

2024

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. **Sitka Totem Pole**
2. **Festival Pacific** – Exhibit of modern Kapa Cloth from Hawaiian Artist Dalani Tanahy
3. **A quill medallion created through the ANA project's traditional craft class.** Burt Lake Band of Ottawa and Chippewa Indians cultural preservation project.
4. **Montana tipis near Glacier National Park**

Introduction

BOOZHOO. ALOHA. BEZON. TA NA Á NÉE SEE. QAGAASAKUNG.
DAGOT'EE. NAYAAFABAA. MIQUE WUSH. KHAHOWYA. O-SI-YO. O'KII.
TANSI. SHODAAGE. HÅFA ADAI.

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.

Yaw[°]kó. Miigwech. Gunalchéesh. Fa’afetai. Nia:went[†]

[°] Greetings in Ojibwe, Hawaiian, Shawnee, Plains Apache, Aleut, White Mountain Apache, Inupiaq, Ute, Chinook, Cherokee, Blackfeet, Cree, Crow and Chamorro.

[†]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, state 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 (ICNAA). 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 ICNAA 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 <https://www.acf.hhs.gov/policy-guidance/hhs-grants-policy-statement>) 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:
 - With questions on ANA policies
 - With questions about the semi-annual Ongoing Progress Reports (OPRs) and other reporting requirements
 - With questions regarding how to track and monitor the project's progress

Outcome 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, outcome evaluators in the ANA Division of Program Evaluation and Planning conduct outcomes visits. The purpose of the visit is to collect information on the overall impact and effectiveness of funded projects on local communities. 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 outcome 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
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 (TTA) 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. 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 Award (NOA), 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.

Grants 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. With questions regarding program income generation
2. With questions about the financial report, the SF-425
3. 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 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.

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.

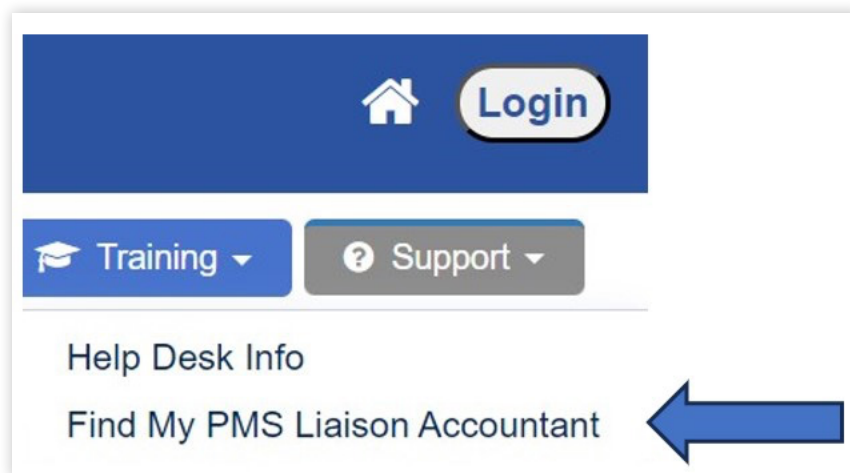


Figure: Find My PMS Liaison Accountant

To find your PMS Liaison Accountant use this link <https://pms.psc.gov/find-pms-liaison-accountant.html> or go to the PMS home page (pms.psc.gov) and click on the “Support” tab. Next choose the “Find My PMS Liaison Accountant” option.

You should now see the form below. Select the option that best describes your organization or Tribe and select more options from that pull down list.

Grants Awarded By U.S. Department of Health and Human Services (HHS) Agencies:	
HHS accounts are organized under four functional areas. Please select the area for your account to find your PMS Liaison Accountant.	
For State and US Territory Governmental Accounts Please Choose a State or Territory:	<input type="text"/> <input type="button" value="GO"/>
For University & Hospital Accounts Please Choose the State or Territory:	<input type="text"/> <input type="button" value="GO"/>
For Non-Profit & For Profit Accounts Please Choose the State or Territory:	<input type="text"/> <input type="button" value="GO"/>
For Indian Tribal Organizations Please Choose the State or Territory:	<input type="text"/> <input type="button" value="GO"/>
For International Accounts Please Choose the Awarding Agency:	<input type="text"/> <input type="button" value="GO"/>
Grants Awarded By Non U.S. Department of Health and Human Services (Non-HHS) Federal Agencies:	
Please select the specific Non-HHS Agency to find your PMS Liaison Accountant:	<input type="text"/> <input type="button" value="GO"/>

Figure: Choosing the State or Territory for Grants Awarded

Completing the above steps will allow you to find your PMS Liaison Accountant’s email information and other contact information.

Planning and Organizing

Getting a funding award is exciting and hectic all at the same time. Your approved project has a set start and end date. If you don't start implementing the work plan on time you could fall behind and not be able to catch up before the end of the first year. Any delays in the first year can have a domino effect into subsequent project budget periods. Once awarded, you need to immediately determine what the initial steps are to get your project started and how you will monitor your project. Effective project start-up helps to ensure you can handle all unforeseen challenges and complete the project successfully with minimum disruption to the timeline. Finalizing processes for carrying out your project, including the administrative activities, is important to limiting unnecessary disruptions later in the project. Examples are getting any new jobs advertised, developing data collection tools, and making sure everyone associated with the project fully understands what their responsibilities are for the project. This chapter will give you information about what needs to be done to get your project off to a good start. Management styles differ but the content of this chapter is provided to assist you in thinking through and carrying out project start-up successfully.

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.

In 2024 ANA changed how it awards new grants. All 2024 Notice of Awards (NOA) provide for up to a 3-year budget period or period of performance (see #19 on your NGA). The longer budget

period will cut down on some grant paperwork such as completing a non-competing continuation application each year in order to get your next year's funding. The only exception to the completing an NCC is for four or five-year Esther Martinez grants that will require one NCC to be submitted in Year three to years four and five, as originally requested. In addition, you will not have to submit a carry over budget amendment to bring your previous year's unspent funding forward into the next year. The decrease in grant paperwork (NCC and COB amendments), means that that you will need to closely monitor activity progress and the spending of your award funds to keep your project on schedule.

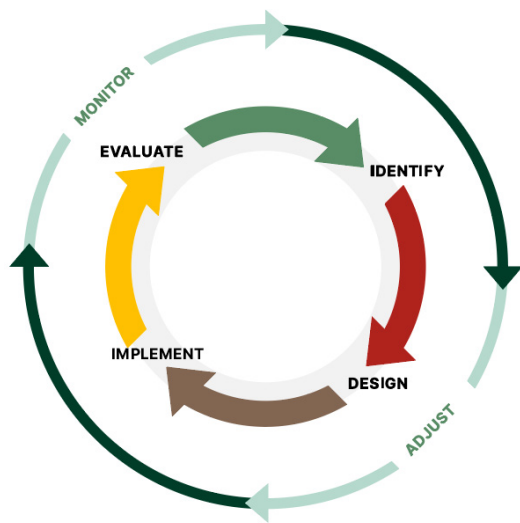


Figure: Project Cycle Diagram

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.

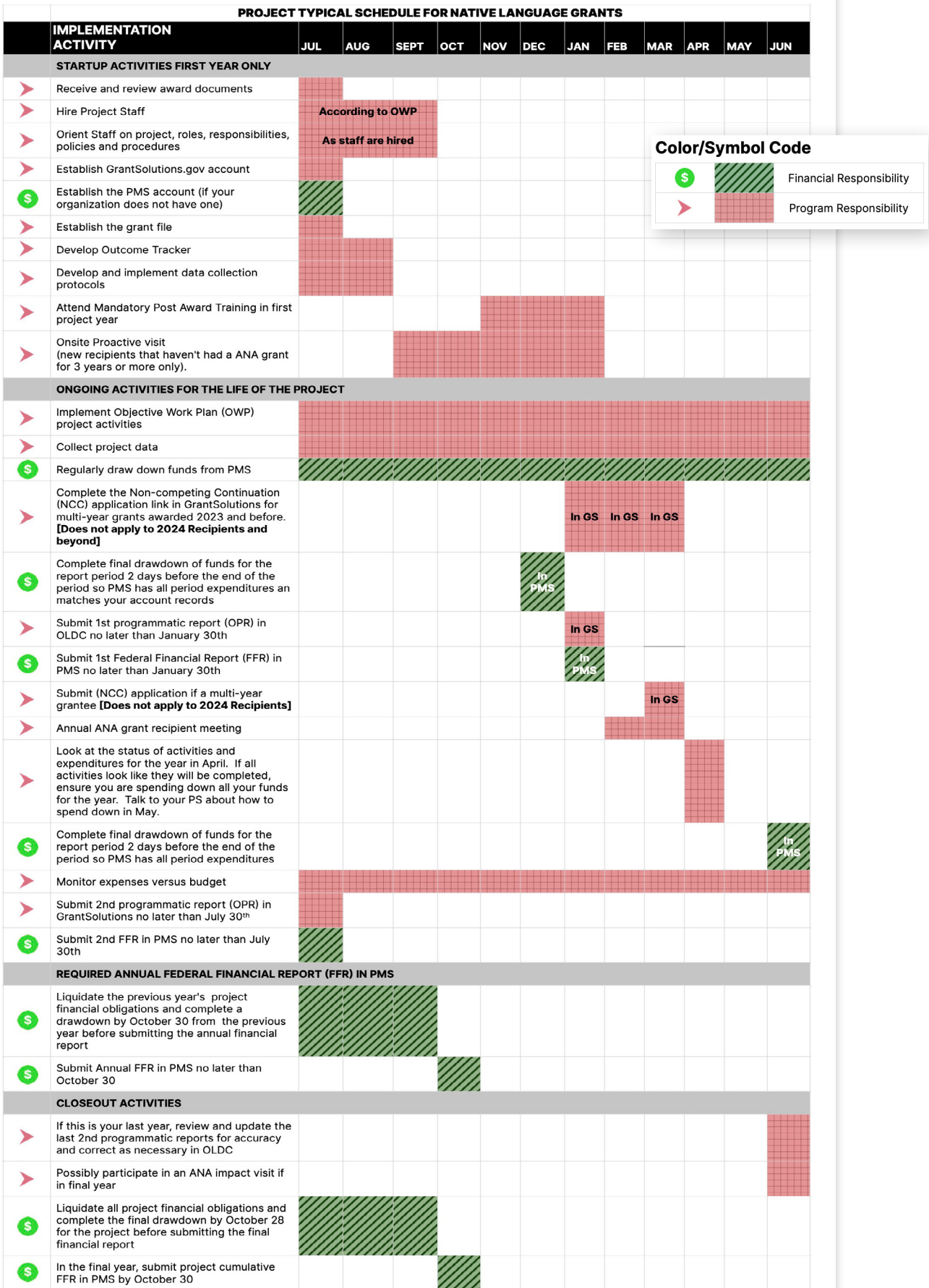


Figure: Native Language Annual Task Schedule

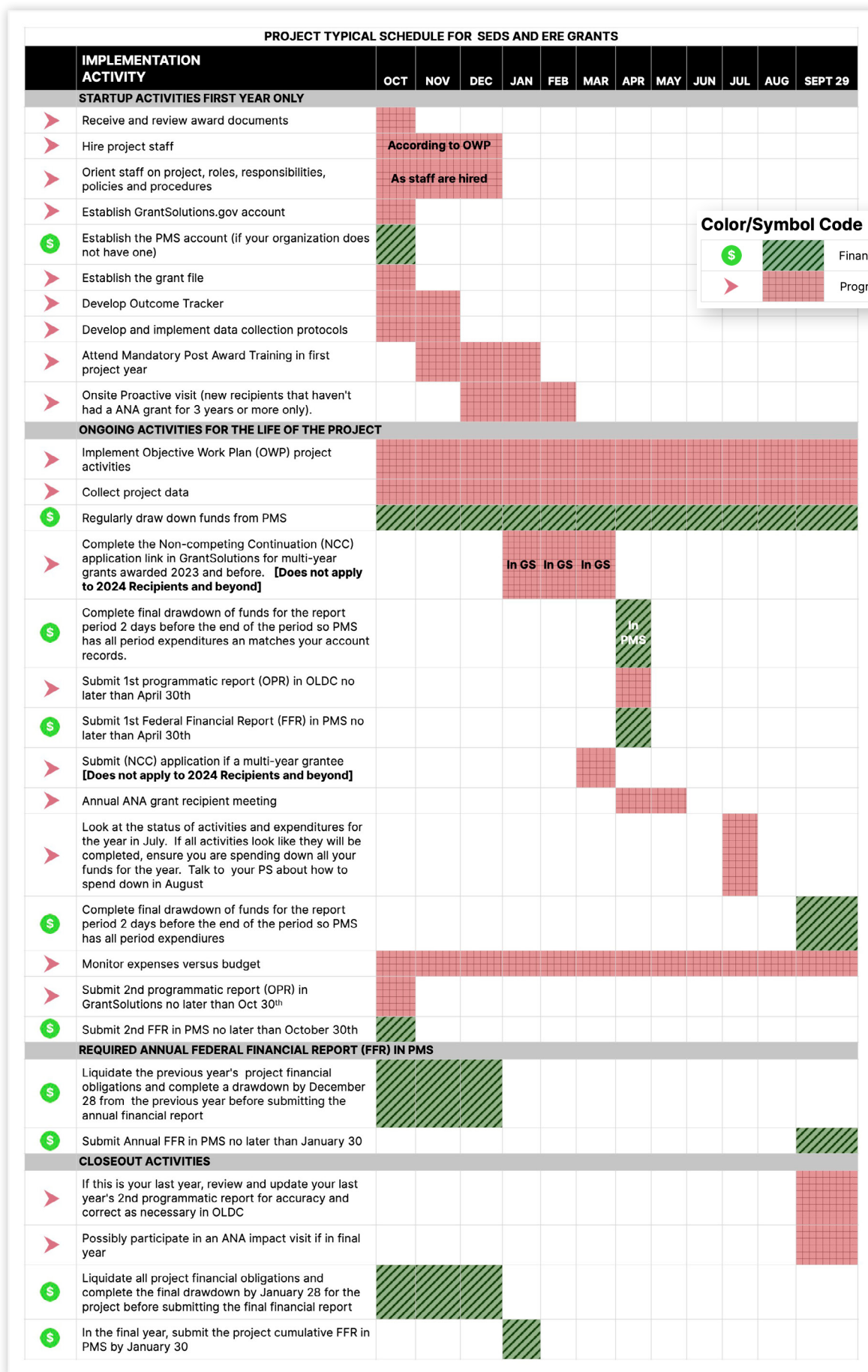


Figure: SEDS, ERE and SEDS-Alaska Annual Task Schedule

THE GRANT FILE

The grant file is a physical collection of important grant-related documentation. If you hire new staff or experience staff turnover, maintaining a grant file will enable a smooth transition and ensure that everyone is aware of the grant status and the role they play. The following is a list of recommended grant file sections:

1. Notice of Award Documents
 - a. Current Notice of Award (NOA) and Previous (NOAs) (if applicable)
2. Project Documents
3. Reporting
4. Community Involvement Documentation
5. Project Data Tracking
6. Correspondence between Recipient and ANA

Each section of the grant file section listed above is detailed below with the types of information you should include in the section. This is not all inclusive, as managers you can include other documentation that you feel is needed.

1. GRANT AWARD DOCUMENTS

There are several documents included in the grant award documents. The overall document can be as many as 20 pages. The content is discussed below.

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 such as:

- The initial NOA
- Reporting Requirements
- Information on setting up a PMS account
- Discretionary General Terms and Conditions
- 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 and email addresses.

The NOA 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 NOA 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 NOA unless prior approval has been granted by ACF/ANA. The purpose of the NOA document is to:

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

1a. When Does a Recipient Receive an NOA?

- A NOA is prepared and sent to the recipient with an award letter to signify the grant award has been made.
- A recipient will receive a new NOA when OGM issues approval for a change to the grant that requires prior approval, such as a key personnel change, budget modification, or no cost extension.

The NOA form 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 program and financial reports. The first 8 characters are the federal award identifier. They are followed by 2 digits indicating the year covered under the NOA. The last 2 digits indicate the NOA version with 00 indicating that it is the initial NOA for the budget period. Any amendments made to the award during the budget period will result in the issuance of a new NOA and the last 2 digits will change to reflect the NOA version (-01, -02, etc.)
- **Project Director or Principal Investigator:** The individual designated to be ANA's contact person on issues relating to the grant.
- **Awarding Agency Contact Information:** This is your assigned Office of Grants Management Specialist.
- **Program Official Contact Information:** This is your assigned Program Specialist. They are your first point of contact for questions on your grant.
- **Summary Federal Award Financial Information section contains:**
 - » **Budget Period.** The budget period is the time frame expenses can be incurred for grant activities.
 - » **Total Amount of Federal Funds Obligated** – this is your federal award for the project period.

» Total Approved Cost Sharing or Match – this is your non-federal share (NFS) for the budget period. The recipient must ensure that it meets the non-federal share requirement even if it exceeds the minimum amount required by law, regulation, or other ACF provision. Failure to provide this amount of NFS will result in a proportional reduction of the federal share or other disallowance action.

- Approved Budget. The federal and non-federal dollar amounts for the object class categories approved for the grant.
- Authorized Treatment of Program Income. This authorizes the use of program income generated because of grant activities.
- Award Terms and Conditions. These include both standard terms as well as special terms the government is requiring of the recipient.

2. 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 Outcome Tracker(s) – The Outcome Tracker submitted to ANA within 30 days of receiving the award and contains an approved indicator, means of measurement and annual benchmarks for tracking successful completion of each Objective.
- Current 424a and budget. The current 424a and budget must match the current NOA.
- Revised project application if applicable. The revised project application includes the information submitted during negotiations with ANA and OGM.
- Original project application. that 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 includes the information submitted during negotiations with ANA and OGM. The original project application is 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.

3. 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 Semiannual reports to ANA and 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.
- Federal Financial Report. The FFR is comprised of various reports submitted through the PMS on a semi-annual and year-end basis. More detail is provided on all reporting mechanisms in later chapters of this manual.

4. 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.

5. 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.

It is recommended that you keep detailed records of:

- Leveraged resources tracking (recommended, but not required)
- Partnership tracking, including sources of non-federal share if using volunteers, third-party vendors, etc.
- Project specific indicator tracking (Outcome Tracker)
- Photos
- Other tracking documents developed by the recipient

6. CORRESPONDENCE BETWEEN RECIPIENT AND ANA

Official and unofficial correspondence between the recipient and ANA 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 chronological order, including any requests for grant actions under the third tab.

DATA MANAGEMENT

Monitoring and evaluating your project are important parts 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, 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 and outcomes you expect to produce during the project period. It also establishes 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 specific type of data to be collected will vary based on the goal and objective(s) of the project. ANA has developed a data tracking tool that can be modified and used by recipients for

their project. There are other data issues beyond the collection plan to consider before you begin collecting data.

DATA SECURITY

Masking (securing) of participants' personal information 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 and intellectual property? Does your organization or Tribe have codes or policies that detail who has ownership of the data and intellectual property and if so, where will the final data and intellectual property 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.

The following is an example of the information that would be included in a data management plan.

RECIPIENT: _____

[illegible]

Figure: Project Data Management Table

RECIPIENT REPORTING

Upon receipt and acceptance of a grant award from ANA, the recipient is responsible for submitting progress and financial reports. Report Due dates vary by the type of grant you have.

Reporting is done by budget year. The exception are 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 unsubmitted required reports.

SEMI-ANNUAL REPORTING

- The Performance Progress Report [also known as the Ongoing Progress Report (OPR) or semi-annual OPR report] is due 30 days after the close of the six-month period. Reports are completed and submitted in the Online Data Collection System (OLDC) within GrantSolutions. An example of the OWP section of the report is contained in the Appendices. There is additional information collected in the second semi-annual report each year. The type of information collected varies based on grant type. A copy of the additional information collected for each grant type is listed in the Appendices.
- The Federal Financial Report/Financial Status Report (FFR) is due 30 days after the close of the six-month period. Reports are completed and submitted in the Payment Management System (PMS).

ANNUAL REPORTING

- The annual FFR (which is in addition to the semi-annual report) is cumulative for the year and captures funding that had not been paid out before the budget year ended.
- Tangible Property Report (SF-428) [see note below] form is filled out and uploaded to GrantSolutions as a grant note.

The two annual reports are due 90 days after the close of the budget year.

CLOSEOUT REPORTING (END OF GRANT)

ANA does not have a programmatic close out report. They would like all recipients to carefully review the second semi-annual report the final year of their project before submitting the OPR report for the last year of your project. As you review your report, make sure to look at prior year activities and update the description and/or status if it has changed since the submission of the original report. The review of past OPR reports is due when the second semi-annual report is due 30 days after the end of the project period (7/30 for Native Language grants and 10/30 for SEDS and ERE grants). The semi-annual report summarizes project accomplishments. The reports are in the Online Data Collection System (OLDC) in GrantSolutions if you do not have copies in your files.

