1.RECIPIENT

Department of Health and Human Services
Administration for Children and Families
Financial Assistance Award (FAA)

SAI NUMBER:

PMS DOCUMENT NUMBER: 90SN000901

1. AWARDING OFFICE:	2. ASSISTANCE TYPE:	3. AWARD NO.:	4. AMEND. NO.:
Office of Community Services	Discretionary Grant	90SN0009/01	

5. TYPE OF AWARD:	6. TYPE OF ACTION:	7. AWARD AUTHORITY:
DEMONSTRATION	New	American Recovery and Reinvestment Act of

8. BUDGET PERIOD:	9. PROJECT PERIOD:	10. CAT NO.:
09/30/2009 THRU 09/29/2011	09/30/2009 THRU 09/29/2011	93711

11. RECIPIENT ORGANIZATION:
City of Seattle - Human Services Department
Human Services Department
700 5th Avenue
Seattle WA 98124 4215
Jerry DeGrieck, Public Health Manager and Policy Advisor

12. PROJECT / PROGRAM TITLE:
The City of Seattle Human Services Department seeks to improve and expand its PeoplePoint program through capacity build

13. COUNTY:	14. CONGR. DIST:	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:
KING	07	Jerry DeGrieck , Public Health Manager & Policy Advisor

16. APPROVED BUDGET:

Personnel	$	0
Fringe Benefits	$	0
Travel	$	0
Equipment	$	0
Supplies	$	0
Contractual	$	0
Facilities/Construction	$	0
Other	$	250,000
Direct Costs	$	250,000
Indirect Costs At % of $	$	0
In Kind Contributions	$	0
Total Approved Budget(**)	$	**250,000**

17. AWARD COMPUTATION:

A. NON-FEDERAL SHARE	$	62,500	20.00 %
B. FEDERAL SHARE	$	250,000	80.00 %

18. FEDERAL SHARE COMPUTATION:

A. TOTAL FEDERAL SHARE	$	250,000
B. UNOBLIGATED BALANCE FEDERAL SHARE	$	
C. FED. SHARE AWARDED THIS BUDGET PERIOD	$	250,000

19. AMOUNT AWARDED THIS ACTION:	$	250,000
20. FEDERAL $ AWARDED THIS PROJECT PERIOD:	$	250,000

21. AUTHORIZED TREATMENT OF PROGRAM INCOME:
ADDITIONAL COSTS

22. APPLICANT EIN:	23. PAYEE EIN:	24. OBJECT CLASS:
1-916001275-A4	1-916001275-A4	41.45

25. FINANCIAL INFORMATION: **DUNS:** 790597814

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
OCS	90SN000901	75-9/0-1537	2009 G99SCFG	$250,000		

26. REMARKS: (Continued on separate sheets)

Paid by DHHS Payment Management System (PMS), see attached for payment information.
This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.
This includes requirements in Parts I and II (available at http://www.hhs.gov/grantsnet/adminis/gpd/index.htm) of the HHS GPS.
Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 74 or 92, directly apply to this award apart from any coverage in the HHS GPS.
This award is subject to Terms and Conditions specific to the American Recovery and Reinvestment Act of 2009.
This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

27. SIGNATURE - ACF GRANTS OFFICER	DATE:	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY	
Katrina Morgan Katrina Morgan	9/21/09	William Dekoladenu	9/23/09

29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) **DATE:**
Yolanda J. Butler, Ph.D, Deputy Director, OCS 9/23/09

DGCM-3-785 (Rev. 86) (SN)

1.RECIPIENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
FINANCIAL ASSISTANCE AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:
90SN000901

1. AWARDING OFFICE:	2. ASSISTANCE TYPE:	3. AWARD NO.:	4. AMEND. NO.
Office of Community Services	Discretionary Grant	90SN0009/01	

