY INVOLVEMENT AND PARTICIPATION IN THE PROJECT**

1. During this reporting period, have any volunteers (unpaid individuals providing service or resources to the project) been utilized in the implementation of your project?  Yes  No

1a. How many individual (unduplicated) volunteers?

1b. What contribution(s) did volunteers make to the project?

1c. Does having volunteers support project success? How?

1d. How many total hours did volunteers work during this reporting period?

2. During this reporting period, if community participation is intended as part of your project, what is your estimate of the level of actual community participation compared with desired participation? This may include, but is not limited to, the intended beneficiaries of the project.

No community participation     50% or less community participation than desired     More than 50% community participation     Desired community participation achieved     Not applicable

**K. PROJECT BENEFITS**

1. During the reporting period, what changed in your community as a result of the project? These may include expected and unexpected and intended and unintended changes as well as positive and negative changes.

2. Did this project support native-owned businesses?  Yes  No  N/A

2a. If so, how many?

2b. List all native-owned businesses the project supported.

Business Name	Business Type (Use a one or two word descriptor)

3. During this reporting period, were any businesses created due to the project?  Yes  No

3a. If yes, how many businesses?

3b. List businesses created.

Business Name	Business Type (Use a one or two word descriptor)	Ownership Type

4. Were any businesses expanded?  Yes  No  N/A

4a. List Businesses expanded:

Business Name	Type (Use a one or two word descriptor)	Ownership Type	How was the business expanded?

5. Did any members of your community, including project staff, complete training sponsored or arranged by the project in order to learn a new skill, gain knowledge, develop expertise, earn a credential, or otherwise obtain beneficial experience during this reporting period?  Yes  No

5a. If yes, please update the following table during each reporting period, as applicable. The table should reflect only those trainings occurring in the reporting period.

Name of Training or Workshop	Description of Skills or Knowledge Developed; and/or Certificate Received	Total # of People who Completed the Training	# of People who were Project staff	# of New People who completed the Training	Total # of Hours to Complete Training	Did this training lead to a new job or promotion? If yes, how many?

6. Were any ordinances, codes, regulations, or other governmental documents developed during this reporting period?  Yes  No  N/A

6a. If yes, please update the following table, reflecting just this reporting period, as applicable.

Type of ordinance, code, or regulation (drop-down menu*)	Brief description of the ordinance, code, or regulation	Was the ordinance, code, or regulation adopted/passed?	Was the ordinance, code, or regulation implemented?	If implemented, please explain how. If not, please explain why.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. During the reporting period, did the project create any materials or resources (e.g., curricula, training materials, translated written materials, resource guides, financial literacy guides, etc.)?  Yes  No

7a. If yes, please update this table, reflecting just the current reporting period, as applicable. Once a particular resource is entered, it should not be entered again in subsequent reporting periods unless a new resource was created.

Material or resource created due to the project	Type of resource	Electronic/Technology Based?	How does this material or resource support the project's goals?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Does your project currently have a plan in place to secure post-project funding to continue or extend project benefits?  Yes  No

8a. If no, would you like ANA's help with establishing such a plan?  Yes  No

9. Please describe any collaboration with partners, including federal, tribal, or state partnership to continue or extend project outcomes, services, and activities in order to achieve your community's desired long-term goals after this ANA project ends.  Not Applicable

**L. LESSONS LEARNED AND ADDITIONAL SUPPORT**

1. Please describe any lessons learned, promising practices, innovations, etc., you think could help similar projects overcome or resolve obstacles you have encountered in the reporting period related to the success of the project.

2. Please identify support or resources that ANA could provide or arrange to help your project overcome or resolve obstacles you have encountered in the reporting period.  Not Applicable

**M. PROJECT SPECIFIC**

**LANGUAGE PROJECTS ONLY**

1. Please identify the language(s) or language family addressed by your project

2. Please complete the following sentence by checking all that apply from the following list:

"My language project uses ANA grant funds to \_\_\_\_\_." [Select all that apply and only update if there are any changes from the previous reporting period.]