- Final FFR (Cumulative all project years). Your FINAL FFR is due 120 days after the end of the project and is submitted in the Payment Management System (PMS).
- Tangible Personal Property Report Final Report (SF-428). Recipients that purchase any tangible personal property (general equipment examples include, but are not limited to, vehicles, trailers/modular units (not affixed to land), and portable generators) are required to complete a Final SF-428 report which should also be submitted along with the final report within 120 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.

NOTE

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 REPORTING INFORMATION
NATIVE LANGUAGE GRANT RECIPIENTS

Report	Frequency	Report Period	Due	Where to Submit
FFR (SF-425) Federal Financial Report	Twice a Year and Annual Reports	July 1 to December 31 January 1 to June 30 Cumulative for the Year	January 30 July 30 September 30	http://pms.psc.gov
OPR Ongoing Progress Report	Twice a Year**	July 1 to December 31 January 1 to June 30	January 30 July 30	http://grantsolutions.gov In the OLDC system
SF 428 Tangible Personal Property Report	Annually and At the End of the Project Period	Cumulative for the Year Cumulative for All Years of the Project	September 30 October 30 of the year the project ends	http://grantsolutions.gov Upload as a grant note

Figure: Native Language Reporting Requirements

ANA REPORTING INFORMATION
SOCIAL AND ECONOMIC DEVELOPMENT STRATEGIES/ENVIRONMENTAL REGULATORY ENHANCEMENT GRANT RECIPIENTS

Report	Frequency	Report Period	Due	Where to Submit
FFR (SF-425) Federal Financial Report	Twice a Year and Annual Reports	September 30 to March 31 April 1 to September 30 Cumulative for the Year	April 30 October 30 December 30	http://pms.psc.gov
OPR Ongoing Progress Report	Twice a Year**	July 1 to December 31 January 1 to June 30	April 30 October 30	http://grantsolutions.gov In the OLDC system
SF 428 Tangible Personal Property Report	Annually and At the End of the Project Period	Cumulative for the Year Cumulative for All Years of the Project	December 30 January 30 of the year the project ends	http://grantsolutions.gov Upload as a grant note

Figure: SEDS and ERE Reporting Requirements

NOTE

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.

Please see the back cover for regional TA center contact information.



Chapter 2

GrantSolutions

GrantSolutions

GrantSolutions is an online grants management system that Federal staff utilize to monitor awards and approve any grant amendments. Recipients use this site to access their grant documents and submit and track requests for changes and continuations to their projects. [GrantSolutions.gov](https://grantsolutions.gov) is the website that houses the various modules used by the system, including the Grants Management Module (GMM), where the grant files and amendments can be submitted, as well as the On-Line Data Collection (OLDC), where recipient Ongoing Progress Reports (OPRs) are completed and submitted. Specifically, it is where:

- The official electronic grant file and history are available, including:
 - Approved application
 - Notice of awards
 - Awarded amendments
 - Official correspondence
- 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.

Setting Up a Login.gov Account

NOTE

The Login.gov sign-up process is regularly improved and updated. Screenshots contained in this manual are up-to-date as of the time of publication, but may become outdated. Check Login.gov's registration guide for current guidance.

GrantSolutions uses the generic government services login entitled [Login.gov](https://login.gov). If you do not have a Login.gov account, please use the following process for creating one:

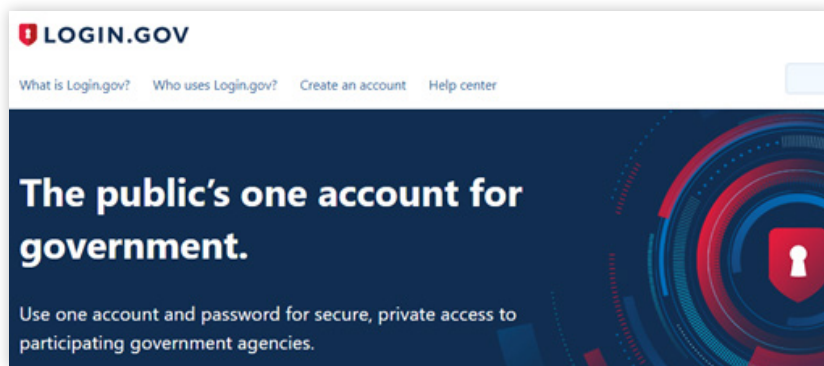


Figure: Login.gov home page screenshot

1. In your browser go to <https://login.gov>
2. Just above the navy-blue graphic on the top left of the page, find and click on the “Create an account” button.



1. Email address

- We recommend a personal email address that you'll always be able to access rather than a work email address.
- If you already have an account with Login.gov with that email address, we'll send you an email to let you know how you can reset your password and access the account.



2. Secure password

- Passwords must be at least 12 characters and should not include commonly used words or phrases.



3. One or more authentication methods such as:

- **More secure**
 - Face or touch unlock
 - Security key
 - Authentication application
 - Federal government employee or military identification (PIV/CAC)
- **Less secure**
 - Text/voice message
 - Backup codes

Figure: Screenshot for creating an account with Login.gov

3. Read the directions for creating an account.
4. Scroll down to the “Create an account” blue button at the bottom center of the page.

LOGIN.GOV

Create your account

Enter your email address

Select your email language preference
Login.gov allows you to receive your email communication in English, Spanish or French.

☒ English (default)

☐ Español

☐ Français

☐ I read and accept the Login.gov [Rules of Use](#)

Submit

Figure: Login.gov Account Creation Step 1

5. Enter your email in the top box on the page. (If you were listed on the revised SF-424 form submitted during negotiations, please use the same address provided on the revised SF-424).
6. Select the email language preference of English, Spanish or French in the radio buttoned list.
7. Click on the small blue box to indicate that you have read and accept the Login.gov Rules of Use.
8. Click on the blue submit button below the check box to continue the process or click on the word "Cancel" at the bottom of the page to exit the process.
9. If you choose to cancel, nothing is saved.

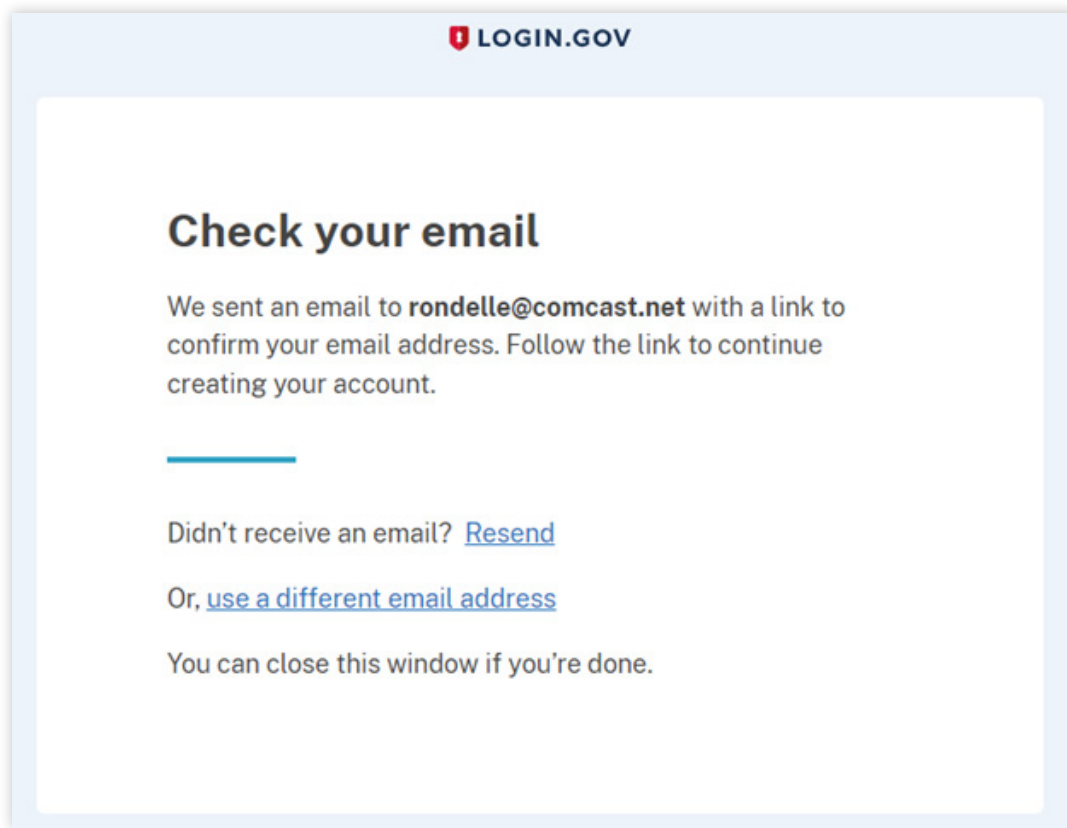


Figure: Login.gov Account Creation Step 2

10. Open a separate browser screen.
11. Go to your online email service website.
12. Log into your email.
13. Check your inbox and if necessary, your spam/junk email box for an email from login.gov.
14. Email:
 - a. If you find an email from login.gov then open it. Proceed to the next step.
 - b. If you do not find an email from login.gov, then go back to the browser page "Check your email" and click on the "Resend" link. Go back to the browser page for your email and refresh the page. Remember it can take several minutes for you to get the email. If you still don't have an email from login.gov you can either call the Help Desk or go to step 14c.
 - c. Return to the "Check your email" screen and click on the "Use a different email address" link. That link will take you to the beginning of the process to enter a new email address. Find the blue button in the email and click on the blue "Confirm email address" button. A new browser screen should appear to create a password.



Confirm your email

Thanks for submitting your email address. Please click the link below or copy and paste the entire link into your browser. This link will expire in 24 hours.

Confirm email address

[https://secure.login.gov/sign_up/email/confirm?
_request_id=&confirmation_token=m6x9zpg_TyzmzNQ5pkBT](https://secure.login.gov/sign_up/email/confirm?_request_id=&confirmation_token=m6x9zpg_TyzmzNQ5pkBT)

Please do not reply to this message. If you need help, visit www.login.gov/help

[About Login.gov](#) | [Privacy policy](#)

Figure: Login.gov Confirm your email screenshot Step 3

15. Find the blue button in the email and click on the blue “Confirm email address” button. A new browser screen should appear to create a password.
16. If that doesn’t work then copy the URL address below the blue box and paste it into a new browser screen. A new screen to create a password should open up.
17. If neither of the two methods above work, visit <http://www.login.gov/help>.

LOGIN.GOV

✓ You have confirmed your email address

Create a strong password

It must be at least 12 characters long and not be a commonly used password. That's it!

Password ☐ Show password

Password strength: ...

Continue

[Password safety tips](#) +

[Cancel account creation](#)

Figure: Create a strong password screenshot Step 4

18. Enter a strong password with capital and lower case letters, numbers and special characters that is at least 12 or more characters.

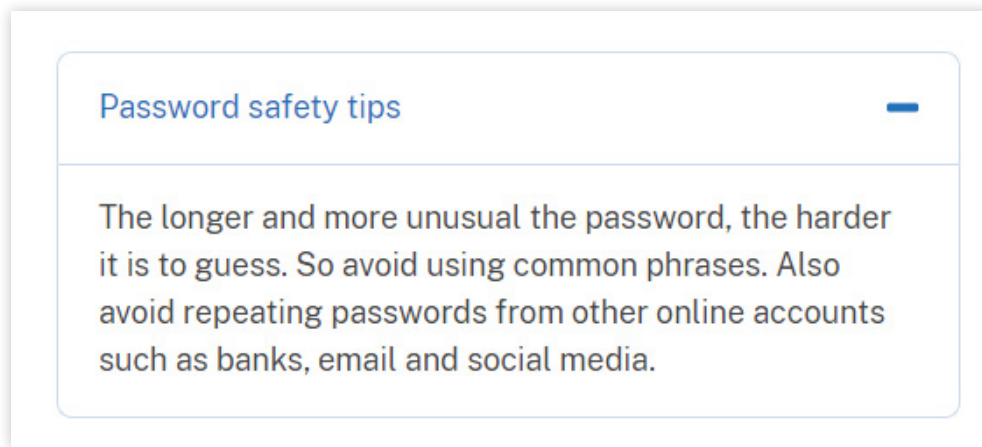


Figure: Tips on how to improve password security pop up window

19. Click in the check box to see your password. Copy it and store in a safe place.
20. Click on the “Continue” button or click on the “Cancel account creation” button to exit the process.

NOTE

If you click on “Cancel account creation” nothing will be saved and you will have to start the process from the beginning.

Authentication method setup

Add another layer of security by selecting a multi-factor authentication method. We recommend you select at least (2) two different options in case you lose one of your methods.



Face or touch unlock

Your device scans your face or fingerprint and confirms the information is a match to the images you already have stored on your device. We do not copy or store these images.



Security key

A physical device, often shaped like a USB drive, that you plug in to your device.



Government employee ID

PIV/CAC cards for government and military employees. Desktop only.



Authentication application

Download or use an authentication app of your choice to generate secure codes.



Text or voice message

Receive a secure code by (SMS) text or phone call.



Backup codes

A list of 10 codes you can print or save to your device. When you use the last code, we will generate a new list. Keep in mind backup codes are easy to lose.

Continue

Figure: Step 5 Login.gov account creation-Authentication Methods Setup

21. Select at least 2 authentication methods by selecting the radio buttons next to your two methods.
22. Click on the “Continue” button to finalize your account on the next screen or click on the “Cancel account creation” button to exit the process.

The screenshot displays the Login.gov account information page. At the top, the Login.gov logo is on the left, and a 'Welcome' message with a redacted name and a 'Sign out' link is on the right. Below the header, a green notification bar states 'A phone was added to your account.' with a checkmark icon. A central section features a user profile icon, a red shield icon, and a smartphone icon, followed by text about accessing government benefits and a link to 'Learn more about Login.gov'.

The main content area is divided into two columns. The left column is a sidebar with the following sections:

- Your Account**
 - Add email address
 - Edit password
 - Delete account
- Your authentication methods**
 - Add phone number
 - Add authentication apps
 - Add Face or Touch Unlock
 - Add security key
 - Add federal employee ID
 - Get backup codes
- Your connected accounts**
- History**
 - Forget all browsers
- Customer support**

The right column contains the following sections:

- Your account**
 - Email preferences**
 - Email addresses**: A text input field with a redacted email address and a '+ Add new email' button.
 - Language**: A dropdown menu showing 'English' with an 'Edit' link.
 - Password**: A text input field with masked characters and an 'Edit' link.
 - Phone numbers**: A text input field showing '+1 [redacted] [redacted] (default)' with a 'Manage' link and a '+ Add phone' button.
 - Face or touch unlock**: A text input field with a redacted name and a '+ Add face or touch unlock' button.

Figure: Screenshot of your new Login.gov account information page

Congratulations you now have a Login.gov account. If necessary, you can make any edits to your account on this screen at any time. You can access this screen by visiting <https://www.login.gov> and signing into your account. This is where you can make changes to your account.

NOTE

The Office of Grants Management (OGM) automatically links the grant to the contact person and authorizing official representative listed on the revised SF-424 submitted during negotiations. If you were listed on the SF-424 form then you should be able to log into GrantSolutions with your Login.gov account.

If you were not listed as the contact person or authorizing official representative on the revised SF-424 submitted during negotiations, there is one more step that must be completed.

The final step in the process of getting access to the ANA grant information in GrantSolutions is to provide the email address you used to set up your Login.gov account to your Program Specialist. Please be specific when emailing your Program Specialist. State that you want your email address linked to your ANA grant in GrantSolutions. In addition, provide your grant number, name of your tribe or organization and the email address that is tied to your Login.gov account. Your specialist has many grants they oversee; if more than a couple days has passed and you still don't have access to your grant, please call or email a reminder to them.

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 SF-424 and one for the Principal Investigator/ Project Director (PI/PD). Your Program Specialist will confirm during their introductory call the assigned account holders that 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 help you initiate that process.

Use the screenshots and instructions to log into GrantSolutions.

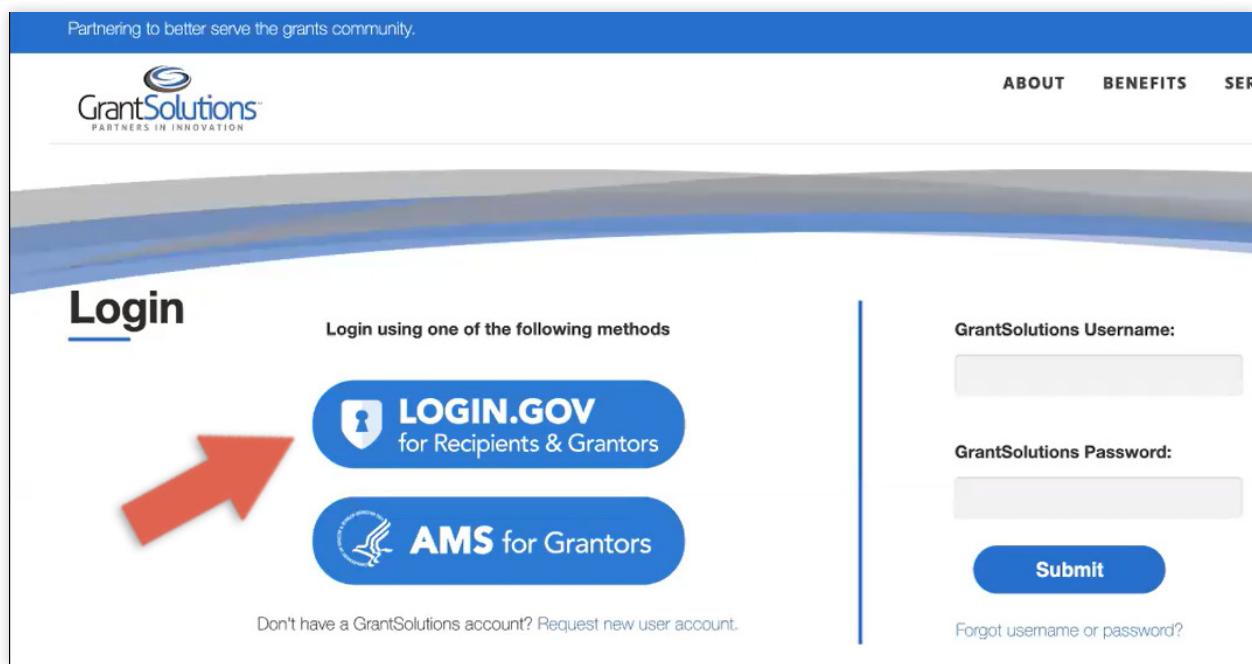
The screenshot shows the GrantSolutions login page. At the top, there's a blue header with the text "Partnering to better serve the grants community." and the GrantSolutions logo. Navigation links for "ABOUT", "BENEFITS", and "SER" are on the right. The main heading is "Login". Below it, a subheading says "Login using one of the following methods". There are two large blue buttons: "LOGIN.GOV for Recipients & Grantors" and "AMS for Grantors". A red arrow points to the "LOGIN.GOV" button. To the right of these buttons is a form with fields for "GrantSolutions Username:" and "GrantSolutions Password:", followed by a "Submit" button. At the bottom, there's a link for "Forgot username or password?" and a text link: "Don't have a GrantSolutions account? Request new user account."

Figure: GrantSolutions Login screen shot

1. To set up your GrantSolutions account click on the "Login.gov for Recipients and Grantors" button.

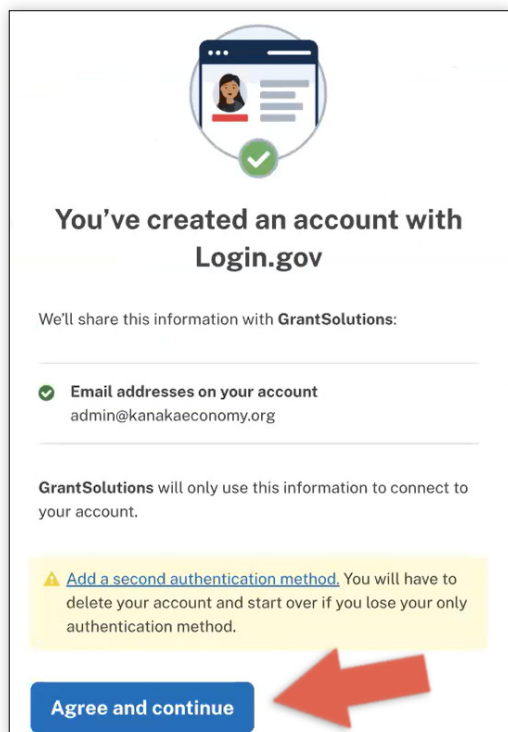
The screenshot shows the "You've created an account with Login.gov" confirmation page. At the top is a circular icon with a checkmark. The heading is "You've created an account with Login.gov". Below it, it says "We'll share this information with GrantSolutions:". There's a green checkmark icon followed by the text "Email addresses on your account" and "admin@kanakaeconomy.org". Below that, it says "GrantSolutions will only use this information to connect to your account." There's a yellow warning box with a triangle icon and the text: "Add a second authentication method. You will have to delete your account and start over if you lose your only authentication method." At the bottom is a blue button labeled "Agree and continue" with a red arrow pointing to it.