5. TYPE OF AWARD:	6. TYPE OF ACTION:	7. AWARD AUTHORITY:
DEMONSTRATION	New	American Recovery and Reinvestı

8. BUDGET PERIOD:	9. PROJECT PERIOD:	10. CAT NO.:
09/30/2009 **THRU** 09/29/2011	09/30/2009 **THRU** 09/29/2011	93711

11. RECIPIENT ORGANIZATION:
City of Seattle - Human Services Department, Human Services Department

26. REMARKS: (Continued from previous page)

For the full text of the award term, go to http://www.acf.hhs.gov/grants/award_term.html.
This grant is subject to the requirements as set forth in 45 CFR Part 87.
This grant is subject to the requirements set forth in 45 CFR part 74 (for non-profit organizations and educational institutions) or 45 CFR Part 92 (for state, local, and federally recognized tribal governments).
Initial expenditure of funds by the grantee constitutes acceptance of this award.
No future support is anticipated.
(**) Reflects only federal share of approved budget.There are special conditions attached to this award.
This award is subject to Department of Health and Human Services, American Recovery and Reinvestment Act of 2009 Standard Terms and Conditions.

RESTRICTION PLACED ON FEDERAL FUNDS: Subject to release of funds, within thirty (30) days from the start date of the grant award, the grantee must submit an IRS documentation confirming the Employee Identification Number (EIN), a revised SF-424 with the correct 9-digit Employee Identification Number (EIN), an approved Cost Allocation Plan, and a signed Cooperative Agreement to the Office of Grants Management.

DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Mr. Jerry DeGrieck
Public Health Manager and Policy Advisor
City of Seattle, Human Services Department
Human Services Department
700 5th Avenue
Seattle, WA 98124-4215

SEP 23 2009

RE: 90SN0009/01

Dear Mr. DeGrieck:

I am pleased to inform you that the Office of Community Services (OCS) has accepted City of Seattle, Human Services Department's proposal for a Strengthening Communities Fund (SCF) State, Local, and Tribal Government Capacity Building program award. The Financial Assistance Award (FAA) specifying the amount and duration of this award is enclosed. The number referenced above is assigned to your grant and should be used on all related correspondence.

For questions regarding any programmatic issues (e.g., program guidelines, requests for technical assistance or training, project performance issues, and semi-annual progress reports), please contact your OCS Program Specialist:

Kathy Lawler
Program Specialist
Compassion Capital Fund
Office of Community Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., 5th Floor West
Washington, D.C. 20447
Telephone: (202) 260-4645

For issues and activities of a fiscal nature (e.g., requests for drawdown of Federal grant funds, issues with financial matters, and guidance on semi-annual financial reports), please contact your OGM Grants Management Specialist:

Telina L. Bennett-Reed
Grants Management Specialist
Office of Grants Management
Office of Administration
Administration for Children and Families
370 L'Enfant Promenade, S.W., 6th Floor East
Washington, D.C. 20447
Telephone: (202) 401-4609

In particular, please take note of the Remarks section of the enclosed FAA, box number 26, regarding specific budget information with regard to your project and follow up with your Grants Management Specialist, if necessary.

In accordance with regulations of the Department of Health and Human Services, grantees are required to submit semi-annual financial status reports (SF-269) and semi-annual performance progress reports (SF-PPR). All correspondence and reports related to your grant should be transmitted to your Grants Management Specialist.

Because this program is funded by the American Recovery and Reinvestment Act of 2009 (ARRA), recipients will be required to submit quarterly ARRA 1512 recipient reports via a central government website, Federalreporting.gov. The first report will be due on October 10, 2009. Any questions or concerns regarding this matter should be directed towards your OCS Program Specialist.

I wish you success in the operation of your project.

Sincerely,

Yolanda J. Butler, Ph.D.
Acting Director
Office of Community Services

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

NOTICE TO ALL GRANT RECIPIENTS!

SUBJECT: NEW PERFORMANCE PROGRESS REPORTING REQUIREMENT

Dear ACF Grant Recipient:

Beginning with FY 2009, ACF grantees will begin using the Standard Form-Performance Progress Report (SF-PPR) for required performance progress reports. The SF-PPR is the standard government-wide performance progress reporting format used by Federal agencies to collect performance information from recipients. Use of ACF's Office of Grants Management (OGM) version of the SF-PPR will begin for all awards (new and continuation) made by ACF in FY 2009. At a minimum, grantees will be required to submit the OGM version of SF-PPR Coversheet and SF-PPR Appendix B Program Indicators, which are specific to ACF performance progress reports and available on this page. Some ACF Programs may utilize reporting formats that differ from the new OGM SF-PPR; therefore grantees should consult the published announcement and their award documents to determine the appropriate performance progress report requirement.