- |                                                                                      |                                                                   |                                                                                    |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Assess or measure language fluency/proficiency              | <input type="checkbox"/> Provide language instruction in the home | <input type="checkbox"/> Compile, transcribe, or analyze oral testimony or records |
| <input type="checkbox"/> Provide classroom language instruction                      | <input type="checkbox"/> Train language instructors               | <input type="checkbox"/> Other. Please describe                                    |
| <input type="checkbox"/> Provide language instruction via language immersion classes | <input type="checkbox"/> Develop language materials               |                                                                                    |

3. During this reporting period, were any language assessments developed or used?  Yes  No

3a. Please list the assessments developed or used:

Assessment Name	Assessment Type	Was this developed as part of the project?	Age Range	Based on a previous assignment?	Scale Used for Assessment	Brief Description of Assessment

If yes, please include blank copies with the OPR submission.

3b. During this reporting period, were any language surveys developed or used?  Yes  No

Survey Name	Brief Description of the Purpose of the Survey	# of Surveys Distributed	# of Surveys Returned	Was this Survey developed as part of the project?

3c. If yes to Question 3, please describe the overall purpose of any surveys or assessments that were developed (for example, to assess the current number of proficient speakers, to gauge community members' interest in taking language classes, to measure progress, etc.):

4. Were language classes conducted during this reporting period?  Yes  No

4a. If yes, please complete the following reflecting classes conducted during this reporting period:

Class Name or Type	Proficiency Level of the classes taught	Total # of Classes held each year	Total # Hours of Instruction per student per each year	Total # of Students attending for the year	Total # of New Students	Immersion?	Average Age of Students

4b. If the average age of language learners was between 0-6, does the project have an on-going relationship with one or more Head Start or Early Head Start programs?  
 Yes  No  N/A

5. If instruction is part of your language project, please describe, in as much detail as possible, methods, materials, and strategies used, during the reporting period, to measure progress in language proficiency or fluency.  N/A

6. If applicable to your project, how many new early childhood (birth to 4? Years old) raised their proficiency level during this reporting period?  N/A

Year #	No language skills to novice	From novice to beginner	From beginner to intermediate	From intermediate to advanced	Total number of people increasing proficiency

7. If applicable to your project, how many new youth (5-18? Years old) raised their proficiency level during this reporting period?  N/A

No language skills to novice	From novice to beginner	From beginner to intermediate	From intermediate to advanced	Total number of people increasing proficiency

8. If applicable to your project, how many new adults (19 years old and older?) raised their proficiency level during this reporting period?

No language skills to novice	From novice to beginner	From beginner to intermediate	From intermediate to advanced	Total number of people increasing proficiency

9. If applicable to your project, did any youth achieve fluency in a Native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.a. If yes, how many (new)?			
10. If applicable to your project, did any adults achieve fluency in a Native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.a. If yes, how many (new)?			
11. If applicable to your project, during the reporting period, have any language teachers been trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11a. How many of these teachers received training in language instruction?			
11b. Please check the type of training that these teachers received related to language instruction (check both if applicable):			
<input type="checkbox"/> Teacher training/professional development for language instruction			
<input type="checkbox"/> Language acquisition for teachers			
11c. How many of these teachers received training in an area other than instruction?			
Please describe.			
11d. Did any of these language teachers receive a certification or credential as a result of training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11e. If yes, what organization issued the certification or credential?			
11f. How many language teachers received certification or a credential?			