Figure: Login.gov-GrantSolutions Connection Confirmation page

2. You will see this screen. Go to the bottom screen and click on the "Agree and Continue" button.

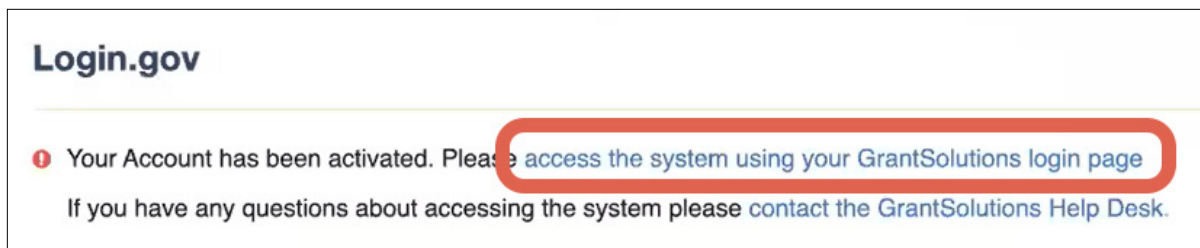


Figure: Link to GrantSolutions login page

3. Now you will be taken to this GrantSolutions page. Toward the bottom you will see a Login.gov section. Click on the blue link that says: Please "access the system using your GrantSolutions login page"

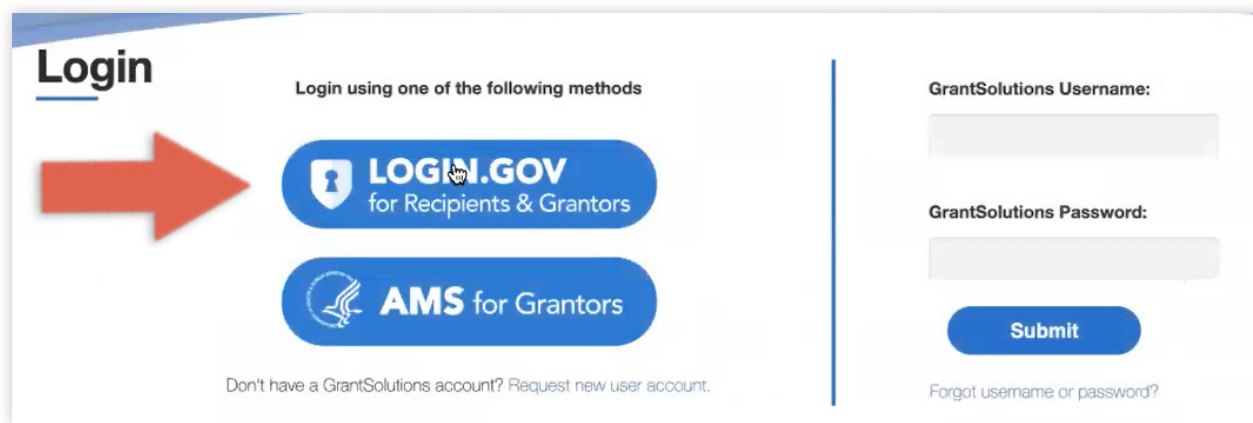


Figure: GrantSolutions Login screen

4. On the GrantSolutions login page you will again choose the "Login.gov for Recipients and Grantors" button.

Navigating GrantSolutions

The My Grant List screen is the first screen you will see after logging in. The screen shown below is similar to what you will see. Recipients with only the one grant in the system will see one grant card on the page. If you are working on more than one HHS grant you may see multiple grant cards.

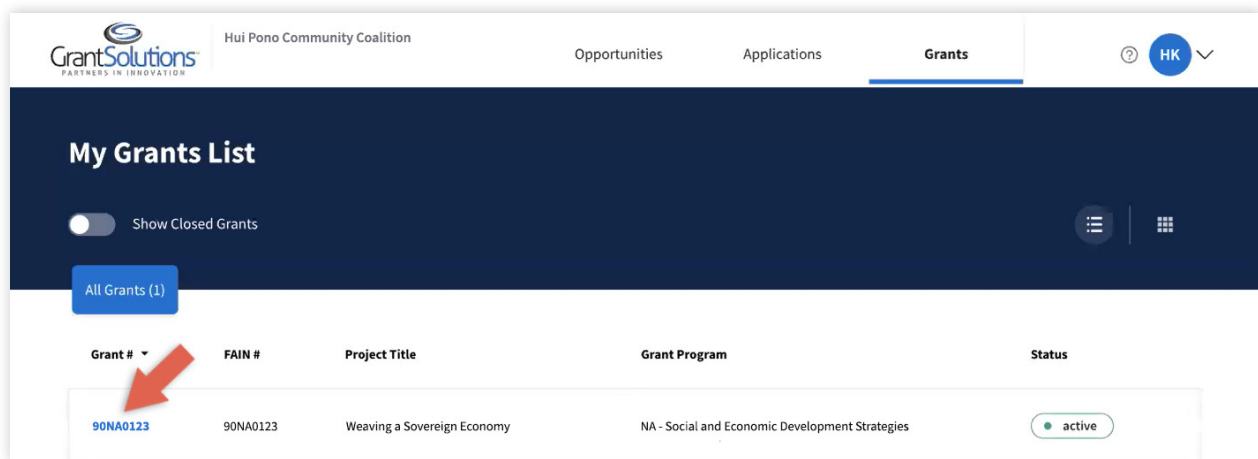


Figure: My Grants List Screen

1. Once you login to GrantSolutions, you will be taken to the “My Grants List” page. Click on the ANA grant number you would like to view.

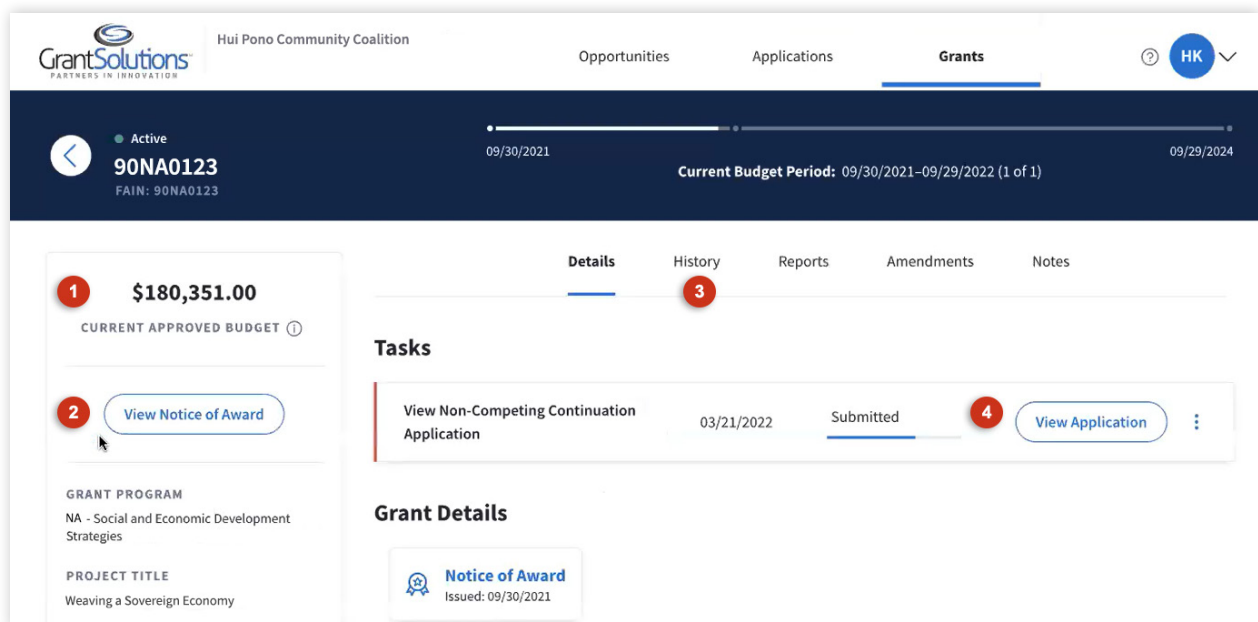


Figure: My Grants Details Screen

2. You can find the following:
 - 1) Current Approved Budget
 - 2) Notice of Award
 - 3) Grant History, (Financial) Reports, Grant Amendments, Grant Notes
 - 4) View your application

Take some time to get familiar with the options on this page.

Getting Help Using GrantSolutions

GRANTS TAB

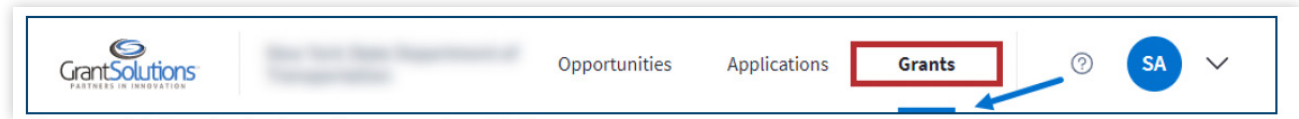


Figure: Global Navigation bar with Grants tab indicator

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

HELP CENTER ICON

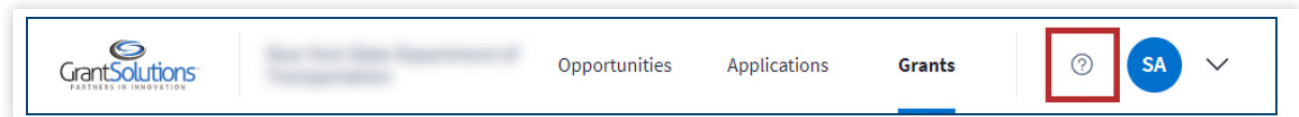


Figure: Global Navigation bar with Help Center icon

2. Click the Help Center icon to the right of the grants tab to access help and support resources.



Figure: Grant Recipient Support and Reference screen

3. Users are routed to the “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.



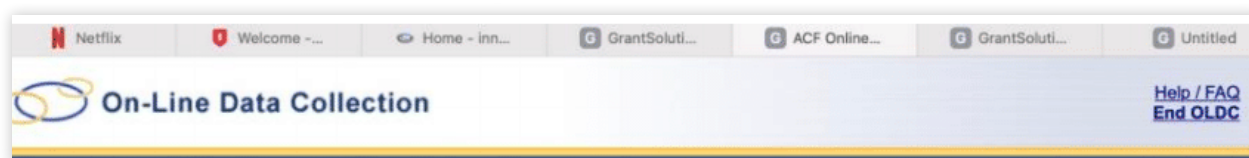
Chapter 3

Ongoing Progress Report (OPR)

Accessing the Online Data Collection (OLDC) Portal

REQUESTING ACCESS TO ONLINE DATA COLLECTION (OLDC)

Did this message pop up when you tried to access OLDC?



OLDC user mapping not found for the user. Please contact User Support at 866-577-0771 or help@grantsolutions.gov.

Figure: Online Data Collection Header Graphic

This means you will need to request access first.

New grant recipients or staff will need to request access to OLDC in order to complete the required semiannual Ongoing Progress Reports (OPR). Below are the instructions for filling out the **Request for Online Data Collection Access** form.

Read all instructions at the top of the form before filling it out.

OLDC Request Form			
PERSONAL INFORMATION			
First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>		
Title*:	<input type="text"/>	Phone Number:	<input type="text"/>
Street Address:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
E-Mail Address:	<input type="text"/>		
Browser Name (e.g. Internet Explorer, Netscape, Firefox):		Browser Version (e.g. 4.0.1):	
<input type="text"/>		<input type="text"/>	

*Required for person with the role Certify with Signature Authority

Figure: Online Data Collection Header Graphic

1. Fill in the Personal Information section. This should include information for the person who is requesting access to OLDC.

Person Type (Please select one): ☐ Federal (ACF Federal Staff) ☐ Contractor (ACF Contractor) ☐ Non-Federal (Grantee Staff)

Do you currently have an OLDC account? ☐ Yes ☐ No

For which State(s)/Territory(s)/Tribe(s)/Grant do you need access?

Do you need access to all EINs associated with the State(s)/Territory(s)/Tribe(s)/Grant? ☐ Yes ☐ No

If No, please specify the necessary EIN(s):

Are you replacing someone or taking on responsibilities previously assigned to a co-worker? ☐ Yes ☐ No

If Yes, please complete the contact information for that person below:

First Name: Last Name:

E-mail Address: Phone Number:

Figure: Part 2 of the OLDC Form

2. Next fill in the Person Type section.
 - a. For Person Type, select “Non Federal (Grantee Staff)”
 - b. For which State(s)/Territory(s)/Grant do you need access?, enter your organization/ Tribe name and your ANA grant number
 - c. The remaining questions should be answered for your situation.

For the next section you will need to refer to the following charts (Job Types and Roles) at the top of the form. Use this information to fill out the last section of the form:

List of Job Types

ACF Staff	Grant Partners
C/O Grants Officer - All grant information from the Central Office Grants Specialists is reviewed by a Central Office Grants Officer. Central Office Grants Officers have the authority to review and approve the grant information of a specific program.	Grant Administrator - Person responsible for assigning roles to staff members working with a specific program or grant. May also create new users for their organization The Grant Administrator is assigned all roles available to non-federal customers.
C/O Specialist - Receives Recommendations from the Regional Grants Officers and prepares the grant for the Central Office Grants Officer.	Data Entry Person - Person responsible for entering grant report data into OLDC. The Data Entry Person is able to create and edit grant reports by default. Additional roles may be given, including Certify, Submit, and Unsubmit.
R/O Grants Officer - The authority to review and approve the grant information of a specific grantee within a particular region.	Authorized Official - Person directly involved in the processing of the grant. This might be a Financial Officer (FO) in charge of budgeting the grant, or a member of an audit team. An Authorized Official has view-only and Certify roles by default. Additional roles such as Submit may be assigned to the Authorized Official.
R/O Specialist - The authority responsible for processing the grant information of a specific grantee within a particular region.	Grant Director - Manager of the grant recipient. The default roles are View-only and Certify. The Grant Director may be given other available permissions if required.
View-Only - Read and print report forms, but cannot perform any action such as data entry.	View-Only - Read and print report forms, but cannot perform any action such as data entry.

List of Roles

Roles	Role Abbreviation	Roles	Role Abbreviation
Certify with Signature Authority	C	Delete Grant Form†	DF
Director Signature Authority	D	Revise Submitted Grant Form†	RF
Submit Grant Form*	S	Export Files from OLDC†	EX
Unsubmit Grant Form*	US	Import Files to OLDC†	IM
Add File Attachments†	AA	RO Acceptance**	RA
Create New Grant Form†	CF	CO Acceptance**	CA
Edit Existing Grant Form†	EF		

*These additional roles must be assigned to at least one person per Grant.

** ACF Staff Only

† These roles are automatically assigned to the Data Entry Job Type.

Figure: OLDC Chart of List of Job Types and List of Roles Fields for the OLDC Access form Part 3

Programs:	Forms:	Job Type: (One Per Program)	Additional Roles:	Primary * Contact:	E-Mail Notification upon Submit and Unsubmit:
<input type="checkbox"/>	<input type="checkbox"/> All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Forms:				
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/> All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Forms:				
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/> All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Forms:				
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		
	Form Name(s): <input type="checkbox"/>		<input type="checkbox"/>		

* **Primary Contact** must be checked for someone who needs the Certify capability.

Figure: Part 3 of the OLDC form

3. In the Programs column, write out the complete name of the program your organization or Tribe is funded under:
 - Social and Economic Development Strategies
 - Social and Economic Development Strategies - Alaska
 - Native American Language Preservation & Maintenance
 - Native American Language Preservation & Maintenance-Esther Martinez Immersion
 - Environmental Regulatory Enhancement
4. Leave the Forms column blank.
5. In the Job Type column, select the appropriate job type listed in the Grant Partner column in the Job Type table.
6. In the Additional Roles column, select the appropriate role listed in the Role Abbreviation column in the Role table.
7. Once you have completed the form, email to help@grantsolutions.gov. Processing time takes up to 4 business days.

To access the Ongoing Progress Report (OPR) you need to get into the Online Data Collection (OLDC) system.

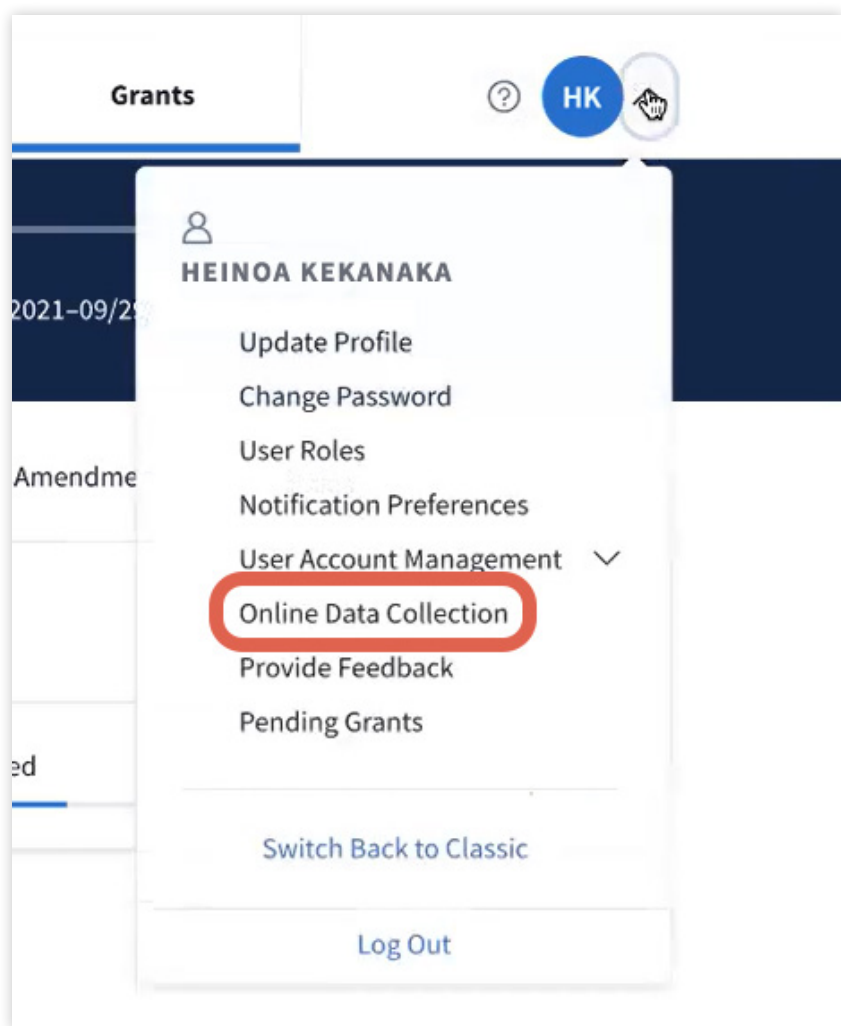


Figure: OLDC Access Link Location

1. At the top right of your grant navigation page you will see your initials in capital letters.
2. Click on the pull-down list next to it and choose "Online Data Collection." You will be taken to the Online Data Collection page.

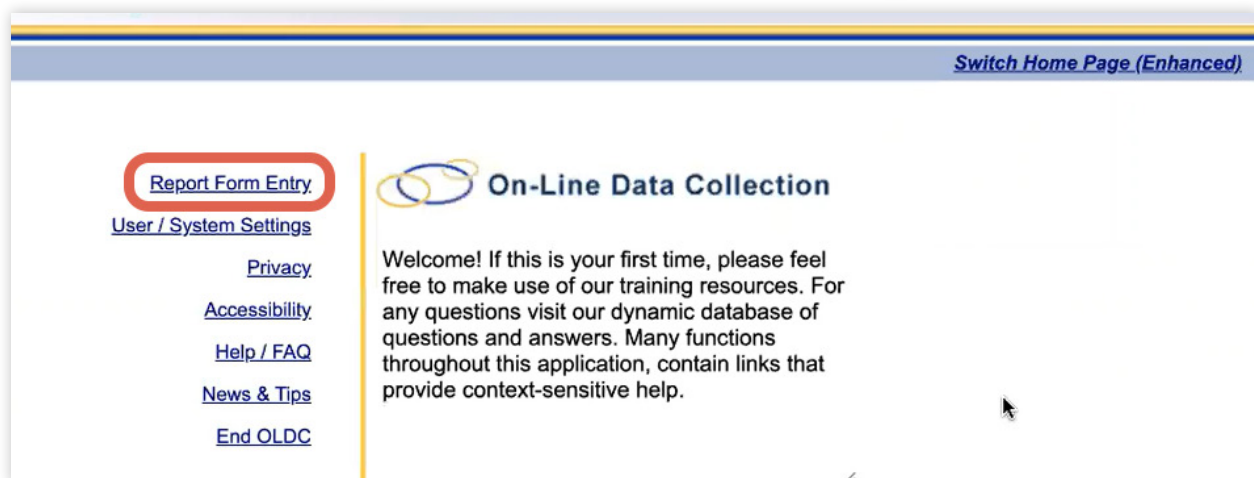


Figure: The OLDC System Homepage Screenshot

3. Click on the top entry “Report Form Entry” of the vertical link list on the left side of the screen.

Figure: OLDC Report Form Selection Page

4. The Program Name and Recipient Name field will be automatically populated with your grant information.
5. Select the Performance Progress Report (OPR) from the Report Name field by selecting the dropdown menu and finding the correct report.