Attachments

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

INSTRUCTIONS FOR QUARTERLY PROGRAM PROGRESS REPORTING

Schedule

Progress reports (original and two copies submitted to the Office of Grants Management, Division of Discretionary Grants) are due 30 days after the end of each quarter of the budget period (every three months). A FINAL PROGRAM REPORT IS DUE 90 DAYS AFTER THE PROJECT PERIOD END DATE.

Instructions for completing the ACF-OGM-SF-PPR are attached.

PERFORMANCE PROGRESS REPORT
ACF-OGM-SF-PPR

		Page	of Pages
1.Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number 3b. EIN	
4. Recipient Organization (Name and complete address including zip code)		5. Recipient Identifying Number or Account Number	
6. Project/Grant Period Start Date: *(Month, Day, Year)* End Date: *(Month, Day, Year)*	7. Reporting Period End Date *(Month, Day, Year)*	8. Final Report? ☐ Yes ☐ No 9. Report Frequency ☐ *annual* ☐ *semi-annual* ☐ *quarterly* ☐ *other* *(If other, describe: _____)*	

10. Performance Narrative

11. Other Attachments *(attach other documents as needed or as instructed by the awarding Federal Agency)*

12. 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.

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

OMB Approval Number: 0970-0334
Expiration Date: 6/30/2009

PERFORMANCE PROGRESS REPORT
SF-PPR INSTRUCTIONS

Item	Data Elements	Line Item Instructions for SF-PPR
1.	**Awarding Federal agency and Organizational Element to Which Report is Submitted**	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2.	**Federal Grant or Other Identifying Number Assigned by the awarding Federal agency**	Enter the grant/award number contained in the award document.
3.a.	**DUNS Number**	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3.b.	**EIN**	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4.	**Recipient Organization**	Enter the name of recipient organization and address, including zip code.
5.	**Recipient Account Number or Account Number**	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6.	**Project/Grant Period**	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7.	**Reporting Period End Date**	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8.	**Final Report**	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9.	**Report or Frequency**	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
10.	**Performance Narrative**	**Leave blank and complete Form ACF-OGM-SF-PPR Apendix B**

PERFORMANCE PROGRESS REPORT

Item	Data Elements	Line Item Instructions for SF-PPR
11.	**Other Attachments**	Attach other documents as needed or as instructed by the awarding Federal agency.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0334. The time required to complete this information collection is estimated to average three (3) hours per response, including the time to review the instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have suggestions about the accuracy of the estimate, we would be happy to hear from you.** You can email us at infocollection@acf.hhs.gov.

PERFORMANCE PROGRESS REPORT
ACF-OGM-SF-PPR Appendix B

			Page	of Pages
1.Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS 3b. EIN		4. Reporting Period End Date *(Month, Day, Year)*

Program Indicators

(1) Question Number	(2) Activity Description	(3) Indicator or Status	(4) Explanation
B-01	**Major activities and accomplishments during this period**		
B-02	**Problems**		
B-03	**Significant findings and events**		
B-04	**Dissemination activities**		

OMB Approval Number: 0970-0334
Expiration Date: 6/30/2009

PERFORMANCE PROGRESS REPORT

(1) Question Number	(2) Activity Description	(3) Indicator or Status	(4) Explanation
B-05	**Other Activities**		
B-06	**Activities planned for next reporting period**		

PERFORMANCE PROGRESS REPORT
ACF-PPR-B INSTRUCTIONS

Schedule

Submit the original progress report to the Office of Grants Management, Division of Discretionary Grants, and a copy to the Program Office. Reports are due 30 days after the end of the second and fourth quarters of the budget period (every six months).

A FINAL PROGRAM REPORT IS DUE 90 DAYS AFTER THE PROJECT PERIOD END DATE.