<b>ESTHER MARTINEZ IMMERSION (EMI) PROJECTS ONLY</b>
1. Please identify which type of EMI project this is [Note – whichever option is checked, the requirements for that particular type of EMI project will automatically pop-up so that grantees have a frame of reference for question 2.]: [Only update if there are any changes from the previous reporting period]
<input type="checkbox"/> Language Nest <input type="checkbox"/> Language Survival School <input type="checkbox"/> Language Restoration Program
2. Please describe in detail any obstacles or delays in meeting the requirements for the EMI language project option (language nest, language survival school, or language restoration): <input type="checkbox"/> N/A

<b>ENVIRONMENTAL REGULATORY ENHANCEMENT (ERE) PROJECTS ONLY</b>				
1. During the reporting period, did this project collect environmental baseline data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
1a. If yes, please describe what was learned from the data and how it will be used:				
2. During the reporting period, did this project collect data to monitor environmental conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2a. If yes, please describe what was learned from the data and how it will be used:				
3. If applicable, during the reporting period how did the project result in increased capacity for the tribe to manage its physical resources and/or the environmental quality on tribal lands?				
4. Has there been any improvement in the environmental quality on tribal lands as a result of this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> To Be Determined
4a. If yes, please describe:				

# APPENDIX 6

## EXAMPLES OF OPR FOR SEDS AND LANGUAGE

### Social and Economic Development Strategies OPR Example

Project Year 2

Objective # 2								
<p>Please complete the tables below and include all objectives, results, benefits, activities and dates as they appear in your OWP. If you require more space, please add additional tables as necessary. In completing the 'Status of Activity' column please choose the status of the activity from the drop-down box below utilizing the following definitions:</p> <p><b>Completed</b> (select if activity is complete)</p> <p><b>On-going</b> (select only if activity is supposed to continue past this quarter according to the OWP)</p> <p><b>N/A this quarter</b> (select if activity is scheduled to start after this current quarter)</p> <p><b>Delayed</b> (select if activity is not completed by the originally anticipated end date and is still active)</p>								
Objective Statement:								
By the end of the 36-month project period, 85% of the 150 16-24 year old youth served (n=128) will successfully complete an average of 165 hrs of pathway specific training in either technology/new media or renewable energy fields in preparation for paid summer internships/apprenticeships								
	Activities	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e. g. # of participants, workshops, etc).	Begin Date	End Date	Status of Activity (see instructions above)	Expected Completion Date	Output	Describe the status of each Output
1	Activity 1: Revise technology/new media and renewable energy pathway curricula, projects, field trips, and site visits for school year daytime and after school sessions based on review and recommendations from Year One	We experienced some staff turnover this reporting period and we also had to plan for virtual learning with the arrival of COVID-19. In October, our Green Jobs instructor John Smith resigned, so Sue Edwards led the Fall cohort using and adapting the existing curriculum. Linda Jones continued to lead the Social Media Marketing training. For the Winter cohort beginning in January, we had hired a new GJP instructor, Paul Williams, and he adapted the curriculum to fit more with his knowledge and expertise. The Spring cohort was scheduled to start in April, and in March, with the Shelter in Place orders put into effect, we began planning for making that a virtual experience using all online resources.	11/12/2019	11/30/2019	Completed		Revised curriculum and pathway training schedules/calendars	Lesson plans and curricula kept on google drive and in Google Classroom.

2	Activity 2: Meet with licensed instructors to ensure basic training curriculum preps year 2 youth for summer industry certificate training	Paul Williams went to visit ABC College and looked at their solar lab and discussed possible upcoming certificate programs with Continuing Education Manager Joan Simpson. February we met with Social Media Marketing instructor Jane North to debrief on last summer's experience and start planning for this coming summers Social Media Marketing Certificate class. There was no conclusive decision regarding a Solar Energy	12/03/2019	12/07/2019	Delayed	06/30/2020	Meeting note, industry- aligned curriculum	Meeting notes and instructor curriculum on file.
		certificate program, but we are moving ahead with the SMM Certificate. We did this last year and it is a pre-existing workforce certificate program that we are comfortable providing. Global College has a better Solar Lab but it is too far way and they are not that interested in providing a student experience for us, especially given our budget.						
3	Activity 3: Provide daytime and after school basic training in renewable energy technologies and technology/new media to Year 2 youth	Two cohorts were completed in Fall and Winter, 2019-2020. 9 participants completed in Quarter 1 and 14 in Quarter 2. We addressed many of the same challenges we always face, including attendance issues due to childcare, other employment, family obligations etc. We are usually pretty flexible in taking these into consideration and working with students to help them stay enrolled in the program if at all possible. We had a small cohort as we were transitioning some new staff and into a new building. All participants were given a pre and post test. Each participant also completed a successful community project, for the GJP program it was a recycling and composting plan for the office; for the SMM interns, it was producing social media projects for a number of clients including In the Heart of the Beast Theater and the American Indian Cancer Foundation. Future cohorts will take place in the Spring and Summer.	12/07/2019	06/14/2020	On-going		attendance records, pathway training schedules	Attendance records and timesheets filled out and filed for all participants.