Form Selection

Program Name: NA - Social and Economic Development Strategies

Grantee Name: HI [1 987654321A1] (2020-----) Hui Aloha Community Coalition

Report Name: Performance Progress Report (OPR)

Funding / Grant Period: 09/30/2021 - 09/29/2024 NA0 (90NA0123)

Show 15 entries Search:









Reporting Period	Type	Report Status	Due Date	Actions
04/01/2024 - 09/29/2024	Semi-Annual			+
09/30/2023 - 03/31/2024	Semi-Annual			+
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	Initialized	10/29/2022	   
09/30/2021 - 03/31/2022	Semi-Annual	Submission in Review by CO	04/30/2022	   

Figure: OLDC Form Selection Expanded

6. You will see a list of required Semi-Annual Reporting for the entire project period.
7. Review the list to find the correct report for the current reporting period, then
8. Select the plus icon in the far right column titled, "Actions."
9. If you have already initiated the report, you will see additional icons appear. By hovering your cursor over the icon, you will see what each one allows you to do.
10. Click the action for "Edit".

Show 30 entries Search:

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

Showing 1 to 9 of 9 entries

Previous Next

[View Attachments](#) [Print Full Report](#)

Figure: Progress Report Navigation Page

A new page will appear with a listing of each report section after clicking the plus sign. Each section has a dropdown menu with actions that you can select, as well as a status. If you've begun the report, but have not saved anything yet, the Section Status will read "Initialized."

From the Cover Page row go to the middle column and activate the drop down by clicking the small down arrow and selecting "Edit" and the cover page will load.

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
Ongoing Progress Report (OPR)
Cover Page**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: 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 Amy.Zukowski@acf.hhs.gov.

1. Grantee Name Administration for Children and Families 2. Grant Number 90NA0123 3a. DUNS Number ABC1DE234F56
3b. EIN 1234567890A1

4. Recipient Organization Hui Pono Community Coalition
Address Line 1 12-345 KEALA ST
Address Line 2
Address Line 3
City MAKAWAO State HI Zip Code 95555 Zip Ext.

5. SF-425 Submitted to the Payment Management System (PMS)?
☐ Yes
☐ No

6. Project Period
Budget Period Year Covered in the Report: Select Start Date: End Date: 7. Reporting Period End Date: 09/29/2022 8. Report Frequency
☐ 1st semi-annual (mid-year)
☐ 2nd semi-annual (end of budget period)

9. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)
Project Title: Weaving a Sovereign Economy
Report prepared by: Name Date:
Email Address: Telephone Ext.

10. Other Attachments:

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.

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)

Figure: OPR Cover Page

- Review the information carefully to be sure the information is accurate and fill in any blank fields before moving on.

Previous Section Save View/Add Attachments Validate Next Section

Figure: Enlarged view of Navigation Bar

- At the top of the page, you'll see a navigation bar. Click on the "Save" button to any edits you make

13. Once you have saved your work you select “Next Section” to move on to the next page.

NOTE

The “Validate” button is used when you are finished filling in the report. Selecting Validate will check for errors.

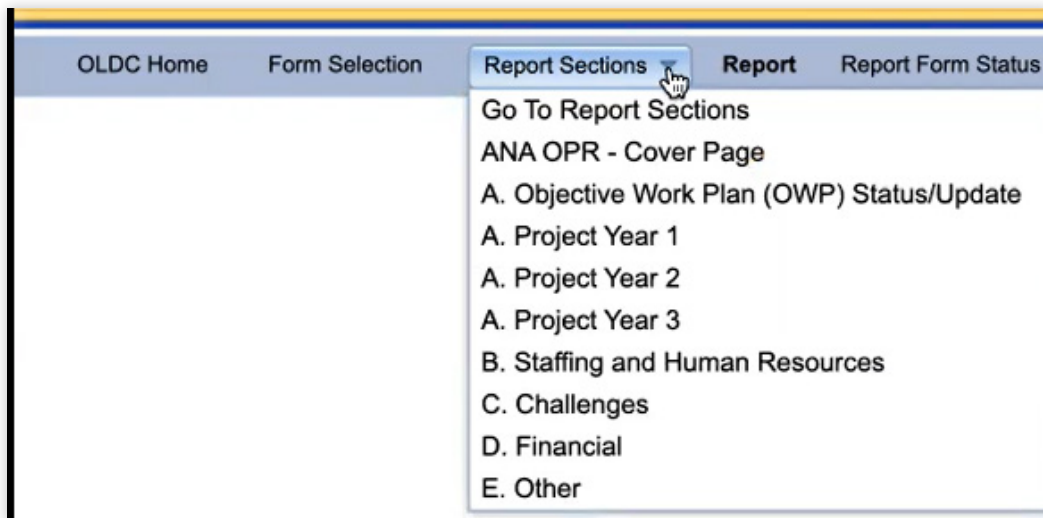


Figure: Section Navigation Screenshot

NOTE

If you need to take a break and come back to edit the OPR, you can jump to a specific report section by using the dropdown menu at the top of the webpage as shown above.

The image above shows an alternate method for navigating to the different sections of the report.

ADMINISTRATION FOR CHILDREN AND FAMILIES	Expiration Date: 09/30/2023
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? <input type="radio"/> Yes <input checked="" type="radio"/> No	
2. Please describe any changes to your work plan and if you requested the change from the ANA office.	
N/A	

Figure: Section A. Objective Work Plan (OWP) Status/Update

14. Fill in the answers to the two questions in this section.
15. Click Save on the navigation panel.
16. Click Next Section on the navigation panel.

NOTE

Remember to press the “Save” button every 15 minutes or so. The system will time out for security purposes. You don’t want to lose your work.

The following several sections will ask you to report on project accomplishments, including the status of each activity and the outputs your project generated. Be thorough in reporting the details of your activities, quantify any activity you can. You’ll also need to select whether the activity is completed, ongoing, delayed or not applicable. If you are delayed for any reason at this halfway point during the current project year, then explain why and how you intend to catch up.

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

A. Project Year 2

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:

Completed (select if activity is complete)
 On-going (select only if activity is supposed to continue past this reporting period according to the OWP)
 N/A this reporting period (select if activity is scheduled to start after this current reporting period)
 Delayed (select if activity is not completed by the originally anticipated end date and is still active)

Goal:
 To increase the number of traditional weavers able to generate earnings above the area median household income from their work.

Year: 2

Objective # 1

Objective Statement:
 By the end of 36 months, 6 part-time masters weavers will achieve two months of consecutive sales at least 175% of their personal historical average.

	<u>Milestone Activities</u>	<u>Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).</u>	<u>Outputs</u>	<u>Describe the status of each Output</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Status of Activity (see instructions above)</u>
<u>1</u>	Convene weaver hui for retreat		* Adopt, by consensus, cultural guidelines for selling weavings.		09/30/2021	12/31/2021	N/A this quarter
<u>2</u>	Secure partnerships with three high-end retail partners.		* Merchandising agreements formalized with Oahu retailers		01/01/2023	01/31/2023	N/A this quarter

Figure: OWP Progress Section Year 2 Page

- Provide a detailed description of each activity you worked on during the current reporting period. Provide quantification for your work when possible. For example, 1 Writing a Business Plan class was held once a month for a total of 5 classes this period, each class had 15 attendees.

NOTE

Past years will automatically populate based on past submitted reports. You can input “Not Applicable This Reporting Period” into fields that apply to future reporting periods. Do not leave any box blank or you will have validation errors.

- Continue to click “Save” and then “Next Section”

B. Staffing and Human Resources

1. Do you have any current vacancies that are associated with this project? ☐ Yes ☒ 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? ☐ Yes ☒ 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	Program Director	Full-time	Federal	Heinoa Kekanaka	Native	09/30/2021	30		Yes	Yes
2	Creative and Technical Director	Full-time	Federal	Erin Kaulana	Native	09/30/2021	30		Yes	Yes
3	Retail Association Market Contractor	Consultant/Freelance	Federal	Kuleana Consulting LLC		01/21/2022	15	03/30/2022	No	No

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			

Figure: OPR Staffing Section

19. Answer the two questions in section B of the staffing section and provide description if required. If you have had a change in project staff, explain the reasons why.
20. Number 3 is a chart where you will fill in all staff listed and hired in the application.
 - a. Each reporting period review and update this section accordingly. Do not delete staff that have left the project just fill in the "Date Job Ended" field.
 - b. Add a new row for the replaced personnel.
21. Only projects that are increasing employability skills and/or finding jobs for participants will fill out 3a.
22. Continue to click "Save" and then "Next Section"

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	Administration for Native Americans On-going Project Progress Report (ANA-OPR)	OMB Clearance No. Expiration Date:				
C. CHALLENGES						
1. Did your project face any challenges during this reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No						
1a. If Yes, please describe your challenges in the table below:						
	Provide a description of the challenge	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;"> Did you overcome the challenge? </td> <td style="width: 80%;"> If Yes, please state how you overcame the challenge. If no, please identify your plan to address this challenge. </td> </tr> <tr> <td style="text-align: center;">1</td> <td></td> </tr> </table>	Did you overcome the challenge?	If Yes, please state how you overcame the challenge. If no, please identify your plan to address this challenge.	1	
Did you overcome the challenge?	If Yes, please state how you overcame the challenge. If no, please identify your plan to address this challenge.					
1						
2. Would training or technical assistance benefit the project at this time? <input type="radio"/> Yes <input checked="" type="radio"/> No						
2a. Please describe the services you would like to receive.						

Figure: Section C: Challenges

23. Select the answer to question 1.
24. If the answer to question 1 was “yes” fill out 1a by describing:
 - a. any issues you have faced
 - b. whether you have overcome the challenge(s)
 - c. if you were able to address your challenges, explain how you succeeded; or if you have not overcome challenges describe your plan to address the challenge(s)
25. Answer question 2 about the need for extra technical assistance.
26. If you answered question 2 “yes” please fill out question 2a by describing what you need help with.
27. Save your work and press Next Section.

NOTE

You can ask for immediate training and technical assistance by contacting your Project Specialist or your regional ANA T/TA Center, directly.

D. FINANCIAL

1. Did you have trouble accessing funds through the Payment Management System (PMS) during this reporting period? ☐ Yes ☒ No

1a. 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

2a. 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	\$49,519	\$39,681	\$52,254	\$48,791	\$39,289	\$1	\$39,289	\$1
Non-Federal	\$0	\$0	\$10,000	\$21,000	\$17,544	\$1	\$17,544	\$1

3a. If forecasted and actual amounts for the quarter do not match, please explain why:

Q1: Fringe was below forecasted amount by approx. \$2025. Supplies for software was below forecasted amount by approx. \$825. Other Expenses were under forecasted amount by approx. \$3350. Indirect expenses were under forecasted amount by approx. \$3638. These amounts will all be utilized during successive quarters.

Q2: Fringe was above forecasted amount by approx. \$75. Software supplies were over the forecasted cash needs this quarter by approx. \$100. Other Expenses were also over the forecasted amount by approx \$900 over the forecasted amount. Indirect expenses were under forecasted amount by approx. \$4450. These amounts will all be utilized during successive quarters.

Q3: n/a

Q4: n/a

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

6a. If yes, how much was generated and from what source?

Income Generated	Income Source
\$0.00	

6b. How will the program income be utilized to support the project?

Figure: Section D. Financial

28. Answer questions 1 and 2 and the follow-on explanation if necessary, each reporting period.
29. Fill in the chart in 3 with the actual expenditures for each quarter of the reporting period. Please get this information from your accountant so it is accurate.

NOTE

The Forecasted amounts should be prefilled in by your Program Specialist. If it is blank please email your Program Specialist. Provide your grant number and ask them to fill in your forecasted amounts in Section D of the OLDC OPR.

30. If the forecasted and actual amounts don't match, in 3a briefly explain why.

NOTE

If the Forecasted amounts are all zeroes (\$0), you cannot edit them. Simply make note of it in box 3a.

NOTE

If the Actual section does not validate, you may need to enter just one dollar (\$1) into the future funding quarters as a placeholder for future expenditures. Only do this if you have report validation issues with this section of the report.

Figure: Section E: Other

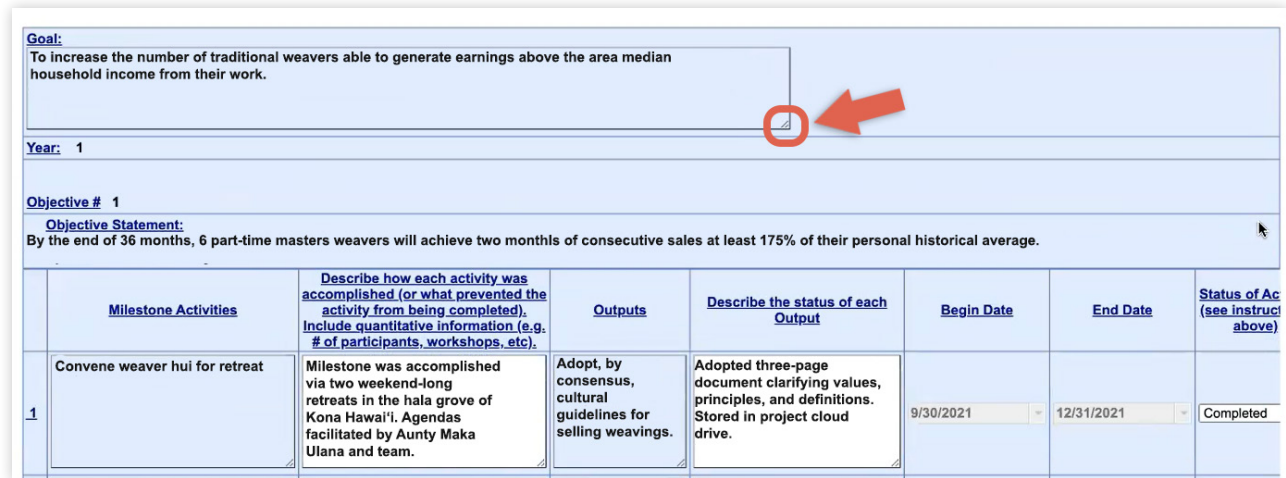
31. In the last section, you will have the opportunity to share any other information about your project activities during the reporting period that the OPR did not already capture. This might include success stories, staff recognition, and anything else you'd like ANA to know.
32. ANA would like to feature your project's accomplishments. Once a year please attach pictures with their photo release form on the Cover Page in 10. Other Attachments.
33. In Section E, provide a brief summary of the milestone or event depicted. Also tell ANA why this was so important to the project.

NOTE

You do not have to wait until the reporting period to share about your project. You can email the pictures, photo releases and description to your Program Specialist instead.

Second Semi-Annual Report

The second semi-annual OPR includes additional sections for you to report on data elements that 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.



Goal:
To increase the number of traditional weavers able to generate earnings above the area median household income from their work.

Year: 1

Objective # 1
Objective Statement:
By the end of 36 months, 6 part-time masters weavers will achieve two months of consecutive sales at least 175% of their personal historical average.

	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	Convene weaver hui for retreat	Milestone was accomplished via two weekend-long retreats in the hala grove of Kona Hawai'i. Agendas facilitated by Auntie Maka Ulana and team.	Adopt, by consensus, cultural guidelines for selling weavings.	Adopted three-page document clarifying values, principles, and definitions. Stored in project cloud drive.	9/30/2021	12/31/2021	Completed

Figure: Section A-Objective Work Plan-Use of the Expansion Tab

When completing the second semi-annual OPR, you will want to use the same steps described earlier in the chapter to access the report. Fill out all of the sections as in the first semi-annual OPR and in section A-Objective Work Plan, you will need to update the status for any activities that were listed as “On-going or Delayed” by using the expansion tab at the bottom right corner of the text box. Don’t forget to update the “Status of Activity” in the last column too.

NOTE

The second semi-annual OPR includes seven additional sections (Sec. F-L). In these sections you will report on the entire budget period (YR1, YR2, etc.) and not just on the reporting period.

Report Progress

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

[Previous Section](#)
[Save](#)
[View/Add Attachments](#)
[Validate](#)
[Next Section](#)

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

 OMB Clearance No.: 0970-0452
 Expiration Date: 9/30/2023

**Administration for Native Americans
Ongoing Progress Report (OPR)**

F. 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	Delete
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	

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.

Impact indicator	Actual change during Budget Period	Delete
<div></div>	<div></div>	

[Previous Section](#)
[Save](#)
[View/Add Attachments](#)
[Validate](#)
[Next Section](#)

Figure: F. Outcome Tracker

NOTE

In section F you will report on your progress with information collected in the outcome tracker. This section should be pre-filled in by your Program Specialist. If the blue boxes of the chart are blank please email your Program Specialist and ask to have them completed.

1. Fill out the "Actual Change during Budget Period".

NOTE

While you will be able to report on the actual change to the indicator in #1 in the white box on the page, you will not be able to submit your report if no indicator(s) is/are identified.

2. Save your work and go to the Next Section.

[Previous Section](#) [Save](#) [View/Add Attachments](#) [Validate](#) [Next Section](#)

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

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Administration for Native Americans Ongoing Progress Report (OPR)

G. NATIVE YOUTH AND ELDER ENGAGEMENT

For each budget period, please update the table below if any project activities occurred in which Native youth or Elders participated. This table should reflect only those activities occurring within the budget period so that, by project's end, all activities that took place are reflected.

1. During this budget period, did this project provide any opportunities or activities for Native youth or Elders?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
2. During this budget period, did any of the above activities involving Elders and/or youth promote cultural preservation?	<input type="radio"/> Yes <input type="radio"/> No
3. During this budget period, has the project engaged youth in leadership development activities?	<input type="radio"/> Yes <input type="radio"/> No

[Previous Section](#) [Save](#) [View/Add Attachments](#) [Validate](#) [Next Section](#)

Figure: Elders and Youth Section

In section G you will report on intergenerational interaction between Elders and Youth. Click on the appropriate bubbles then Save and go to the next section.

[Previous Section](#) [Save](#) [View/Add Attachments](#) [Validate](#) [Next Section](#)

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

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Administration for Native Americans Ongoing Progress Report (OPR)

H. PROJECT DEVELOPMENT

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

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

Add who wrote the grant application(s): [Add](#) [Delete Marked Rows](#)

[Previous Section](#) [Save](#) [View/Add Attachments](#) [Validate](#) [Next Section](#)

Figure: Development of Grant Application

In section H you will identify who wrote the grant. Save your work and go to the next page.

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

OMB Clearance No.: 0970-0452
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Administration for Native Americans Ongoing Progress Report (OPR)

I. PARTNERSHIPS

1. For each budget period, please update the table below. The table should reflect only those partnerships relevant to the budget 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	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Add I. PARTNERSHIPS: [Add](#) [Delete Marked Rows](#)

Cumulative Total Since Beginning of Project:

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	Delete
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Add 2. If there are any potential organizations: [Add](#) [Delete Marked Rows](#)

[Previous Section](#) [Save](#) [View/Add Attachments](#) [Validate](#) [Next Section](#)

Figure: Partnership Section

In section I you will report on partnerships. Add rows for questions #1 and #2 if you have more than one partnership in place at the end of the budget period.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	OMB Clearance No.: 0970-0452 Expiration Date: 9/30/2023
Administration for Native Americans Ongoing Progress Report (OPR)	
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="radio"/> Yes <input type="radio"/> No
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="radio"/> No community participation <input type="radio"/> 50% or less community participation than desired <input type="radio"/> More than 50% community participation <input type="radio"/> Desired community participation achieved <input type="radio"/> Not applicable	
Previous Section Save View/Add Attachments Validate Next Section	

Figure: Community Participation Section

In section J you will report on any community involvement that happened during the budget period.

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 Ongoing Progress Report (OPR)	
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="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
3. During this budget period, were any businesses created due to the project?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4. Were any businesses expanded?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
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?	<input type="radio"/> Yes <input type="radio"/> No
6. Were any ordinances, codes, regulations, or other governmental documents developed during this budget period?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
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="radio"/> Yes <input type="radio"/> No
8. Does your project currently have a plan in place to secure post-project funding to continue or extend project benefits?	<input type="radio"/> Yes <input type="radio"/> 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.	<input type="checkbox"/> Not applicable
Previous Section Save View/Add Attachments Validate Next Section	

Figure: Native Business Section

In section K you will report on benefits provided to your community as a result of your project. Answer each question accordingly and move to the next section of the report.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	OMB Clearance No.: 0970-0452 Expiration Date: 09/30/2023
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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

Figure: Lesson Learned Section

Section L is the last section of the report and this is where you will talk about Lessons Learned during the budget period you are reporting on. Once you have completed this section, click on the “Save” button and then click “Validate”. Correct any error messages that might pop up. You’re now ready to start the submission process.