Item	Data Elements	Instructions
1	**Awarding Federal agency and Organizational Element to Which Report is Submitted**	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	**Federal Grant or Other Identifying Number Assigned by the awarding Federal agency**	Enter the grant/award number contained in the award document.
3a	**DUNS Number**	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	**EIN**	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	**Reporting Period End Date**	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30 and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
	Program Indicators	
B-01(4)	**Explanation: Major activities and accomplishments during this period**	Recommend use of project task charts from approved grant application and/or project work plan with this section. Describe any draft/final products in this section. Use additional pages if needed.
B-02(4)	**Explanation: Problems**	Describe any deviations or departures from the original project plan including actual/anticipated slippage in task completion dates, and special problems encountered or expected. Use this report section to advise Project Officer and Grants Management Specialist of assistance needs. Use additional pages if needed.
B-03(4)	Explanation: Significant findings and events	(To be noted by project officer, or reported to regions, States, other agencies, Program Director/Commissioner, Assistant Secretary, Secretary, etc.) Use additional pages if needed.
B-04(4)	Explanation: Dissemination activities	Briefly describe project related inquiries and information dissemination activities carried out over the reporting period. Itemize and include a copy of any newspaper, newsletter, magazine articles or other published materials considered relevant to project activities, or used for project information or public relations purposes. Use additional pages if needed.

OMB Approval Number: 0970-0334
Expiration Date: 6/30/2009

PERFORMANCE PROGRESS REPORT

Program Indicators		
B-05(4)	**Explanation:** **Other Activities**	Briefly describe. Use additional pages if needed.
B-06(4)	**Explanation:** **Activities planned for next reporting period**	Briefly describe. Use additional pages if needed.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0334. The time required to complete this information collection is estimated to average three (3) hours per response, including the time to review the instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have suggestions about the accuracy of the estimate, we would be happy to hear from you.** You can email us at infocollection@acf.hhs.gov.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

Discretionary Programs
Quarterly Financial Reporting Requirements

Standard Form 269 - Financial Status Report

Financial Status Reports (SF-269's) are due 30 days after the end of each quarter of the budget period (every three months).

A final SF-269 is due 90 days after the end of the project period. This financial status report and the Payment Management System (PMS) expenditures report for the reporting period must reconcile. For the report to be considered final, all unliquidated obligations must have been paid and $-0- entered on line 10(k) of the final Financial Status Report.

All financial status reports must be signed by the recipient organization's financial officer, or by a designated individual in the organization for which notification of such designation by an authorized official of the organization has been submitted to the Administration for Children and Families.

The Federal grant award number should be indicated on all reports.

Submit the original and two copies of the Financial Status Reports to:

Mailing Address:
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Grants Management
Division of Discretionary Grants
370 L'Enfant Promenade, S.W., 4th Floor
Washington, D.C. 20447

Delivery Address: (commercial/private courier)
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Grants Management
Division of Discretionary Grants
901 D Street, S.W., 4th Floor
Washington, D.C. 20024

Failure to submit reports when due will be indicative of non-compliance with the award terms and conditions.

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. **0348-0039**	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			0.00
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	0.00	0.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	0.00	0.00
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			0.00
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds *(Line o minus line n)*			0.00
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized *(Sum of lines q, r and s)*			0.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

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

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted September 17, 2009

FINANCIAL STATUS REPORT

(Long Form)

Public reporting burden for this collection of information is estimated to average 30 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 (0348-0039), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry
1, 2 and 3.	Self-explanatory.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.
5.	Space reserved for an account number or other identifying number assigned by the recipient.
6.	Check *yes* only if this is the last report for the period shown in item 8.
7.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."
9.	Self-explanatory.
10.	The purpose of columns, I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report *in the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
10b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
10d,	e, f, g, h, i and j. Self-explanatory.
10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10k that have been included on lines 10a and 10j. On the final report, line 10k must be zero.
10l.	Self-explanatory.
10m.	On the final report, line 10m must also be zero.
10n,	o, p, q, r, s and t. Self-explanatory.
11a.	Self-explanatory.
11b.	Enter the indirect cost rate in effect during the reporting period.
11c.	Enter the amount of the base against which the rate was applied.
11d.	Enter the total amount of indirect costs charged during the report period.
11e.	Enter the Federal share of the amount in 11d.
Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

Instructions for Requesting Payment of Federal Awards

This award will be paid through the Department of Health and Human Services' Division of Payment Management (DPM), operating under the Program Support Center (PSC). The DPM provides automated grant payment and cash management services for the entire Federal Government. DPM operates the centralized payment system, Payment Management System (PMS), and acts as a liaison between the Administration for Children and Families to resolve any discrepancies. For additional information, please visit their Website at **WWW.DPM.PSC.GOV**.

