

2018 SMP/SHIP

NATIONAL CONFERENCE

August 20–23 • Chicago, IL

Grants Managements

Barbara McCoy, Phil Mckoy, and Sara Vogler

Agenda

- Introductions
- Understanding the Terms and Conditions (T&Cs) and the Notice of Award (NoA)
- HHS Standard Form (SF) 425
- Amendments
 - NCE vs carryover
- Scenarios
- QA

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

Terms and Conditions

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

Understanding the NOA & Terms and Conditions

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

Where to find Terms and conditions

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II. Award Information

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

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

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

NOTICE OF AWARD (Continuation Sheet)

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

STANDARD TERMS

1. STANDARD TERMS

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

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

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

Grant History

Application Number	Grant Number	Action Date	Project Period	Budget Period	Award Amount	Application Type	Status	Action
MP1509055	90MP02 16-03-00 Amendment Number 0 Budget Period 3	05/31/2017	05/01/2015 to 05/31/2018	05/01/2017 to 05/31/2018	\$165,505.00	Non-Competing Continuation	Awarded	View Application Budget Worksheet View Memo View NGA Award Summary Awards Workflow History View Terms & Conditions
MP1600545		09/30/2016	05/01/2015 to 05/31/2018	05/01/2016 to 05/31/2017	\$0.00	Post Award Amendment (ACL Carryover Request)	Disapproved (Post Award)	View Application View Memo
MP1600550		06/27/2016	05/01/2015 to 05/31/2018	05/01/2016 to 05/31/2017	\$0.00	Post Award Amendment (ACL Other)	Disapproved (Post Award)	View Application View Memo
MP1600482	90MP02 16-02-00 Amendment Number 0 Budget Period 2	05/19/2016	05/01/2015 to 05/31/2018	05/01/2016 to 05/31/2017	\$331,010.00	Non-Competing Continuation	Awarded	View Application Budget Worksheet View Memo View NGA Award Summary Awards Workflow History View Terms & Conditions
MP1500276	90MP02 16-01-00 Amendment Number 0 Budget Period 1	06/04/2015	05/01/2015 to 05/31/2018	05/01/2015 to 05/31/2016	\$320,960.00	New	Awarded	View Application Budget Worksheet View Memo View NGA Award Summary Awards Workflow History View Terms & Conditions

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

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

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

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

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	1
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	48,778.00
b. Fringe Benefits	10,229.00
c. Total Personnel Costs	59,007.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	980.00
g. Construction	0.00
h. Other	65,013.00
i. Contractual	25,000.00
j. TOTAL DIRECT COSTS →	150,000.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	150,000.00
m. Federal Share	150,000.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION			
a. Amount of Federal Financial Assistance (from item 11m)	150,000.00		
b. Less Unobligated Balance From Prior Budget Periods	0.00		
c. Less Cumulative Prior Award(s) This Budget Period	150,000.00		
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00		
13. Total Federal Funds Awarded to Date for Project Period		150,000.00	
14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	
15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			b
a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)			
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:			
a. The grant program legislation b. The grant program regulations. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

Notice of Award: Helpful Information

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

1. DATE ISSUED MM/DD/YYYY 12/18/2013	2. CFDA NO. 93.048	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated 09/26/2013 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 90SM0011-01-01 Formerly	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From MM/DD/YYYY 09/01/2013	Through MM/DD/YYYY 02/28/2015	
7. BUDGET PERIOD From MM/DD/YYYY 09/01/2013	Through MM/DD/YYYY 02/28/2015	
8. TITLE OF PROJECT (OR PROGRAM) LGBT Older Adult Senior Medicare Patrol Integration Initiative		
9. GRANTEE NAME AND ADDRESS		