NOTE

Once the report is submitted, you will not be able to make any changes. You will need your Program Specialist to release the report back to you before you can edit it.

NOTE

A blank copy of the entire OPR report can be found in Appendix 5.

Finalizing the Ongoing Progress Report (OPR)

Review all sections of the OPR before beginning the validation process. Any missing data or incomplete fields will result in validation errors that can prevent you from submitting your report.

Pay particular attention to Section A. OWP, you must provide a description of work performed during the reporting period. If you have activities that you didn’t start on time or were contingent on another activity that was delayed, you must describe why the problem arose, when you expect to begin the work, and how will the delay affect the completion. Do not leave the description of the activity blank because you experienced challenges or delays. Explain them. A blank activity description will trigger a validation error and the system will not allow you to submit the report until the error is fixed.

VALIDATING, CERTIFYING AND SUBMITTING A REPORT IN OLDG

Validate

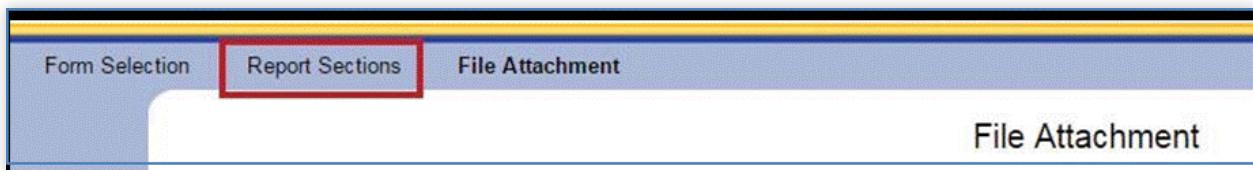


Figure Report Sections

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



Figure: Validate Button

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.

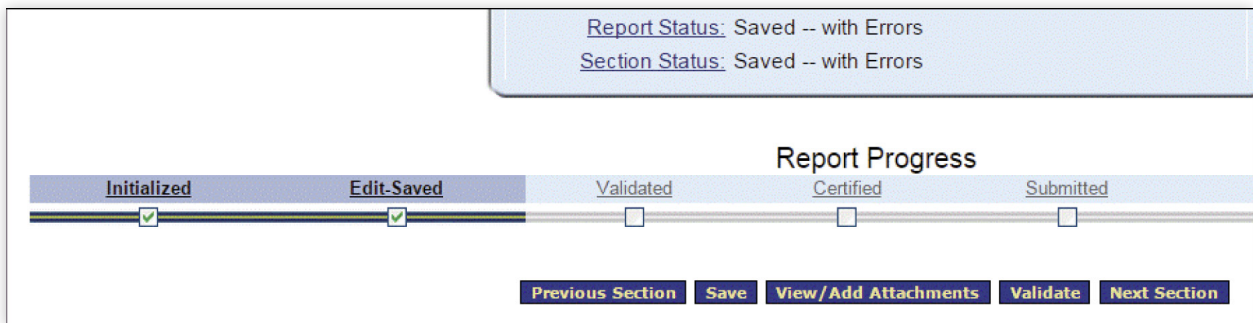


Figure: Report Progress

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 cannot be certified or submitted.

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

Report Progress

Initialized <div style="text-align: center;">✓</div>	Edit-Saved <div style="text-align: center;">✓</div>	Validated <div style="text-align: center;">□</div>	Certified <div style="text-align: center;">□</div>	Submitted <div style="text-align: center;">□</div>
---	--	---	---	---

[Previous Section](#)
[Save](#)
[View/Add Attachments](#)
[Validate](#)
[Next Section](#)

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.

Figure: Go to Error

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

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 the dropdown menu.

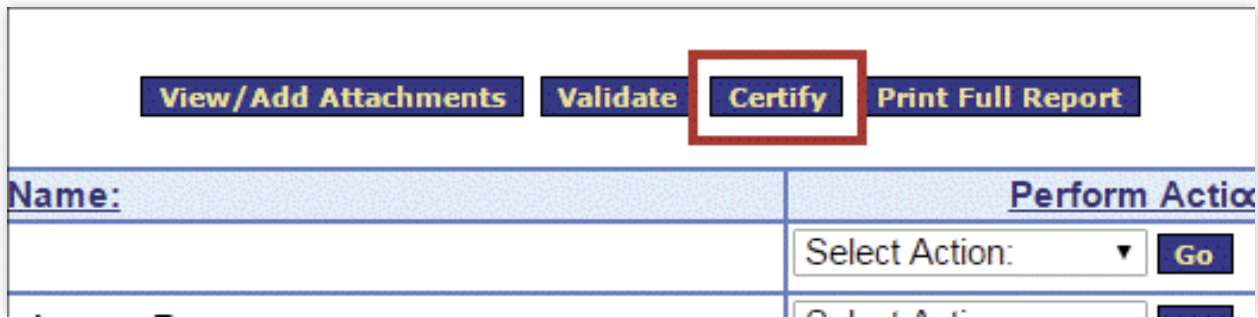
Figure: Warnings

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

NOTE

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).

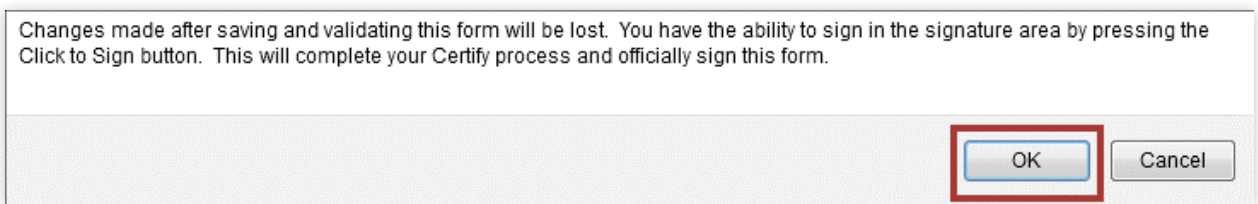
Certify



A screenshot of a web interface showing a row of four buttons: "View/Add Attachments", "Validate", "Certify", and "Print Full Report". The "Certify" button is highlighted with a red rectangular box. Below the buttons is a form with a "Name:" label and a "Perform Action:" label. The "Perform Action:" label is above a dropdown menu labeled "Select Action:" and a "Go" button.

Figure: Certify Button

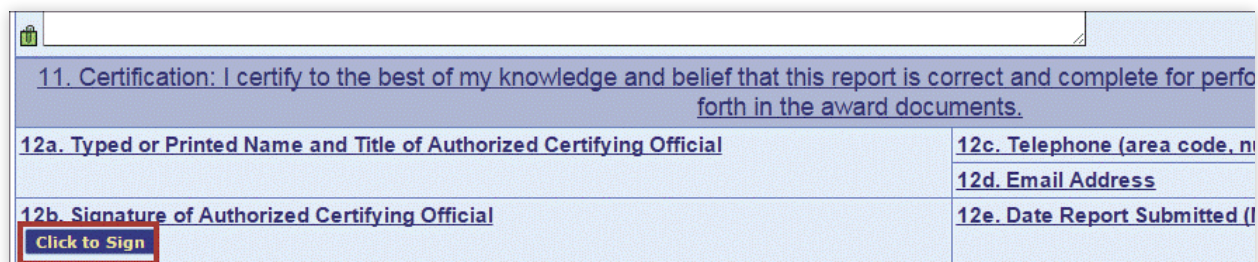
After the entire report is successfully saved and validated (no errors), the Recipient Authorizing Official electronically signs the report. Click the Certify button from the “Report Sections” screen.



A screenshot of a warning message box. The text inside reads: "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 box are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red rectangular box.

Figure: Changes Made Warning and OK 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.



A screenshot of a certification form. It contains several sections: "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", and "12e. Date Report Submitted (month, day, year)". In the "12b. Signature of Authorized Certifying Official" section, there is a button labeled "Click to Sign" which is highlighted with a red rectangular box.

Figure: Click to Sign

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

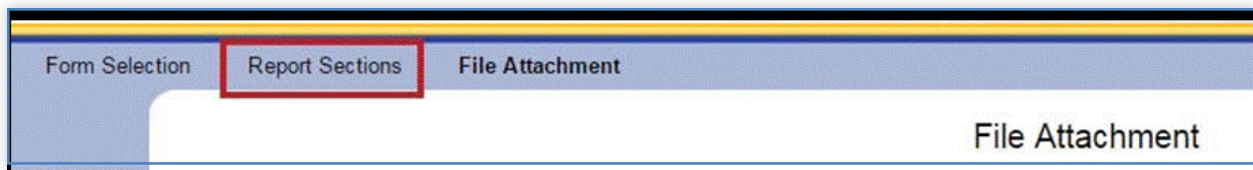


Figure: Report Sections

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

Submit

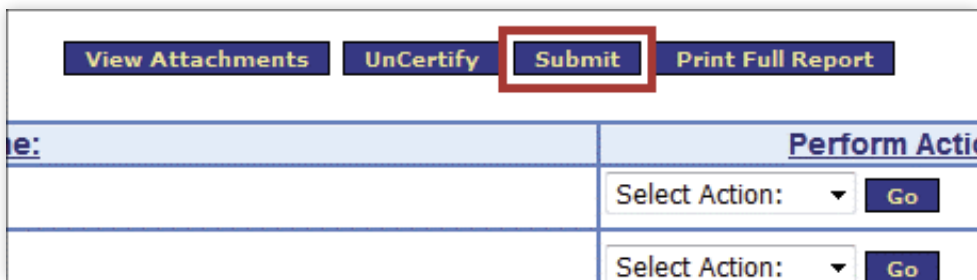


Figure: Submit Button

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

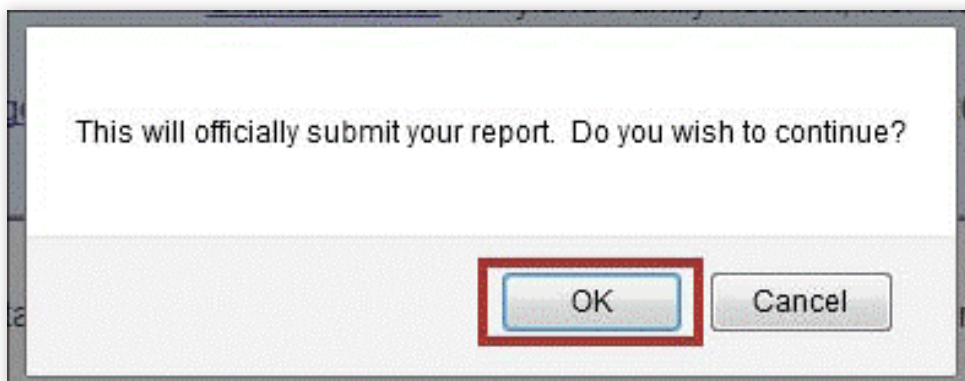


Figure: Do you wish to continue? And, OK button.

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

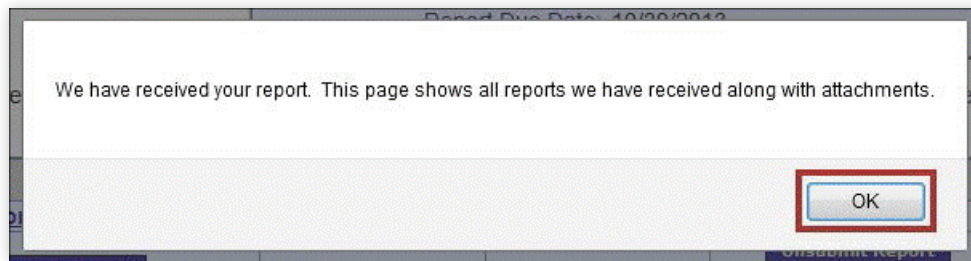


Figure: Report confirmation message and OK button

This pop-up appears to indicate that your report has been received by ANA. Click OK.

Report Form Status				
Report Submissions:	Report Status:	Status Date:	Report Action:	Print:
View Revision # 1	Submitted	01/24/2024	Unsubmit Report	Print as PDF <input type="button" value="Go"/>
View Original	Submission Accepted by CO	01/17/2024		Print as PDF <input type="button" value="Go"/>

Figure: Report Status Submitted

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

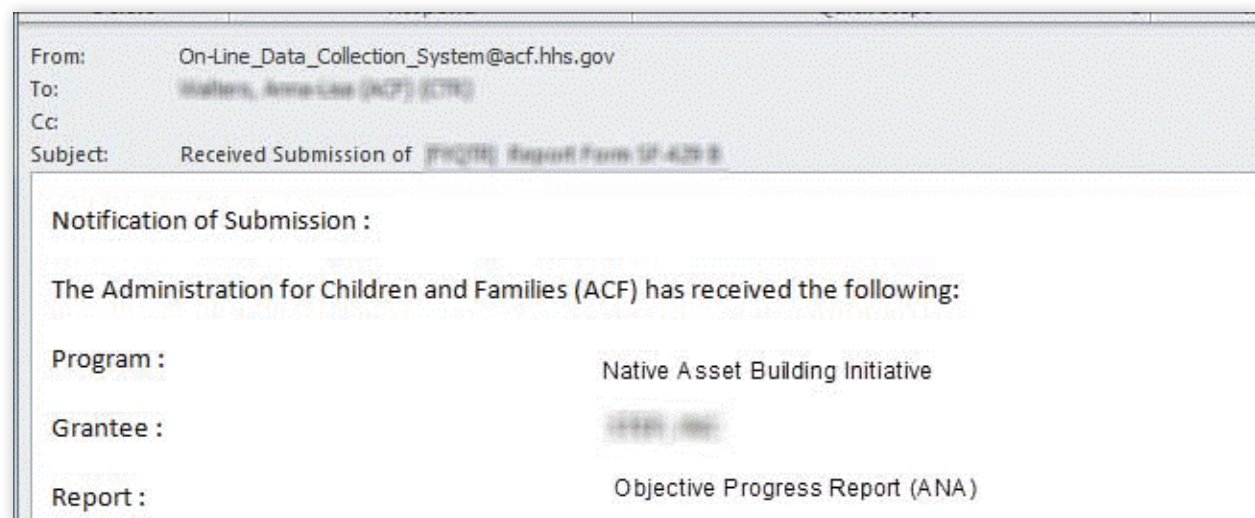


Figure: Email Notification

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.

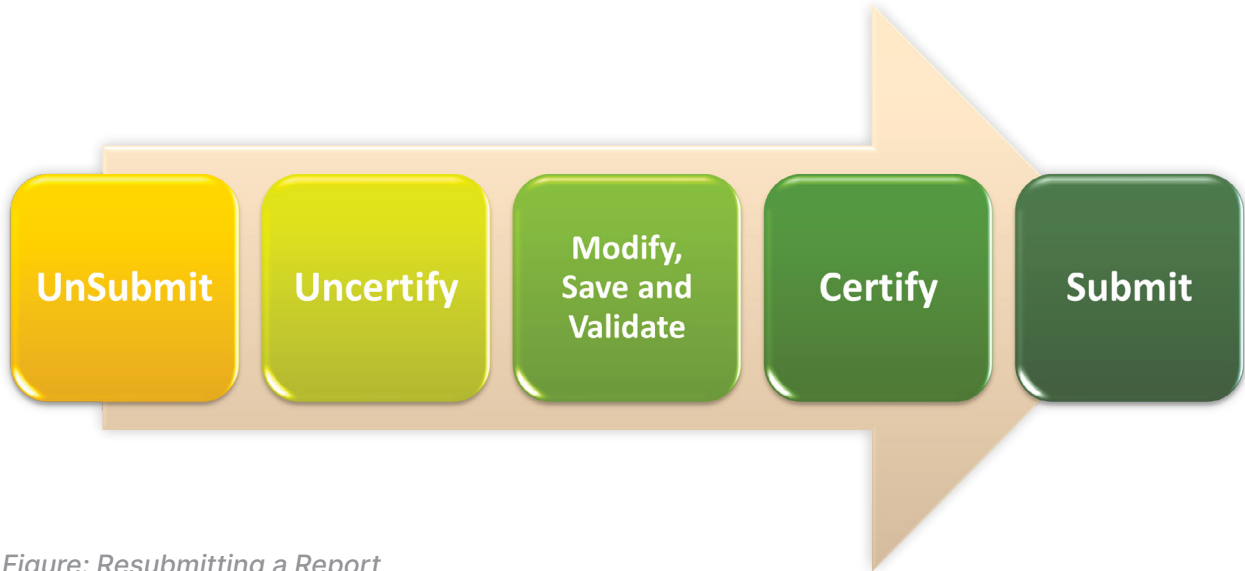


Figure: Resubmitting a Report

When a report is edited, it must be re-Validated, Certified, and Submitted to complete the process. Previous due dates apply.

NOTE

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

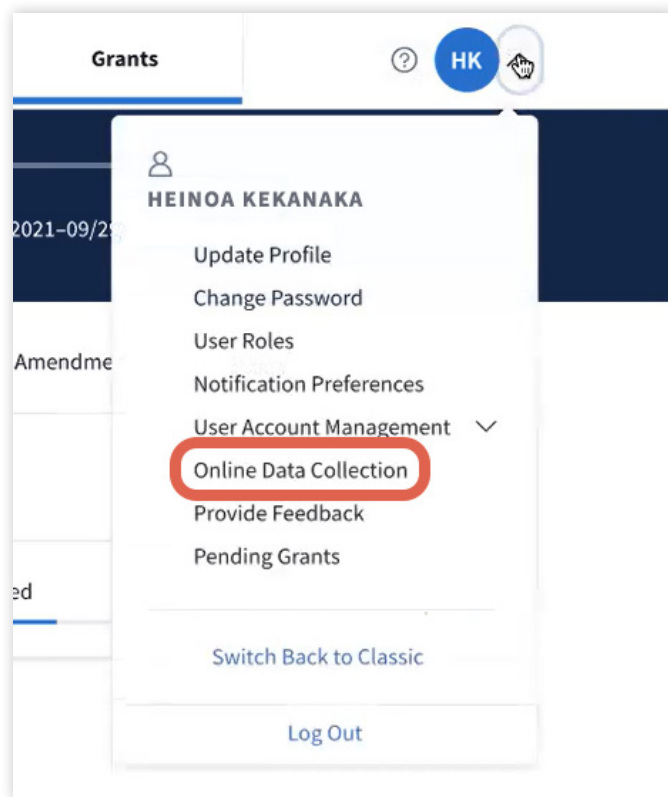


Figure: Online Data Collection

To create a revision:

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

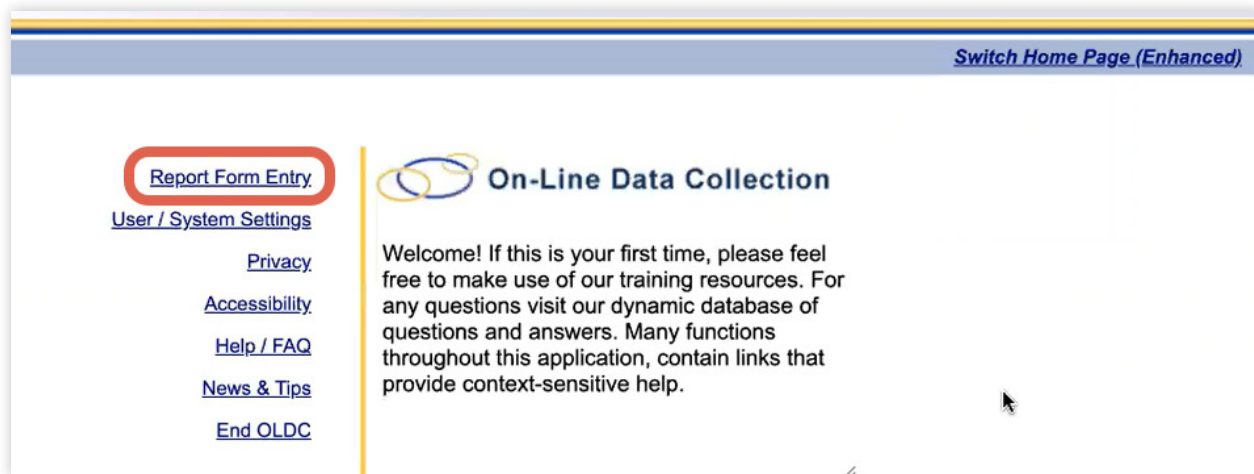


Figure: Report Form Entry

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

Form Selection

Program Name: NA - Social and Economic Development Strategies

Grantee Name: HI [1 987654321A1] (2020-----) Hui Aloha Community Coalition

Report Name:

Select a Report Name

Select a Report Name

Objective Work Plan (OWP)

Performance Progress Report (OPR)

Figure: Form Selection

4. The “Form Selection” screen displays. Select the Program Name, Grantee Name, and Report Name (in that order).

NOTE

Ensure the Report Status says Submission Accepted by CO.