If this is your first award paid through the DPM, it is recommended that you review their Website. Their New Recipient section provides basic information and addresses both funding and reporting requirements necessary for receiving your awarded funds. It is mandatory that all new recipients complete and send to DPM a Direct Deposit Sign-Up Form (SF 1199A). The form can be printed from DPM's Website or obtained from your local financial institution.

The DPM operates in a completely electronic environment; therefore, paper payment requests and Treasury checks are no longer used. All requests and payments are made electronically. DPM utilizes two funding request systems, Cashline and Smartlink II. Grantees are provided instructions by DPM on the procedures and Federal requirements necessary to receive your funding.

Cashline allows the grantees to dial directly into a "voice response" computer via a touch tone telephone. Smartlink II allows the grantees to request their funding via a computer and modem and may be accessed through the Internet. Smartlink II's most notable advantage over Cashline is the grantee's ability to "inquiry" into account balances.

Regardless of the method used to initiate a payment request, funds are electronically deposited into the designated bank account the next business day. Funds can be requested as frequently as disbursements are made under both systems. Since funds are available the next business day, regulations prohibit payments in excess of your immediate disbursement needs.

Payment method for state agencies shall be consistent with Treasury/State CMIA agreements or default procedures codified under 31 CFR Part 205.

If after visiting the DPM Website you have additional questions or require more information, please contact DPM at 1-877-614-5533 from 7:00 AM to 6:30 PM est.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OPPORTUNITY TO COMMENT – SIMPLIFICATION OF FEDERAL GRANT PROGRAMS

Opportunity to Comment – Simplification of Federal Grants Programs

On November 20, 1999, the President signed into law the Federal Financial Assistance Management Improvement Act (Public Law 106-107) whose purposes are to improve the delivery of services to the public and the effectiveness and performance of Federal grant programs. Federal agencies are working with OMB to: develop uniform administrative rules and common application and reporting systems; replace paper with electronic processing in administration of grant programs; and identify statutory impediments to grants programs simplification.

Consultation with the recipient community is an important part of the grant program simplification effort. We welcome ideas to make it easier for State, local and tribal governments and nonprofit organizations to apply for and report on federal grants. Please send your comments via email to: PL106107@os.dhhs.gov and be sure to include the name of the organization you represent.

We want to know which processed in the grants life cycle need streamlining and/or improvement, and your suggestions for achieving improvements. We need to know what is most important to you, in terms of grants simplification. Finally, we want you to identify the specific grant program(s) that you find to be most burdensome, with some detail about why they are burdensome, individually or collectively, because we need to focus our efforts on those programs that are in the greatest need of review and streamlining.

Your input is valued, and is part of the larger process of achieving the foals of P.L. 106-107, namely simplification of Federal grant programs for the benefit of our recipients. Please note there will not be any individual response to the input, however, we intend to periodically provide summary information relating to implementation of the law, under the "What's New" ling in GrantsNet (www.hhs.gov/grantsnet). Thank you for your participation.

Contact the affected Federal awarding agency or pass-through entity if you have any questions.

Failure to meet the single audit requirements could result in your entity having to repay grant monies and/or losing access to future Federal funding.

Additional Information and Where to Get Help

- *OMB Source Documents*

Single audit requirements are set forth in OMB Circular A-133 and the OMB Circular A-133 Compliance Supplement, which are on OMB's website (**www.omb.gov/grants**).

- *Federal Agency Contact for General Assistance*

A Federal agency has been designated to answer your questions and provide help when needed with your single audit. This designation is generally based upon which Federal agency provides you with the most direct Federal funding. (Circular A-133 (paragraph .400) provides specific guidance for determining which Federal agency is designated to assist you.)

The single audit contacts are listed in Appendix III of the OMB Circular A-133 Compliance Supplement.

- *Highlights of the Single Audit Process*

The Grants Management Committee of the Chief Financial Officers Council produced a pamphlet, *Highlights of the Single Audit Process*, to acquaint officials of Federal awarding agencies and non-Federal entities with the single audit process. It is available on the FAC website (harvester.census.gov/fac).