4	Activity 4: Schedule and supervise a minimum of 6 field trips (3 per pathway) to technology/new media and renewable energy sites	There were three Field Trips during this period. On 2/4/20, we attended a tour of Mall of America's social media hub with three interns. Green Jobs had two Field trips: First one was at the Koda Biomass Power Plant with four interns and the Second was at the Ford Dam Hydroelectric Plant with five students. The other three field trips will happen in the quarters 3 and 4, depending on safety protocols acceptable to COVID-19 safety precautions. The exact destinations have not been chosen yet.	12/07/ 2019	06/14/ 2020	On-going		Calendar of field trips and sites visits; attendance records	Attendance records and time-sheets filled out and filed for all participants.
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## Sample Objective Progress Report for ANA Language Programs

### A. Project Year 2

Please complete the tables below and include all objectives, results, benefits, activities and dates as they appear in your OWP. If you require more space, please add additional tables as necessary. In completing the 'Status of Activity' column please choose the status of the activity from the drop-down box below utilizing the following definitions:

Completed *(select if activity is complete)*

On-going *(select only if activity is supposed to continue past this quarter according to the OWP)*

N/A this quarter *(select if activity is scheduled to start after this current quarter)*

Delayed *(select if activity is not completed by the originally anticipated end date and is still active)*

**Goal:**

Falls River Tribal College (FRC) will collaborate with community partner entities (i.e. Falls Language School, Falls Culture Committee (FCC), Falls Tribal Education, etc.) to implement the Falls Language Educator Development (FLED) Program, which will result in a pipeline producing five graduates each year for a total of 20 individuals upon completion of the sixth year of program implementation. Following successful completion of the Intensive Falls Language (IFL) and Native Language Teacher Education (NLTE) components of the program, graduates will be highly qualified in both the Falls language and effective teaching strategies in order to better meet the demand for highly qualified Falls language teachers throughout the Falls River Reservation and surrounding areas.

<b>Year: 2</b>								
<b>Objective # 1</b>								
<b>Objective Statement :</b> By the end of the 36th month (timeline), the Falls Language Educator Development (FLED) program will be fully implemented and graduate five (target) certified Falls language educators (population & indicator) per year.								
	Activities	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).	Begin Date	End Date	Status of Activity (see instructions above)	Expected Completion Date	Output	Describe the status of each Output
1	Project Director and Project Coordinator attend ANA Annual Grantee Meeting.	The Project Coordinator and the Project Director attended the Annual Grantee Meeting in February 2020. They had a one-on-one meeting with their Program Specialist to review project status. They also connected with numerous other language grantees working in Montana and exchanged contacts. Both attended workshops on intellectual property and language revitalization.	07/01/ 2019	06/30/ 2020	Completed		Project Director & Project Coordinator have attended ANA Annual Grantee Meeting, learned from workshops and networked with other grantees.	Project Coordinator and Project Director attended Annual Grantee Meeting in February 2020. Gained knowledge on intellectual property and language revitalization. Established relationships with grantees.
2	Project Director and Coordinator will collaborate with FLED employees, Falls Tribal College Vice President, Department Heads, and Community Partners throughout the year, and convene two meetings per year. Together, parties will design, implement, evaluate, and revise the FLED program. At mid-year meetings, the group will reflect on project design and implementation, and	The second Advisory Board meeting of Year 2 was held via Google Meet on May 21st, 2020. Administrators, employees, and other board members attended, representing Falls Tribal College Adult Language Apprentice Program, Falls Department of Education and Early Childhood Services, Falls school districts, and Falls Division of Education. The conversation centered on continuing to maintain and build	07/01/ 2019	06/30/ 2020	Completed		Approval and accreditation of FLED program, inclusion of program within the Falls Tribal College course catalog, four 1-hour calls with partners and mid-year meeting with all relevant parties.	Accreditation received Year 1 for AS in NLTE and in December of 2019 for Certificate of Completion in IFL. Program added to 2020 course catalog. Three 1-hour calls held and mid-year meeting held on Google Meet.