Form Selection

Form Selection

Program Name: NA - Social and Economic Development Strategies

Grantee Name:

Report Name: Performance Progress Report (OPR)

Funding / Grant Period: 09/30/2021 - 09/29/2024 NA

Show 15 entries Search:

Reporting Period	Type	Report Status	Due Date	Actions
04/01/2024 - 09/29/2024	Semi-Annual			+
09/30/2023 - 03/31/2024	Semi-Annual			+
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	Initialized	10/29/2022	
09/30/2021 - 03/31/2022	Semi-Annual	Submission in Review by CO	04/30/2022	

Figure: Form Selection Page and Selecting Edit Action

- The screen refreshes. Select the Funding/Grant Period from the drop- down list.
- Select the Report Period.
- Select the Action New/Edit/Revise Report, and then click the Enter button.
- The "Report Sections" screen opens. The screen appears exactly like the original report. However, the report name now also includes the Revision number. 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.

Report Form Status				
Report Submissions:	Report Status:	Status Date:	Report Action:	Print:
View Revision # 1	Submitted	01/24/2024	Unsubmit Report	Print as PDF Go
View Original	Submission Accepted by CO	01/17/2024		Print as PDF Go

Figure: Report Submissions View Revision Button

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.



Chapter 4

Grant Amendments

ANA understands that recipients may need to modify their budget or other aspects of the approved grant to successfully complete their project. Making changes to a grant is done through the submission of an amendment in GrantSolutions which is approved by the Office of Grants Management (OGM) through the issuance of a new Notice of Award. Types of grant amendments include budget modifications, a change in key personnel, and a no-cost extension. However, there are some changes that can be made without submitting an amendment. Once you've determined that you need to make a change, your first step should be to email or call your Program Specialist. Provide them with detail on the proposed changes and they will let you know what your next steps are and if you should submit an amendment or not.

The next section provides a summary of actions that require prior approval from your Program Specialist before being submitted as a formal grant amendment in GrantSolutions. ACF/ANA is the OPDIV referred to in the following information. For more information, the HHS Grants Policy Statement (GPS) is available at: <https://www.acf.hhs.gov/policy-guidance/hhs-grants-policy-statement>

SUMMARY OF ACTIONS REQUIRING OPDIV PRIOR APPROVAL

Below is a list of actions that require prior approval before you can proceed with implementing the change. Please check with your Program Specialist first when trying to determine if you need to complete a formal amendment.

OPDIV PRIOR APPROVAL IS REQUIRED FOR THE FOLLOWING CIRCUMSTANCES:

Alterations and Renovations (A&R)

Re-budgeting into A&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&R project exceeding \$250,000 (or amount specified by the OPDIV in Part IV of the HHS GPS).

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).

Change of Recipient Organization (Rarely requested)

All instances. Recipients must notify the awarding office of other changes in organizational status. See “Change of Recipient Organization” in the HHS GPS.

Change in Scope (Rarely Approved)

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.

Changes in Status of PI, PD, or Other Key Personnel Named in the NOA

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.

Cost Principles Prior-Approval Requirements

All instances unless provided as an expanded authority (not available for construction, land, or building acquisition or indemnification of third parties).

Deviation from Award Terms and Conditions

All instances. Includes undertaking any activities disapproved or restricted as a condition of the award.

Foreign Component Added to a Grant to a Domestic Organization (Rarely seen)

All instances.

Need for Additional OPDIV Funding (Rarely approved)

All instances whether 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.

No-Cost Extension

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.

Transfer of Amounts for Training Allowances (stipends, tuition, and fees) to other Budget Categories

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.)

Budget Modifications

In general, recipients are allowed a certain degree of latitude to re-budget within and between budget categories. 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 prior approval requirements listed below. The amount and type of changes you are proposing will dictate if you need to submit a formal amendment or not.

[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 10% or more of the total federal 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.

Your first step after determining you need to modify your budget is to submit a letter on letterhead and signed by the AOR to your Program Specialist indicating that you are requesting a budget revision. Indicate the amount and the reason for the revision. Provide information on what budget line items will be changed. Include an SF-424A that shows the changes. This letter and SF-424A should also be uploaded to GrantSolutions as a Grant Note. Your Program Specialist will provide you a response indicating if they approve or disapprove the revisions and what your next steps should be.

Your Program Specialist may inform you that the cover letter and the SF-424A are sufficient and that no further action is required on your part for the budget revision. Or they may indicate that you need to submit a budget revision in GrantSolutions. The following are the steps for preparing a budget revision amendment. You will submit them by uploading them into GrantSolutions under Manage Amendments (instructions follow).

1. Start off by revising your approved line-item budget. Insert a column to show the changes that you are requesting and the new amounts. Make sure that you don't simply overwrite the approved amounts; you need to show your changes in a new column. An example of a line-item budget for a budget revision can be found in Appendix 4.
2. A new line-item budget narrative that justifies the changes to the line-item budget. Make sure to include cost calculations to show how you arrived at the new amounts.
3. A letter written on letterhead and signed by the authorizing representative. The letter should request the budget revision, state the total amount being moved, and explain the reasons for the change.
4. SF-424
5. SF-424A
6. Any additional information the recipient believes is relevant to the request (e.g., price quotations).
7. Current indirect cost rate agreement if it has changed since the budget was initially approved.

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

Non-Federal Share (NFS) Modifications: Requests for modifications to the non-federal share budget should be sent to your OGM and ANA Program Specialists via email. Explain the changes being made and the dollar amounts. If the change is less than the significant rebudgeting threshold, approval can be accomplished via an email approval from the Program or OGM Specialist and a Grant Note added to the file in GrantSolutions.

Change In Key Personnel

If any of the key staff identified in the Notice of Award changes during the course of the project period, then recipients must notify their ANA Program Specialist. A change in key staff, such as the project director, will require a grant action. Written prior approval must be secured from ANA if key personnel will be absent for more than 25% of the project implementation period or more than three months. The recipient should provide the following through GrantSolutions to request the change:

1. SF-424 signed by the Authorizing Official.
2. The request for approval must be on letterhead and signed by the Authorizing Official.
3. A resolution or some official documentation showing the change must be included to change an Authorizing Official.
4. A resume of the new key project personnel must be included.

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

Change of Authorized Official Representative (AOR). If you need to change your AOR for your organization, you will need to include a governing body resolution in addition to a request letter, GrantSolutions User Account form and SF-424.

No Cost Extension (NCE)

A no-cost extension can be requested near the close of a project 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 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.

To be eligible for an NCE your financial reporting must be up to date in PMS and your OPRs should be current in the OLDC. 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. All required reports must be up-to-date and submitted on time. In addition, the second semi-annual report must show which activities are delayed.

The recipient should provide the following:

1. SF-424
2. 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?
 - d. Will they be using un-obligated funds from the budget period in the NCE period? If so, how much?

Submit your request in GrantSolutions. Instructions for submitting amendments are found in the next section.

NOTE

You will be required to continue required semi-annual reporting during your extension period. GrantSolutions will add the new report(s) to OLDC. If you do not see the added reports in your Reports list in OLDC, please contact your Program Specialist right away.

NOTE

Prior to submitting any grant amendment, or for questions on a change in scope or supplement, recipients should contact their ANA Program Specialist. They will let you know your next steps and if you need to submit an amendment. Guidance on how to submit amendments is below.

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.

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.

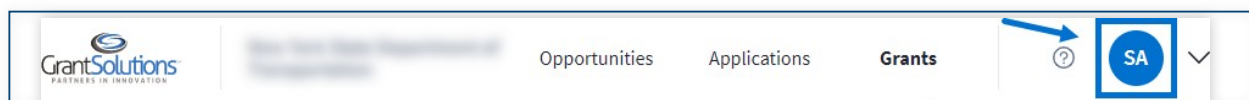


Figure: Global Navigation bar with user initials in the User Avatar

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



Figure: Global Navigation bar with User Avatar drop-down

2. To access additional user functions and personal customization options, click the User Avatar dropdown to the right of the user initials.

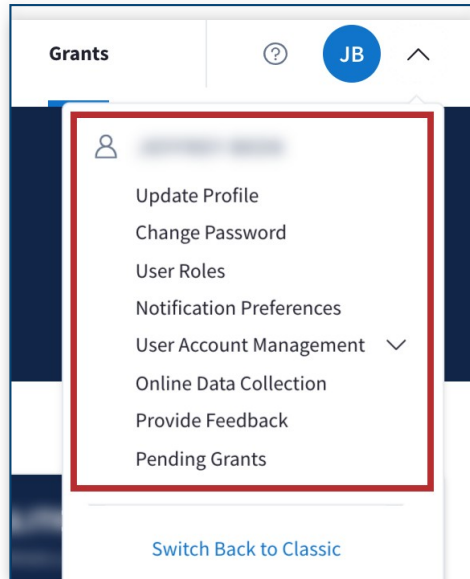


Figure: User Avatar drop-down with name and additional functions

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

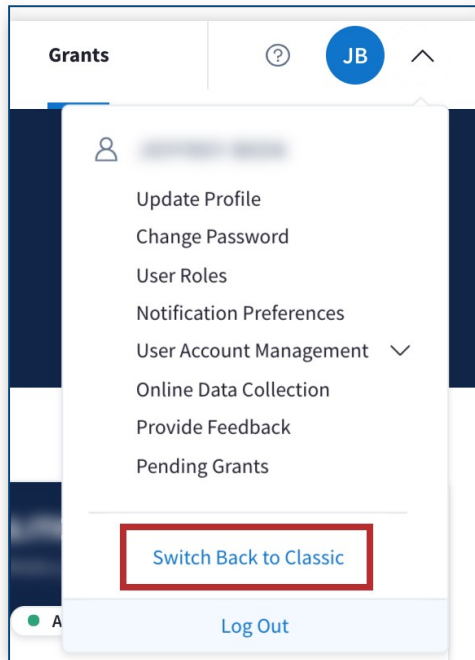


Figure: User Avatar drop-down with Switch Back to Classic button

3. Click the Switch Back to Classic button.

Start Survey

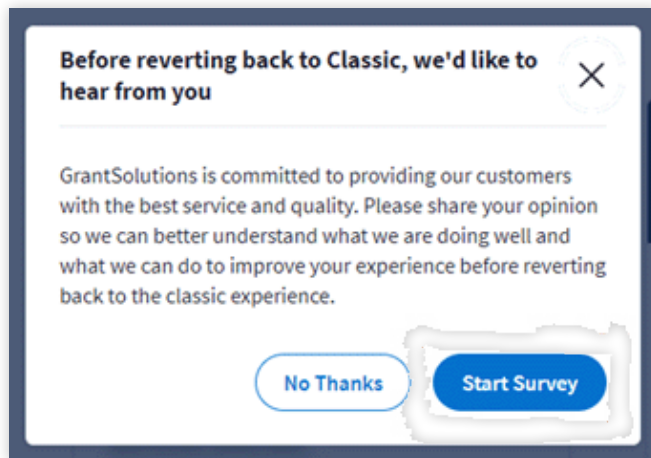


Figure: Switch Back to Classic message with Start Survey button

A window appears with the message, "Before reverting back to Classic, we'd like to hear from you."

4. Click the Start Survey button to begin the Feedback Survey for the New Experience if you would like to take the survey, otherwise select "No Thanks".

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 change in staff, budget revisions, change in recipient address, and more.

NOTE

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

My Grants List

The CoE Training Center

[Show Expired Grants](#)

Grant Number:	1Z0CMS331365-01-00	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:	CHIPRA Connecting Kids to Coverage - AI/AN	History
Award Issue Date: ?	10/02/2024	Manage Amendments
Project Period:	09/02/2014 to 09/01/2016	

Figure: My Grants List

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

1. Scroll to the applicable grant.
2. From the “My Grants List” screen, click the link Manage Amendments.

Manage Amendments

Grant Number	1Z0CMS331365
Grantee Name	The CoE Training Center
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN
Project Start Date	9/30/2024
Project End Date	9/29/2026
Last Issued NGA	11/25/2014 (View NGA)

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

[New](#) [Close](#)

Figure: Manage Amendments screen - New button

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

Select Amendment Type

Grant Number 120CMS331365-1

Project Period 9/30/2024 to 9/29/2026

Budget Period 9/30/2024 to 9/30/2025

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/PPD) (Type 6)
- ☐ Revision (EIN) (Type 6)
- ☐ Revision (NoA Other) (Type 6)
- ☐ Supplement (Administrative) (Type 3)
- ☐ Supplement (Programmatic) (Type 3)

Create Amendment Cancel

Figure: Select Amendment Type screen

4. 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.

NOTE

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

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	1Z0CMS331365
Application Number	(To be assigned)
Action	Revision (Budget)
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN

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

Amendment Package Status: Work In Progress (Post Award)

Figure: GrantSolutions Application Control Checklist screen

5. "GrantSolutions Amendment Application Control Checklist" screen appears. The checklist screen contains the following information:
 - a. Amendment Type: The type selected from the "Select Amendment Type" screen
 - b. Status: The stage of the Amendment application. Statuses include Work in Progress and Submitted
 - c. 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.)
 - d. Applicant, grant, and project information: Read-only information about the award
 - e. Application Kit: The application package that includes online forms, enclosures, attachments, and form status
 - f. Verify Submission: Submit application
 - g. Close: Return to the Manage Amendment screen

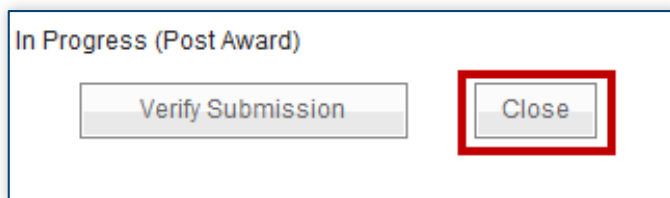


Figure: Close button

6. 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.


Manage Amendments					
Grant Number	1Z0CMS331365				
Grantee Name	The CoE Training Center				
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN				
Project Start Date	09/30/2024				
Project End Date	09/29/2026				
Last Issued NGA	10/02/2024 View NGA				
Amendment #	Status	Submitted Date	Type	Budget Period	Action
(To be assigned) 	Work In Progress (Post Award)		Revision (Budget)	1 09/30/2024 - 09/29/2025	Edit Amendment Delete Amendment Grant Notes History Send Message Set Budget Period

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

Optional: The “Manage Amendment” screen appears. Click the Delete Amendment link from the Action column to remove the amendment action. The Delete Amendment link is only active when the status is Work in Progress.

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

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

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

- 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 GrantSolutions click the Enter Online link for the desired form (i.e. SF-424A).

NOTE

Forms vary depending on the Amendment type. Please refer to Appendix 4 for a table of required documents for grant amendments.

OMB Number 4040-0006
Expiration Date 06/30/2014

SF-424A

BUDGET INFORMATION - NON CONSTRUCTION PROGRAMS

* indicates a required field.

Organization Name
The CoE Training Center

Application Number
(To be assigned)

Project Title
CHIPRA Connecting Kids to Coverage - AI/AN

Project Period
09/30/2024 - 09/29/2026

Budget Period

Start Date * 09/30/2024

End Date * 09/29/2025

[424A Instructions](#)

Section A Budget Summary

Grant Program Function or Activity (a)	ANA SEDS	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. ANA SedS		93.638-ANA-SEDS	\$ 0.00	\$ 0.00	\$ 880,371.00	\$ 0.00	\$880,371
2.		Please select a CFDA	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$0.00

Figure: SF-424A Online Form

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

21. Direct Charges

22. Indirect Charges

23. Remarks

Save Close

Figure: SF-424A - Save button

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

Confirmation

Would you like to transfer your budget totals information to the SF-424 form ?

Yes No

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

12. (SF-424A only) – The “Would you like to transfer your budget totals information to the SF-424 form” message appears. Click Yes.
13. 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 the change and then click the Save button again.

Save Close

Save Successful

Figure: Close button

14. Click the Close button.





Online Forms	Enclosure(s)	Attachment(s)	Status
SF-424 Application for Federal Assistance Version 2	Enter Online Enter Comments	N/A	
SF-424A Budget Information - Non-Construction	Enter Online Print Completed Enter Comments	N/A	
Information for the Applicant	Enclosure(s)	Attachment(s)	Status
CMS Amendment Types & Guidance for Submission	View PDF View Original Version	N/A	
Program Narrative	Enclosure(s)	Attachment(s)	Status
Budget Narrative		0 Unloaded Files	

Figure: Application Kit

- 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.





Status Icon	Description
	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).

Figure: Status Icons

Status Column. 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.





Online Forms	Enclosure(s)	Attachment(s)	Status
SF-424 Application for Federal Assistance Version 2	Enter Online Enter Comments	N/A	
SF-424A Budget Information - Non-Construction	Enter Online Print Completed Enter Comments	N/A	
Information for the Applicant	Enclosure(s)	Attachment(s)	Status
CMS Amendment Types & Guidance for Submission	View PDF View Original Version	N/A	
Program Narrative	Enclosure(s)	Attachment(s)	Status
Budget Narrative		Uploaded Files 0 Main-Item Items	

Figure: Attachments columns - Uploaded Files link

- 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.

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: **09/30/2024 to 9/29/2026**

Enclosure: Budget Narrative
 Number of Attachments: 0

Item Description	Type	Review	Action
(Empty)			

Figure: Attachments screen

17. The "Attachments" screen appears. Click the Upload Attachment 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: **09/30/2024 to 9/29/2026**

*Description:

*Step 1: Select a file
Choose File 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: Attachments - Upload window

18. 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.

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: **09/30/2024 to 9/29/2026**

Enclosure: Budget Narrative
 Number of Attachments: 1

Item Description	Type	Review	Action
Budget Narrative	Upload	Pending	Remove

Figure: Attachments screen

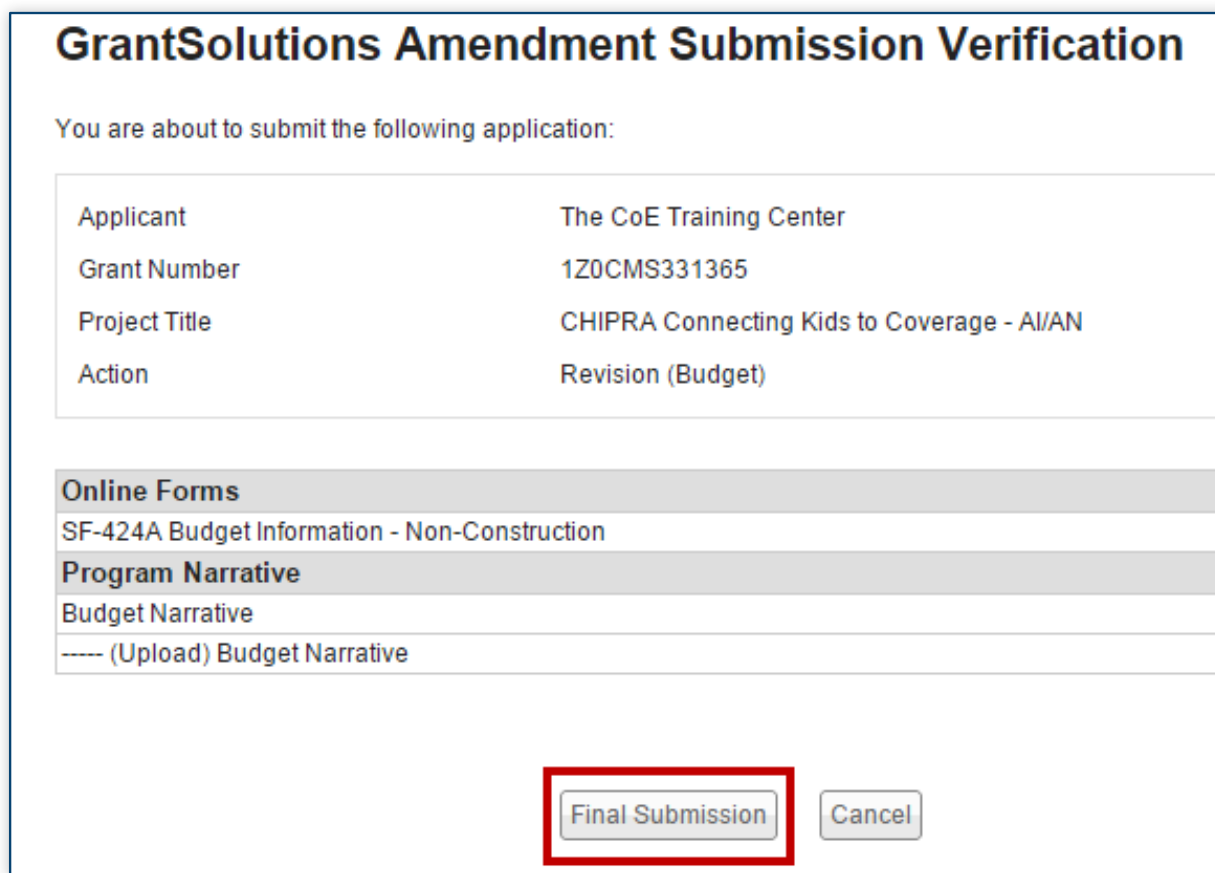
19. "Attachments" screen appears, and the attachment is visible. Click the Close button.