June 2005

Single Audit Basics and Where to Get Help

for Federal Grant Recipients

Grants Management Committee

Background

Each year, the Federal Government provides over $400 billion–one-sixth of the Federal budget–in grants to non-Federal entities (States, local and tribal governments, colleges and universities, and other non-profit organizations). Audits are a primary tool used by the Federal government to ensure that these funds are expended properly.

Basic Requirements

All non-Federal entities that expend $500,000 or more of Federal awards in a year are required to obtain an annual audit in accordance with the Single Audit Act Amendments of 1996, Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations," the OMB Circular A-133 Compliance Supplement and *Government Auditing Standards*.

Entities expending less than $500,000 in a year are exempt from Federal audit requirements, but must make records available for review or audit by Federal agencies or pass-through entities (non-Federal entities from whom they receive Federal funds), if requested.

What is a Single Audit?

Most non-Federal entities annually prepare financial statements and have them audited. A single audit combines the annual financial statement audit with additional audit coverage of Federal funds. The single audit is intended to meet the basic audit needs of both the non-Federal entity and Federal awarding agencies. Any additional auditing by the Federal government shall build upon work performed by other auditors.

Your Primary Responsibilities

In addition to your responsibility to administer Federal awards in compliance with Federal requirements, you have a key role to play in the single audit process:

- *Identifying Federal awards received and expended.*

You are required to account for Federal funds received and expended by individual award. This information is usually provided in grant award documents. Check with the awarding agency if you have any questions.

- *Preparing financial statements and a Schedule of Expenditures of Federal Awards (SEFA).*

Most non-Federal entities prepare annual financial statements for their own purposes and are familiar with the process. Your auditor can usually answer any questions on financial statement preparation.

OMB Circular A-133 sets forth the minimum content requirements for the SEFA. Questions on the preparation of the SEFA can be addressed to your auditor, Federal awarding agency, or pass-through entity.

- *Obtaining the audit and ensuring it is completed.*

OMB Circular A-133 requires that Federal administrative rules be followed in procuring audit services, which can be found on OMB's website. Factors to consider in evaluating proposals for audit services include responsiveness to the request for proposal, availability of staff with professional qualifications and relevant experience, results of quality reviews and price.

The Mid-America Intergovernmental Audit Forum (**www.auditforum.org**) has published a pamphlet, *Choosing an External Auditor*, to assist non-Federal entities in the procurement of audit services.

The Government Accountability Office's website (**www.gao.gov**) also contains a pamphlet, *How to Avoid a Substandard Audit: Suggestions for Procuring an Audit. Government Auditing Standards*, the standards auditors must follow in conducting the audit, are also available at this site.

- *Submitting the audit reporting package and Data Collection Form (form SF-SAC) to the Federal Audit Clearinghouse (FAC) and pass-through entities*

The reporting package includes your financial statements and SEFA, the auditor's reports, including a schedule of findings and questioned costs, and, if applicable, your corrective action plan and a summary schedule of prior audit findings.

You and your auditor jointly prepare form SF-SAC. You are encouraged to prepare the SF-SAC using the online option at the FAC website (**harvester.census.gov/fac**). Blank forms can be downloaded from the FAC's website and hard copies are also available on request.

It is your responsibility to submit the SF-SAC together with the appropriate number (per the SF-SAC instructions) of reporting packages to the FAC within 30 days of the receipt of the auditor's reports, but no later than 9 months after the end of your fiscal year. The FAC distributes the reporting package to Federal agencies and maintains an archival copy. Information from the form SF-SAC is captured by the FAC in an electronic database, which is publicly accessible via its website.

For more information concerning submissions to the FAC, contact the FAC at govs.fac@census.gov or toll-free at 1-888-222-9907.

If you are a subrecipient receiving Federal funds from a pass-through entity, you are also required to submit either a copy of the reporting package, or a notification that the audit was completed, to each pass-through entity that provides you with Federal funding. Contact your pass-through entity (ies) for questions concerning submissions to them.