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

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

Key Personnel

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

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

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

Key Personnel

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

- Approved Budget

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

Examples of Terms and Conditions

- Standard terms and conditions
 - Cooperative agreement
 - Administrative Terms
 - Salary Limitation (includes provisions for a salary rate limitation. The law limits the salary amount that maybe awarded and charged to ACL grants and cooperative agreements.)
 - DOMA: Implementation of United States v. Windsor and Federal Recognition of Same-Sex Spouses/Marriages
 - Federal Awardee Performance and Integrity Information System (FAPIIS)
- Reporting Requirements
- Collaborate with ACL for any in-scope modifications and execution of the work plan, initially within 45 days of the award.
- Evaluate the impact of overall project activities and ensure quality assurance systems are in place.
- Restrictive terms and conditions (when a grantee scores below a 70 on applications)

HHS STANDARD FORM (SF) 425 AND HHS GRANTS POLICY

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Purpose of the Federal Financial Report (SF-425)

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

Required documents to Complete SF-425

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

www.acl.gov/grants/managing-grant

www.grants.gov/web/grants/forms

1. DATE ISSUED (MM/DD/YYYY)		2. CFDA NO.	3. ASSISTANCE TYPE	
12. SUPERSEDES AWARD NOTICE dated _____ except that any additions or restrictions previously imposed remain in effect unless specifically rescinded				
4. GRANT NO.		5. ACTION TYPE		
Formerly _____				
6. PROJECT PERIOD From MM/DD/YYYY		Through MM/DD/YYYY		
7. BUDGET PERIOD From MM/DD/YYYY		Through MM/DD/YYYY		
8. TITLE OF PROJECT (OR PROGRAM)				
9a. GRANTEE NAME AND ADDRESS			9b. GRANTEE PROJECT DIRECTOR	
10a. GRANTEE AUTHORIZING OFFICIAL			10b. FEDERAL PROJECT OFFICER	
ALL AMOUNTS ARE SHOWN IN USD				
11. APPROVED BUDGET (Excludes HHS Direct Assistance) / HHS Grant Funds Only <input type="checkbox"/>				
ii Total project costs including grant funds and all other financial participation <input type="checkbox"/>				
a. Salaries and Wages				
b. Fringe Benefits				
c. Total Personnel Costs				
d. Equipment				
e. Supplies				
f. Travel				
g. Construction				
h. Other				
i. Contractual				
j. TOTAL DIRECT COSTS				
k. INDIRECT COSTS				
l. TOTAL APPROVED BUDGET				
m. Federal Share				
n. Non-Federal Share				
12. AWARD COMPUTATION FOR GRANT a. Amount of HHS Financial Assistance (from item 11 m) b. Less Unobligated Balance from Prior Budget Periods c. Less Cumulative Prior Awards (s) This Budget Period d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION				
13. Total Federal Funds Awarded to Date for Project Period				
14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project)				
YEAR		TOTAL DIRECT COSTS		YEAR
a.		d.		
b.		e.		
c.		f.		
15. PROGRAM INCOME SUBJECT TO 45 CFR PART 14, SUBPART F, OR 45 CFR 92.006, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (USBI/ Debit Order) e. OTHER (See REMARKS)				
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, HHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulations cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 92.006 (Program Income) as applicable in effect as of the beginning date of the budget period. e. 45 CFR Part 14.107 (2)(2)(F) as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obligated from the grant payment system.				
REMARKS (Other Terms and Conditions Attached - <input type="checkbox"/> Yes <input type="checkbox"/> No)				
GRANTS MANAGEMENT OFFICER:				
17. OBJ. CLASS.	18a. VENDOR CODE	18b. EIN	18. DUNS	20. CONG. DIST.
21. a. PY-ACCOUNT NO.	b. DOCUMENT NO.	c. ADMINISTRATIVE CODE	d. AMT ACTION FIN ASST	e. APPROPRIATION
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

Completing SF-425

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

[View Burden Statement](#) **Federal Financial Report** OMB Number: 4040-0014
Expiration Date: 01/31/2019