SF-424A Budget Information - Non-Construction	Enter Online Print Completed Enter Comments	N/A	✓
Information for the Applicant	Enclosure(s)	Attachment(s)	Status
CMS Amendment Types & Guidance for Submission	View PDF View Original Version	N/A	✗
Program Narrative	Enclosure(s)	Attachment(s)	Status
Budget Narrative		1 Uploaded Files 0 Mail-in Items	✓
Additional Information to be Submitted	Enclosure(s)	Attachment(s)	Status
Cover Letter		0 Uploaded Files 0 Mail-in Items	✗

Amendment Package Status: Work In Progress (Post Award)

Figure: Verify Submission button

20. 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.



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)

Online Forms

SF-424A Budget Information - Non-Construction

Program Narrative

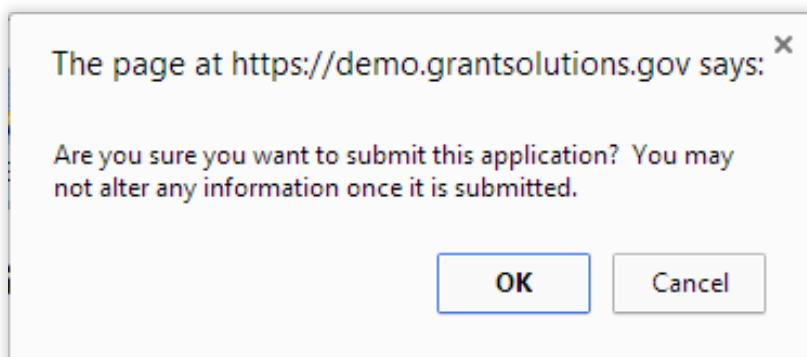
Budget Narrative

---- (Upload) Budget Narrative

Final Submission Cancel

Figure: GrantSolutions Amendment Submission Verification screen

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



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.

OK Cancel

Figure: Grant Amendment Submission Warning Message

22. 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.

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	120CMS331365
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN
Action	Revision (Budget)
Submitted Date	12/10/2014 to 01/10/2025

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: Grant Amendment Status Confirmation screen

23. 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 Package Status: Submitted (Post Award)

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

Close

Figure: Checklist screen Close button

24. 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.

Manage Amendments

Grant Number	1Z0CMS331365
Grantee Name	The CoE Training Center
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN
Project Start Date	09/02/2024
Project End Date	09/29/2026
Last Issued NGA	10/02/2024 (View NGA)


Amendment #	Status	Submitted Date	Type	Budget Period	Action
1Z02015001434 	Submitted (Post Award)	01/10/2025 09:49:08 AM	Revision (Budget)	1 09/30/2024 - 09/30/2025	View Amendment Grant Notes History Send Message

Figure: Manage Amendment screen

25. The “Manage Amendments” screen appears. At this point, the Recipient may view the amendment application but cannot perform any actions. As the amendment progresses through the review and approval process, the status updates.
26. Once the Amendment is Submitted, the Recipient cannot make any changes. If any changes need to be made, you will forward the corrected documents to ANA staff for upload.

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


Amendment #	Status	Submitted Date	Type	Budget Period	Action
1Z02015001434 	Work In Progress (Post Award)		Revision (Budget)	1 09/30/2024 - 09/30/2025	Edit Amendment Delete Amendment Grant Notes History Send Message Set Budget Period

Figure: Manage Grant Amendment screen

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

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



Chapter 5

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;
2. Transmitting recipient disbursement data back to ANA by submitting semi-annual and annual financial reports in the PMS system; and
3. Managing cash advances to recipients.

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

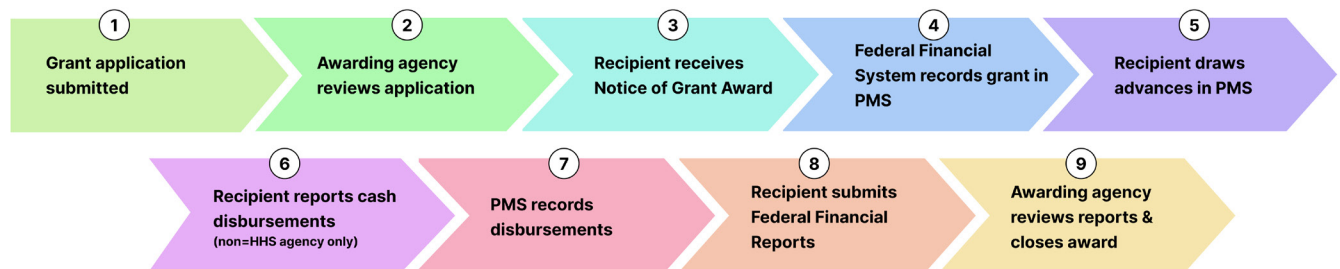


Figure: PMS Grant Life Cycle

ESTABLISHING AN ACCOUNT

You must have an ID.me account set up in order to access a PMS account.

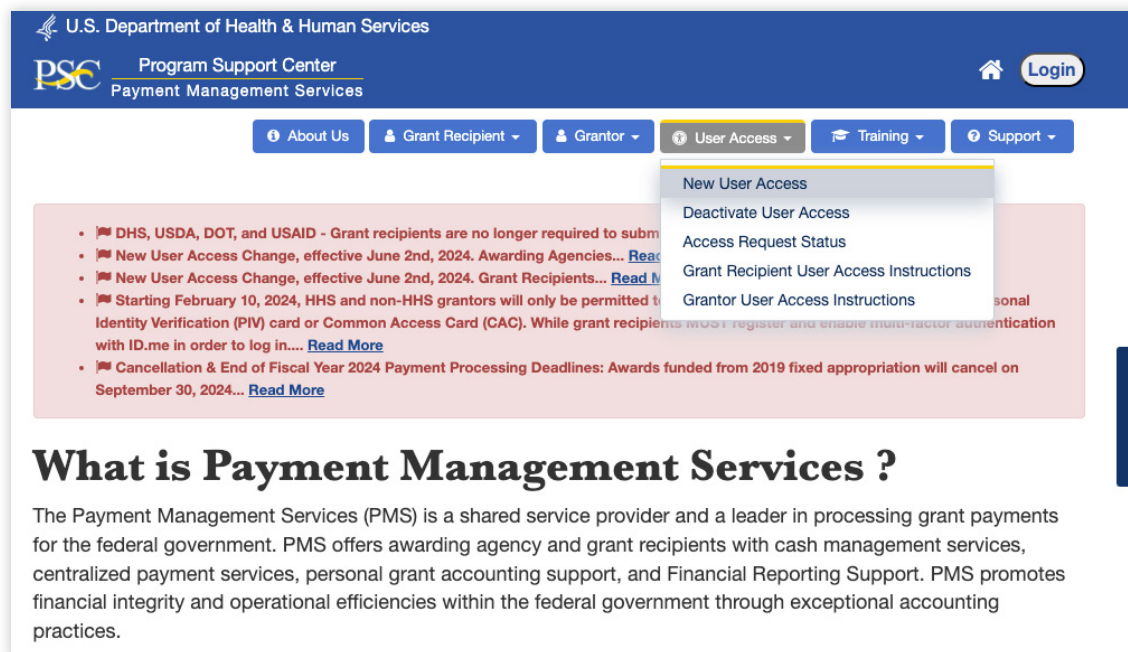


Figure: Payment Management Services focus on User Access

1. Go to <https://pms.psc.gov> to set-up your PMS account. At the top of the home page you will click on the “User Access” option.

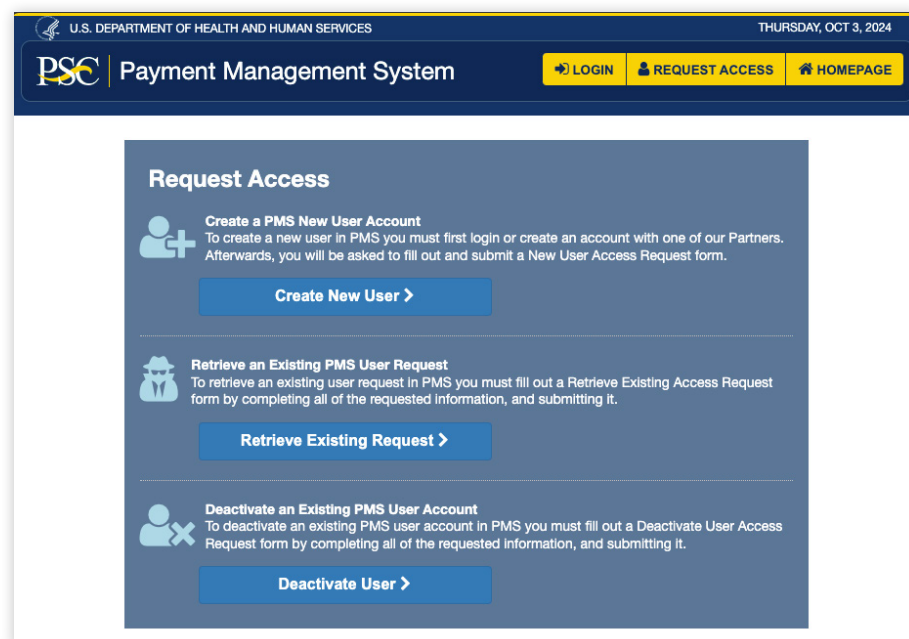


Figure: PMS Request Access

2. From the drop down list, choose “New User Access”. Both the AOR and the person who will prepare the Federal Financial Report will need to request access separately.

Additional important 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.

Payment Management System New User Access Request

***User Type:** Choose User Type... (dropdown menu with options: Choose User Type..., Grantee/Recipient, Awarding Agency)

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

***Email Address:** [Text input field]

***Confirm Email Address:** [Text input field]

[Request Verification Code button]

***Verification Code:** [Text input field]

***Security Question:** Choose Security Question... (dropdown menu)

***Security Answer:** [Text input field]

[Clear Form] [Submit] [Cancel]

Figure: Payment Management System New User Access Request

3. The PMS Access Request screen will appear. Fill in each field with the appropriate information of the person who will be drawing down funds/ requesting a payment. This should not be the AOR. For the "User Type", choose "Grantee/Recipient" from the pull-down list. For the "Email Address" field, be sure to use an email address you have immediate access to. A verification code will be sent to the email address you enter, once you click the "Request Verification Code" button. Once you are done filling out this section, press the "Submit" button.

Figure: Payment Management System Access Request

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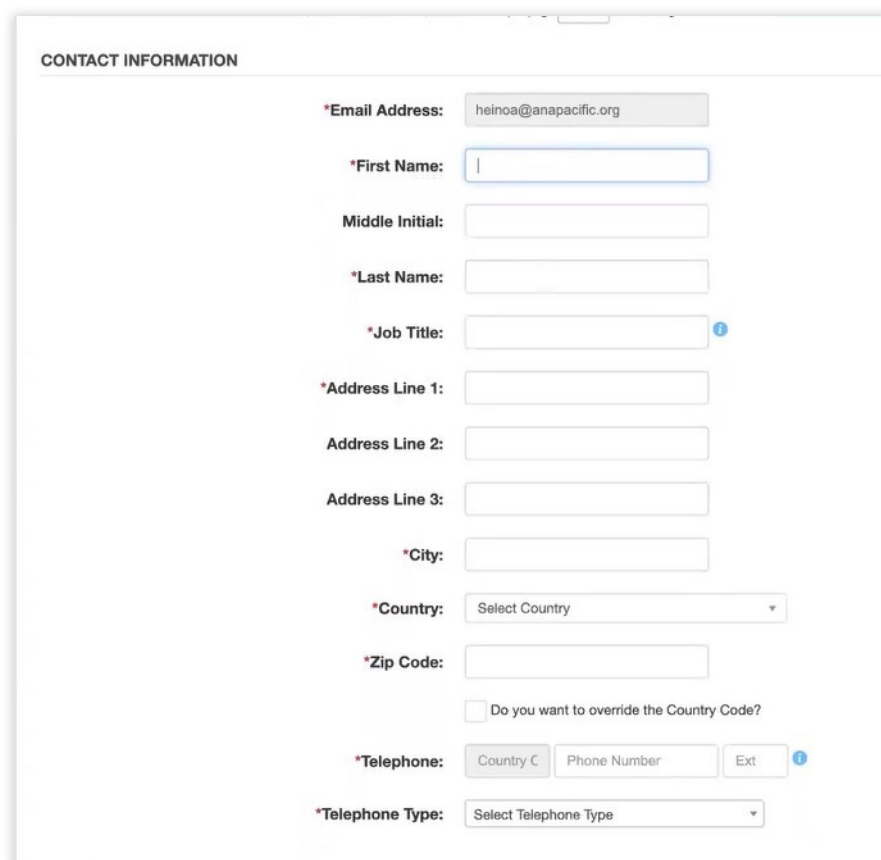
Organization / Institution

Organization Name:

Organization ID Type: ☐ EIN ☐ PIN ☐ PAN i

Figure: Organization/Institution pop-up window

5. This pop-up box will appear. Fill in the grant recipients name and choose how you would like to identify your organization by clicking one of the following: EIN, PIN or PAN. Choose the option that you know is readily accessible to you.



CONTACT INFORMATION

*Email Address:

*First Name:

Middle Initial:

*Last Name:

*Job Title: i

*Address Line 1:

Address Line 2:

Address Line 3:

*City:

*Country:

*Zip Code:

☐ Do you want to override the Country Code?

*Telephone: i

*Telephone Type:

Figure: Contact Information form

6. The next section requests the contact information of the person who will be drawing down funds/requesting a payment from PMS. Again, this should not be the AOR. Fill out each field with a red asterisk with the form.

ACCESS LEVEL

Please check all that apply (please note gray checked boxes are included):

- ☒ Grantee Inquiry [i](#)
- ☒ Account Maintenance [i](#)
- ☒ Payment Requests [i](#)
- ☒ Add/Update Banking [i](#)

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

- ☒ View [i](#)
- ☒ Preparer [i](#)
- ☐ Certifier [i](#)

Federal Financial Report (FFR)

- ☒ View [i](#)
- ☒ Preparer [i](#)
- ☐ Certifier [i](#)

Figure: Access Level screen

7. Next you will fill out the Access Level section. If you are the Requestor, these boxes should be checked.

ACCESS LEVEL

Please check all that apply (please note gray checked boxes are included):

- ☒ Grantee Inquiry [i](#)
- ☒ Account Maintenance [i](#)
- ☐ Payment Requests [i](#)
- ☐ Add/Update Banking [i](#)

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

- ☒ View [i](#)
- ☐ Preparer [i](#)
- ☒ Certifier [i](#)

Federal Financial Report (FFR)

- ☒ View [i](#)
- ☐ Preparer [i](#)
- ☒ Certifier [i](#)

Figure: Access Level screen

8. If you are the AOR, these boxes should be checked.

SUPERVISOR

Enter your supervisor's name and contact information below. If you are the highest ranking person in your organization, you may list yourself as the supervisor. Once the request is submitted, the person that is listed as the supervisor will receive an email with a link that they will need to use to approve the request. The person listed as the supervisor does not need access to the PMS to approve the request.

*First Name:

Middle Initial:

*Last Name:

*Job Title:

*Telephone:

*Email Address:

Figure: Supervisor screen

- The Supervisor section should include the AOR's information.

ADD COMMENT

Comments: ?

Maximum 1000 characters.

CERTIFICATION

☒ I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

Figure: Add Comment

- Now you are ready to submit your request. Before you click "Submit", click the "Certification" check box then click "Submit"

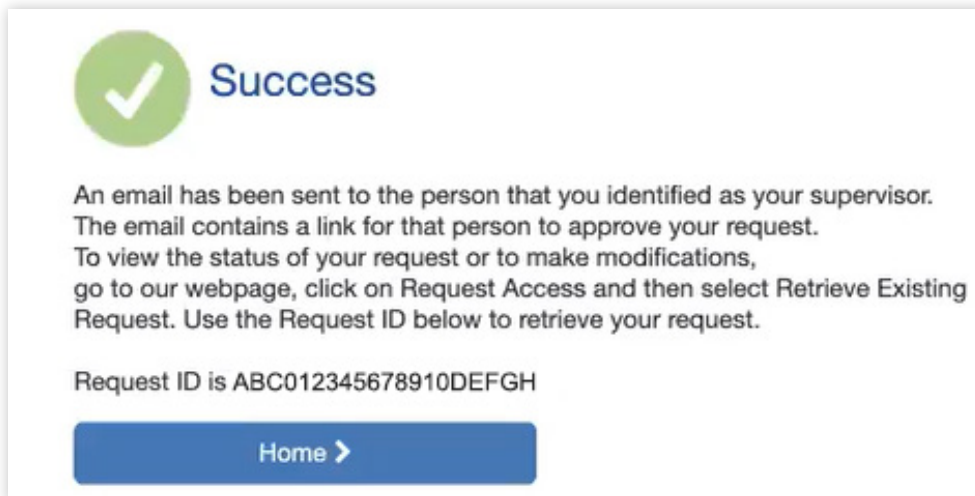


Figure: Success pop-up window

11. This message will pop up if you were successful in submitting your request to access PMS.

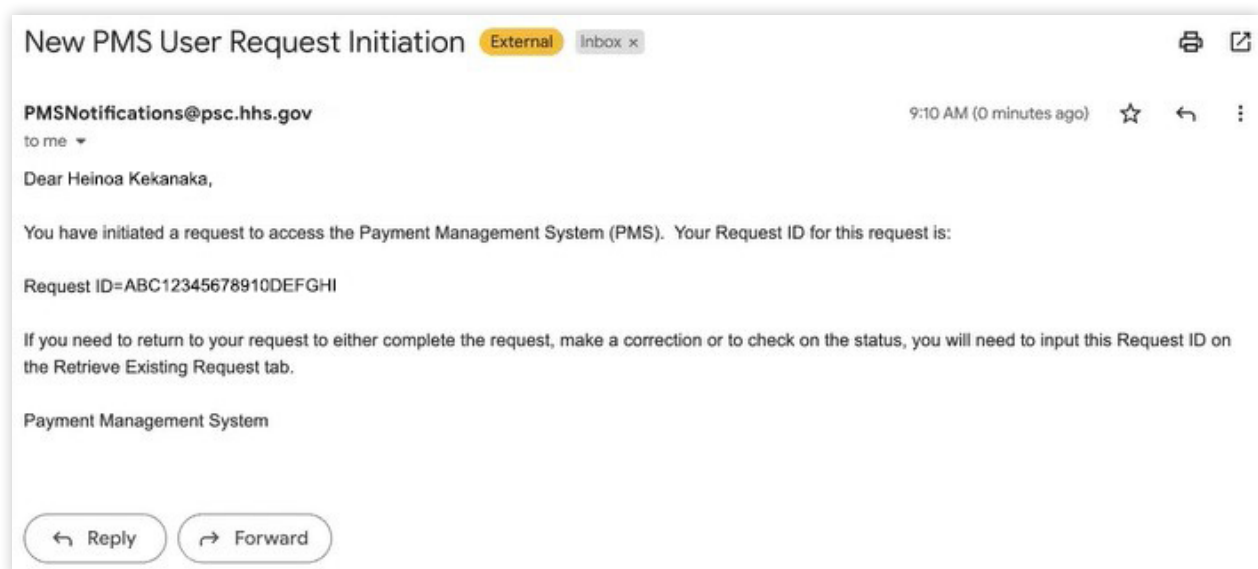


Figure: New PMS User Request Initiation email

12. Next, the Requestor will receive an email verifying the request to access PMS was successfully submitted.

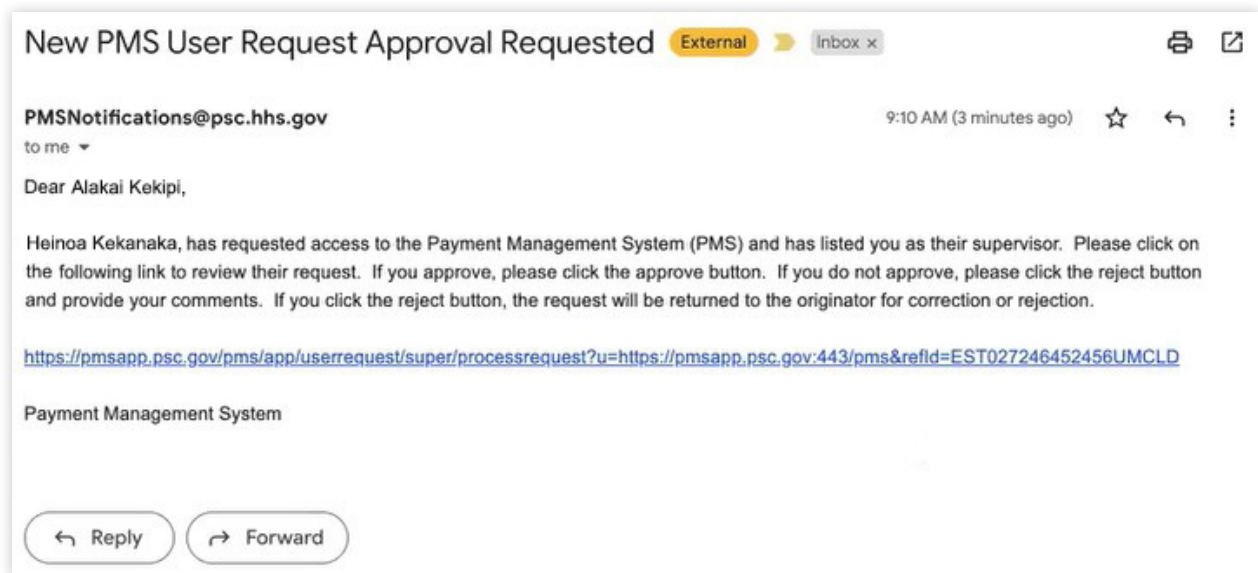


Figure: New PMS User Request Approval Requested email

13. The AOR will receive a separate email that provides a link that will allow the AOR to approve the request for access to PMS.