- *Taking corrective action on audit findings.*

You are required to prepare a corrective action plan that addresses each audit finding. The affected Federal awarding agency(ies) or pass-through entity(ies) should contact you on the acceptability of your plan or alternative actions it expects you to take. You are responsible for taking those actions.

Standard Terms and Conditions
American Recovery and Reinvestment Act of 2009
Division A Funds

February 26, 2009

1. Other Standard Terms and Conditions

All other grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements apply unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (ARRA) requirements below. Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

2. Recipient Reporting

Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act. For purposes of reporting, ARRA recipients must report on ARRA sub-recipient (sub-grantee and sub-contractor) activities as specified below.

Not later than 10 days after the end of each calendar quarter, starting with the quarter ending June 30, 2009 and reporting by July 10, 2009, the recipient must submit quarterly reports to HHS that will posted to Recovery.gov, containing the following information:

a. The total amount of ARRA funds under this award;
b. The amount of ARRA funds received under this award that were obligated and expended to projects or activities;
c. The amount of unobligated award balances;
d. A detailed list of all projects or activities for which ARRA funds under this award were obligated and expended, including
    - The name of the project or activity;
    - A description of the project or activity;
    - An evaluation of the completion status of the project or activity;
    - An estimate of the number of jobs created and the number of jobs retained by the project or activity; and
    - For infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment.
e. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282).

For any sub-award equal to or larger than $25,000, the following information:

- The name of the entity receiving the sub-award;
- The amount of the sub-award;
- The transaction type;
- The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number;
- Program source;
- An award title descriptive of the purpose of each funding action;
- The location of the entity receiving the award;
- The primary location of performance under the award, including the city, State, congressional district, and country; and
- A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity.

f. All sub-awards less than $25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.

g. Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted.

h. Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award.

The definition of terms and data elements, as well as any specific instructions for reporting, including required formats, will be provided in subsequent guidance issued by HHS.

3. Buy American - Use of American Iron, Steel, and Manufactured Goods

Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States unless HHS waives the application of this provision. (ARRA Sec. 1605)

4. Wage Rate Requirements

[This term and condition shall not apply to tribal contracts entered into by the Indian Health Service funded with this appropriation. (ARRA Title VII—Interior, Environment, and Related Agencies, Department of Health and Human Services, Indian Health Facilities)]
Subject to further clarification issued by the Office of Management and Budget, and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to this award shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in

Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code. (ARRA Sec. 1606)

5. Preference for Quick Start Activities (ARRA)

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit. (ARRA Sec. 1602)

6. Limit on Funds (ARRA)

None of the funds appropriated or otherwise made available in ARRA may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604)

7. Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at http://www.oig.hhs.gov/fraud/hotline/

8. ARRA: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new awardees should be considered one-time funding.

9. Schedule of Expenditures of Federal Awards

Recipients agree to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Nonprofit Organizations." This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512(c). (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

10. Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA

number assigned for ARRA purposes, and amount of ARRA funds. (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

PAYMENT INFORMATION FOR AMERICAN REINVESTMENT AND RECOVERY ACT (ARRA) RECIPIENTS

The ARRA requires that ARRA-funded grants be individually tracked to monitor each grantee's advances and expenditures. Consequently, PMS requires the establishment of 'P' accounts for all grantees receiving ARRA funds to enable grant-by-grant tracking. Each 'P' account has associated 'subaccounts' that that the grantor agency establishes and each subaccount represents a discrete ARRA-funded grant.

To request advances from these 'P' accounts, grantees must identify the specific sub accounts (ARRA funded grant awards) from which the funds will be drawn. The sub-accounts are linked to specific grant awards in PMS and will be tied to the PMS payee account that ends in a P, P1, or P2. 'P' accounts do not permit cash pooling which is common among HHS agency grantees—that is, a grantee cannot pool advances from multiple grants into a single payment request. All grantees must request advances individually from each separate ARRA-funded grant.

Current PMS users will use the same log-in and password to request drawdowns for these grants. New PMS users will receive log-in and password information directly from the Division of Payment Management.

If you require assistance with your PMS account, please contact the PMS account representative for your state as listed on the DPM website, **www.dpm.psc.gov**, or you may call 1-877-614-5533 from 7:00 AM to 6:30 PM Eastern Standard Time.