(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)	
<input type="text"/>		<input type="text"/>	
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: <input type="text"/>			
Street1: <input type="text"/>			
Street2: <input type="text"/>			
City: <input type="text"/>		County: <input type="text"/>	
State: <input type="text"/>		Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/>		ZIP / Postal Code: <input type="text"/>	
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
6. Report Type	7. Basis of Accounting	8. Project/Grant Period	9. Reporting Period End Date
<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>
10. Transactions			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			0.00
e. Federal share of expenditures			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			0.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
Recipient Share:			
i. Total recipient share required			0.00
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00

Indirect Expense

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

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

Reconciling SF-425 with PMS

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

Federal Cash Transaction Report

Save		Certify		Report Disbursements		Cancel		
FEDERAL FINANCIAL REPORT (Prescribed by OMB A-102 and A-110)								
1. Federal Agency and Organizational Element to Which Report is Submitted G99-ADMINISTRATION FOR CHILDREN - HQ				2. Federal Grant or Other Identifying Number				
3. Recipient Organization (Name and complete address including Zip code) TESTORG01 Test address street 01 GERMANTOWN, MD, 20876								
4a. DUNS Number 999999999		4b. EIN 1777779999A3		5. Recipient Account Number or Identifying Number		6a. Report Frequency Quarterly	6b. Report Type Interim Report	7. Basis of Accounting Cash
8. Project/Grant Period(month,day,year) From: To:				9. Reporting Period End Date(month,day,year) 09/30/2016				
10. Transactions (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use Report Disbursements):								
a. Cash Receipts						8,050,000.00		
b. Cash Disbursements						0.00		
c. Cash on Hand (line a minus b)						0.00		

Federal Financial Report Attachment

[Return To](#)

https://pms.psc.gov/resources_and_training/fctroverview.html

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

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AMENDMENTS

Amendments

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

Common Amendments

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

Carryover of Funds

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

Carryover Required Documents

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

No Cost Extension

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

No Cost Extension Required Documents

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

Other Amendments

Significant Rebudgeting (Budget Modification) Required Documents

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

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

Change in Key personnel Required Documents

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

Submitting an Amendment to ACL

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

Submitting an Amendment to ACL

GrantSolutions.gov

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

My Grants List

Maine Department of Health and Human Services

[Show Expired Grants](#)

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

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

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

Submitting an Amendment to ACL

The screenshot shows the GrantSolutions.gov website in a Windows Internet Explorer browser. The page title is "Manage Amendments". Below the title, there is a summary of the grant details:

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

Below the summary is a table of amendments:

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

A blue arrow points from the "Submitted (Post Award)" status in the table to a red-bordered box containing the following text:

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

At the bottom of the page, there is a footer with contact information for GrantSolutions User Support.

Submitting an Amendment to ACL

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

Scenarios

Promotional Items

- Grantee conducted a presentation with a partner to discuss Medicare. There was also someone to speak on VA benefits and Long term Care. Grantee assumed they would be speaking to residents of that facility. When grantee got there they found out it was actually marketed to the public (current residents were not invited) and it seemed very focused on why people should be looking at moving into that facility.

Should grantees be avoiding events like this where it might appear that partners are pushing a specific residential facility? The gentleman who spoke about VA Aid and Assistance is actually a financial advisor, but he does the VA counseling on a volunteer basis

- In general, grantees should avoid doing anything that makes it look like they are promoting another business. However, in this instance because the grantee provided unbiased opinions they did not compromise the program or themselves.

“In March, we purchased a flight (cost = \$560.59) for a staff member to the upcoming Austin conference. The staff member left in June 12, 2017. No refund is available for the flight, but we have been issued a credit (\$560.59) for it with a rebooking fee (\$200.00) (which may or may not be used for SMP travel due to time restrictions). The flight expense was previously charged to our SMP grant that ended May 31, 2017. Please let us know if we need to take some type of corrective action with respect to this expense.”

The credit issued falls under the definition of an “Applicable Credit”. Applicable Credits must be credited to the Federal award either as a cost reduction or cash refund, as appropriate; in the case of this credit, it would be credited as a cost reduction, since it is not a cash refund. However, since the credit received can be used towards the cost of the flight referenced below, it should then be used for the cost of this travel.

QUESTIONS?

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