	evaluate project success.	partnerships that provide mentorship to FLED candidates, job placements, and on-the-job training for FLED students while they simultaneously undergo their methods courses and practicum experiences.						
3	Every year, the Project Director and Project Coordinator will collaborate with community partners and local media to recruit five to ten candidates who are committed to becoming a Falls Language Educator. The Director will also place advertisements in the Falls tribal newspaper and utilize other efforts to ensure five to ten candidates are recruited per cohort per year.	Through partnership with the FCC Falls Language Apprentice program and the Falls Tribes Language Program, the FLED program has recruited and enrolled an additional six candidates in both the NLTE and Intensive Falls Language portions of the FLED program. An additional three individuals are enrolled in the language courses required for the IFL portion of the program, only.	07/01/2019	08/01/2019	Completed	08/01/2019	Graduates from the FLED program with Class 7 License and AS in Education	7 expected graduates from both IFL and NLTE in June 2021, 8 by September 2021.
4	Project Director and Project Coordinator will work with faculty, staff and candidates for successful implementation of the program, including: student support efforts for all components of the program; oversight of programmatic duties; supplies; data collection and reporting; course development and instructional obligations; etc.	The Project Director and Coordinator continue to work with Falls Tribal College faculty and have maintained partnerships with Falls Tribe Division of Ed., Falls Culture Committee, Falls Tribal Ed. Dept. The Project Coordinator works with the FLED Language Teachers and together they assess students enrolled in language classes using curriculum-based assessments, the SOPA assessment, and participation and attendance.	07/01/2019	06/30/2020	Completed	06/30/2020	Completion of assessments for each student enrolled in FLED to evaluate language fluency level and readiness to teach the Falls language in the classroom. Curriculum-based assessments and SOPA assessments given to all students. Participation and attendance tracking sheet complete.	Curriculum-based and SOPA assessments given to 15 FLED students; assessments scored and report showing progress of all students completed. Participation and attendance spreadsheet included in report.
5	Project Director, Project Coordinator, and Grants Officer ensure all required grant reports are submitted to ANA and PMS for FLED project. Reporting efforts will include: Financial Reports (Quarterly), Objective Progress Reports (Semi-Annually), and Annual Data Reports (Annually).	The Project Director and Coordinator worked diligently to ensure all reporting requirements for the project were completed correctly and in a timely manner. They also worked with Falls Tribal College Business Office and Grants Department to ensure financial reports were submitted on time and that all financial matters of the project have been managed appropriately.	07/1/2019	06/30/2020	Completed		Programmatic and financial reports submitted to ANA and PMS.	Financial Reports Y1 and Y2 submitted. Financial Reports ending Y2 to be submitted by 7/30/20. OPR's and Annual Data Reports for Y2 submitted. OPR for Y2 1st Semi- Annual Report to be submitted by 7/30/20.



# AI/IA

ADMINISTRATION FOR  
NATIVE AMERICANS



## ANA Help Desk

<https://acf.hhs.gov/ana>

Toll free: 1.877.922.9262



## Western Region

<https://www.anawestern.org>

Toll free: **1.855.890.5299**



## Eastern Region

<https://www.anaeastern.org>

Toll free: **1.888.221.9686**



## Pacific Region

<https://www.anapacific.org>

Toll free: **1.844.944.9544**



## Alaska Region

<https://www.anaalaska.org>

Toll free: **1.800.948.3158**