Figure: Certification Box

14. After the AOR clicks on the link provided in the email, the AOR should review the request and then click the “Certification” check box and then the “Approve” button.

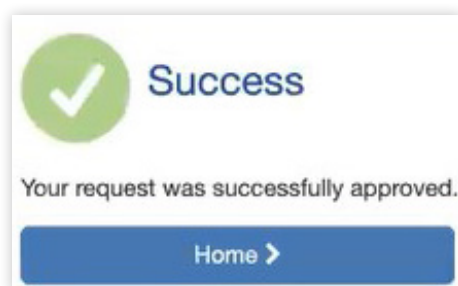


Figure: Success pop-up window

15. The AOR will see this message pop up if the request was successfully approved. At this point, you have successfully set up your PMS account. It will take up to 4 business days before you can access the PMS account. If you do not have access after 4 business days, contact the PMS helpdesk.

LINKING A BANK ACCOUNT TO PMS

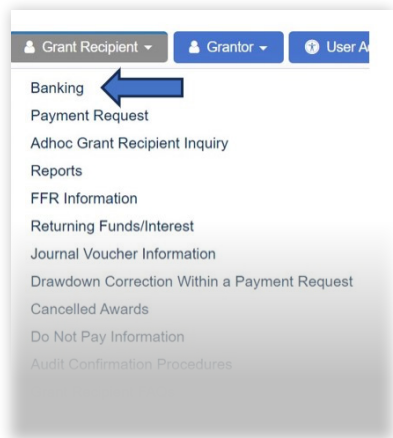


Figure: Grant Recipient DropDown Menu in PMS

The first step you will need to take to link your organization/Tribe bank account to PMS is to fill out the Direct Deposit (SF-1199A) form. To get the form, go to the PMS home page at pms.pcs.gov and click on the “Grant Recipient” tab located at the top of the page, then click on the “Banking” option.

A screenshot of the 'Banking Information' page in PMS. The page has a title 'Banking Information' and a paragraph explaining the purpose of the page. Below this is a section titled 'Document Requirements' which contains two paragraphs. The first paragraph is for 'Recipients with US bank accounts' and mentions the 'SF- 1199A Direct Deposit Sign-Up form'. The second paragraph is for 'Recipients with international bank accounts' and mentions the 'SF- 1199A Direct Deposit Sign-Up form' and the 'International Bank Letter'. Both paragraphs include links to 'HERE' for more information.

Figure: Banking Information

Scroll down to find the “SF-1199A Direct Deposit Sign-Up Form” link and click on it.

Once you have the SF-1199A form pulled up, you will need to fill out three sections. A link to instructions on how to fill out the SF-1199A form are located right under the link for the SF-1199A form of the same Banking section and can be viewed by clicking “HERE”.

NOTE

Fill out section one to include your organization/Tribe information. This information should match the organization/Tribe name included in the ANA application and on the SF-424 form that was submitted with the ANA application.

by Direct Deposit.				SECTION 1 (TO BE COMPLETED BY PAYEE)			
A NAME OF PAYEE (last, first, middle initial)				D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
ADDRESS (street, route, P.O. Box, APO/FPO)				E DEPOSITOR ACCOUNT NUMBER			
CITY		STATE		ZIP CODE		F TYPE OF PAYMENT (Check only one)	
TELEPHONE NUMBER AREA CODE				<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)			
B NAME OF PERSON(S) ENTITLED TO PAYMENT				G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)			
C CLAIM OR PAYROLL ID NUMBER				TYPE		AMOUNT	
Prefix Suffix							
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.				JOINT ACCOUNT HOLDERS' CERTIFICATION I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE		DATE		SIGNATURE		DATE	
SIGNATURE		DATE		SIGNATURE		DATE	

Figure: Direct Deposit Form Section 1

Filling out Section 1:

1. (A) Name of Payee - Type or Print your Organization's/Tribe Name, Address, and Telephone Number. Do not enter an individual's name in this block. Forms containing whiteout or any alterations to the payee name are unacceptable.
2. (B) Name of Persons Entitled to Payment - Leave it blank.
3. (C) Claim or Payroll ID Number -This is your organization's/Tribe 12-digit Entity Identification Number (EIN) or your organization's/Tribe 9-digit Tax Identification Number (TIN). If you are an international organization and do not have a TIN/EIN leave this field blank.
4. (D) Type of Depositor Account - Check type of Bank account either 'Checking' or 'Savings'.
5. (E) Depositor Account Number - Type the Account Number of your account at the Financial Institution to which the funds will be 'Direct Deposited'. Do not use whiteout or make any alterations to the account number.
6. (F) Type of Payment - Check the box 'Other' and type the name of the awarding federal agency: ACF/ANA.
7. (G) Type/Amount - Leave it blank.
8. Payee/Joint Payee Certification -The individual(s) having signature authority for the bank account must sign and date.

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)			
GOVERNMENT AGENCY NAME Payment Management Services		GOVERNMENT AGENCY ADDRESS US. Department of Health and Human Services Post Office Box 6021 Rockville, Maryland 20852	
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)			
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
		CHECK DIGIT	
		DEPOSITOR ACCOUNT TITLE	
FINANCIAL INSTITUTION CERTIFICATION			
<p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.</p>			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
<small>Financial institutions should refer to the GREEN BOOK for further instructions.</small> THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.			Reset
GOVERNMENT AGENCY COPY			1199-207

Figure: Direct Deposit Form Section 2 and 3

Filling out Section 2: This section should be pre-filled on the downloaded form. If you find this section blank then include the following:

1. Government Agency Name – Payment Management Services
2. Government Agency Address:
US. Department of Health and Human Services
Post Office Box 6021
Rockville, Maryland 20852

Filling out Section 3: To be completed by the Financial Institution. You will want to print the form out before taking it to your banking institution as wet signatures are required:

1. Name and Address of Financial Institution - Provide the name and address of the Bank.
2. Routing Number - Provide the Financial Institutions Routing Number
3. Depositor Account Title -The depositor account title must be filled in and should match the payee name.
4. Financial Institution Certification - The bank's representative must sign the form (wet signature required) and provide a telephone number for contact purposes.
5. Once the form is completed, you will upload the form in PMS with the rest of your banking information. Instructions for uploading to follow.

Now you are ready to link your bank account to PMS.

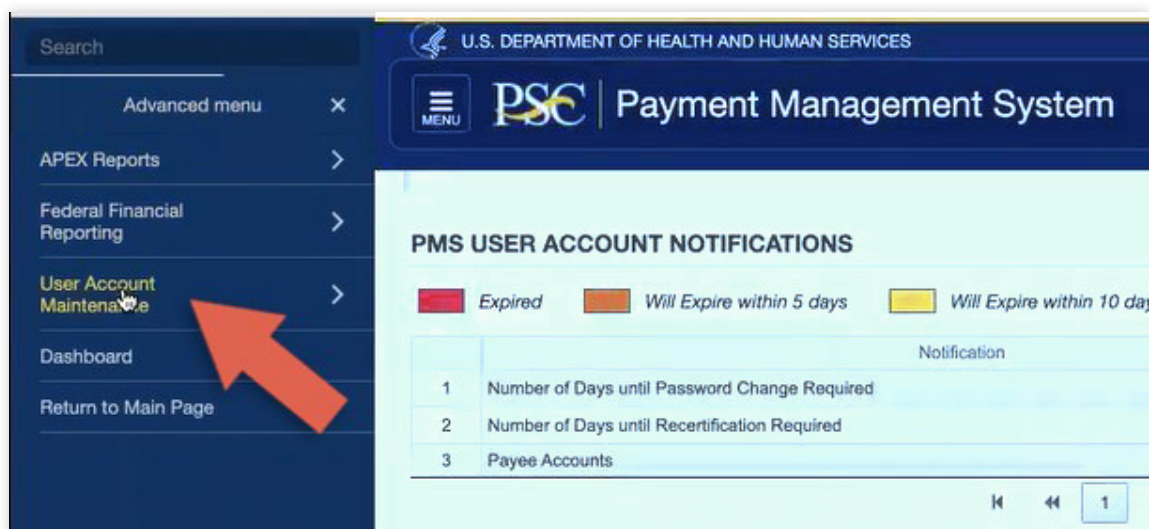


Figure: Advanced Menu on the PMS Webpage

1. Go back to the PMS home page (pms.psc.gov) and Login if you haven't done so already.
2. After you are logged in, select the "Menu" icon at the top left of the page.
3. Then choose the "User Account Maintenance" option.



Figure: User Account Maintenance menu on the PMS Webpage

Next choose the "Add/Update Banking" option.

The **Payee Accounts** page should be pulled up on your screen now.

Payment Management System Add/Update Banking

REQUEST DETAILS

PMS User ID: KANAK123456

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

	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"/>	X0000B1	HUI PONO COMMUNITY COALITION	ACH	0123456789	9876543210	Checking		
<input checked="" type="checkbox"/>	X0000P1	HUI PONO COMMUNITY COALITION	ACH	0123456789	9876543210	Checking		

Page 1 of 1 Records per page: 10 Displaying 1 to 2 of 2 items.

LEGEND:

- ! - Banking Change in Progress
- ! - ACH Banking differs from PAN
- ! - Wire Banking differs from PAN

Figure: Payment Management System Add/Update Banking

Click the check box associated with the account(s) or subaccount(s) that you want to connect to PMS. You may select multiple accounts if all accounts have the same banking information.

BANK ACCOUNT INFORMATION

***ACH Routing Number:**

***ACH Bank Account Number:**

***ACH Bank Account Type:**

Figure: Bank Account Information

Provide the following information for domestic (banking through U.S. banks) accounts.

[Refer to the instructions in the PMS Banking section for international accounts (using banks not in the U.S.) for American Samoa, Guam and the CNMI grant recipients. Click "Grant Recipient" tab > choose "Banking" > under **Banking Information** > look for **Document Requirements** section > info. under **Recipients with International Bank Accounts**].

- ACH Routing Number (required) – the 9-digit electronic US bank code used by the Automated Clearing House (ACH) to identify the bank.
- ACH Bank Account Number (required).
- ACH Bank Account Type (required) – select either 'Checking' or 'Savings'.

DIRECT DEPOSIT FORM

*File Attachment: 1199a-di...-form.pdf

File Attachment Name:

*File Attachment Type:

Figure: Direct Deposit Form

Now move down to the “Direct Deposit Form” section and upload the SF-1199A form you prepared earlier:

- Choose the SF-1199A form from your computer files and attach the file in the “File Attachment” box.
- Type in the file name of your choosing into the “File Attachment Name” box.
- Choose SF-1199A from the pull down list in the “File Attachment Type” box.
- Then click the “Upload” button.

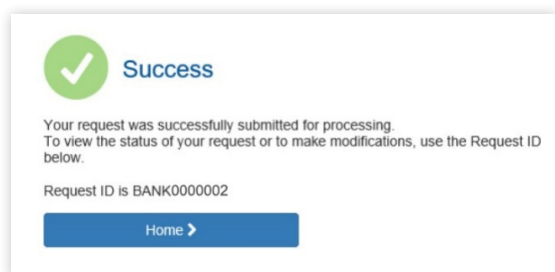


Figure: Success submitting Direct Deposit Form

You will see this message to confirm that all required information was submitted to link your bank account to PMS.

PMS USER ACCOUNT NOTIFICATIONS

Notification	Count	By	Actions
1. Number of Days until Password Change Required	88 days	2020-11-02 12:41:27 PM	
2. Number of Days until Reauthentication Required	222 days	2020-04-14 12:00:00 AM	
3. Payer Accounts	2 accounts		

REQUEST HISTORY (1)

Request ID	Request	Status	Assigned to	Comments	Create Date	Actions
1. BANK01234567	Add/Update Banking	Completed			2021-10-08 05:19:05 PM	

Figure: PMS User Account Notification Page and Request History Table

You can check the status of your request to link your bank account to PMS by clicking on the menu icon in the top left corner and checking the “Request History” section. In the example you see that the request to add a bank account has been “Completed”. Allow four business days for PMS to process your request.

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

The figure displays three overlapping screenshots of payment request forms, each with a green header bar indicating the request type.

- ADVANCED REQUESTS:** The form shows a Payment Due Date of 4/14/2016, an Expected Disbursement Amount of \$5000, Cash on Hand of \$0, and a Payment Request Amount of \$5000.
- COMBINATION REQUESTS:** The form shows a Payment Due Date of 4/14/2016, an Expected Disbursement Amount of \$5000, Cash on Hand of \$-1000, and a Payment Request Amount of \$6000.
- REIMBURSABLE REQUESTS:** The form shows a Payment Due Date of 4/14/2016, an Expected Disbursement Amount of \$0, Cash on Hand of \$-5000, and a Payment Request Amount of \$5000.

Figure: Advance Requests, Combination Requests, and Reimbursable Requests forms.



Figure: PMS Main Page Left Side Menu

1. Log into PMS, click on the house/home icon at the top right and choose the "Payment" option.

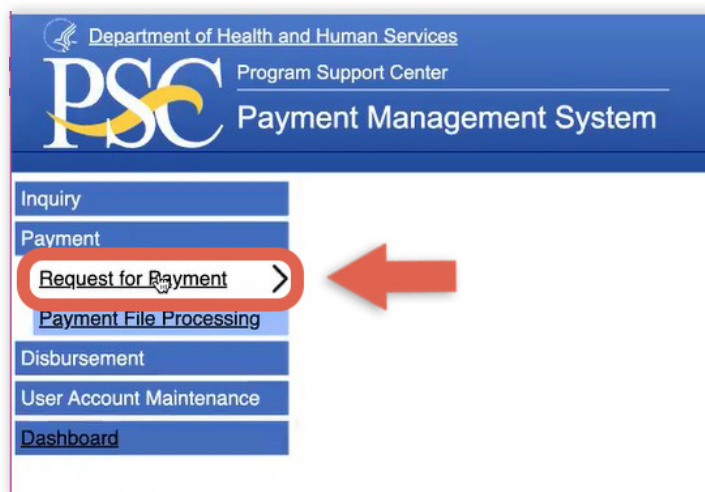


Figure: PMS Left Side Payment DropDown Menu

2. Choose "Request for Payment".

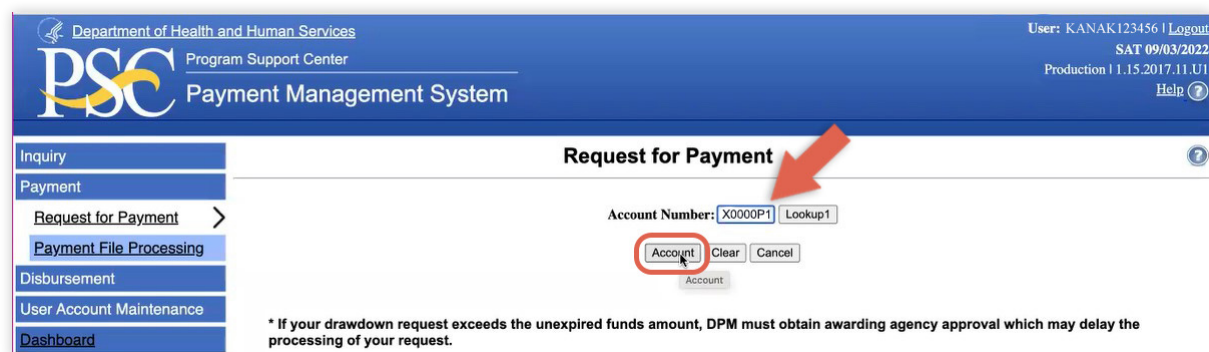


Figure: PMS Request for Payment

3. Enter or look up the account/PAN# from which you would like to request funds, then click the "Account" button.

Department of Health and Human Services
PSC Program Support Center
 Payment Management System

User: KANAK123456 | Logout
 SAT 09/03/2022
 Production | 1.15.2017.11.U1
 Help ?

Request for Payment

Person Requesting Funds

First Name * : Heinoa
 Last Name * : Kekanaka
 Middle Initial :
 Phone No. * : 555 - 555 - 0173 -
 E-Mail Address : heinoa@anapacific.org

Payment Details

Payment Due Date* : 09/07/2022
 Expected Disbursement Amount \$ * : 0
 Cash on Hand \$ * : -19754.88
 Payment Request Amount \$ * : 19764.88

Account Details

Account Number : X0000P1
 DUNS : 0123456789

☒ Check here if information shown is correct; otherwise please update.
 Continue Clear 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 5:00 p.m. ET will be processed as if received on the next business day.

Figure: PMS Request for Payment Form

4. Now you should see the Request for Payment screen.
 - a. In the Person Requesting Funds section, enter the information related to the requestor (usually the Project Director or finance person, but not the AOR).
 - b. Next fill in the Payment Due Date. This date should be at least the next business day after the day funds are requested.
 - c. In the Expected Disbursement field enter the amount you want to drawdown.
 - d. Only enter cash on hand if you have leftover funds from a drawdown you made 3 days prior to the current request or if you are requesting a reimbursement. If you are requesting a reimbursement, include the negative sign in front of the amount as seen in the screenshot below.
 - e. Make sure the Payment Request Amount is a positive number, then click "Continue". To make a combination request (a draw down and reimbursement) enter the amount you want to draw down in the Expected Disbursement field and enter the amount you want reimbursed in the Cash on Hand field using a negative amount.

Department of Health and Human Services
PSC Program Support Center
 Payment Management System

User: KANAK123456 | Logout
 SAT 09/03/2022
 Production | 1.15.2017.11.U1
 Help

Request for Payment

Account Review

Account Number: X0000P1
 DUNS: 012345678
 Name: Heinoa Kekanaka
 Phone No: (555)555-0173 Ext:
 E-Mail Address: heinoa@anapacific.org
 Payment Due Date: 09/07/2022
 Payment Request Amount \$: \$19,754.88

Sub Account(s)

☒ 90N001401

* 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 5:00 p.m. ET will be processed as if received on the next business day.

Figure: PMS Request for Payment Form

- Check the information on the next screen and click the "Sub Amount" button if the information is correct. If not, go back to the previous screen and make corrections.

Department of Health and Human Services
PSC Program Support Center
 Payment Management System

User: KANAK123456 | Logout
 SAT 09/03/2022
 Production | 1.15.2017.11.U1
 Help

Request for Payment

Account Number: X0000P1
 DUNS: 012345678
 Name: Heinoa Kekanaka
 Phone No: (555)555-0173 Ext:
 E-Mail Address: heinoa@anapacific.org
 Payment Due Date: 09/07/2022
 Payment Request Amount \$: \$19,754.88

Subaccount Bank Account	Unexpired Funds (A)	Expired Funds (B)	In-Transit Payments (C)	Total Funds (A+B-C)	Subacct Amt Requested \$
90NA012345 *****9876	\$55,766.35	\$0.00	\$0.00	\$55,766.35	19,754.88

☒ Declaration and Certification to the U.S. Department of Health & Human Services as to this Payment/Drawdown Request. I declare the following to the U.S. Department of Health & Human Services (HHS), under penalty of perjury: (1) I have authority to make this certification on behalf of the award recipient; (2) I have conducted (or have had conducted for the award recipient) a review of the terms and conditions of this award; all certifications and assurances for this award; and all statutory and regulatory requirements applicable to this award; and (3) I also have conducted (or have had conducted for the award recipient) a review as to all other matters represented in this declaration and certification. On behalf of myself and the award recipient, I certify to HHS, under penalty of perjury, that the following are true: (1) The award recipient is in compliance with all applicable laws, regulations, certifications, and assurances, including all terms and conditions of the award as to the obligation, expenditure, and drawdown of award funds, and all related statutory and regulatory requirements included in the certifications and assurances for this award; (2) If this request is for reimbursement: the request is accurate and complete; all obligations, expenditures, and cash receipts are supported by the requisite accounting records; and all costs included in the request are reasonable, allowable, and allocable to the award; (3) If this request is for an advance: the request is accurate; all obligations, expenditures, and cash receipts will be supported by the requisite accounting records; and (absent a specific statute that provides otherwise) the recipient will disburse the funds for costs that are reasonable, allowable, and allocable to the award within 3 business days, or immediately return the funds to HHS; (4) any and all information provided with this request for cash disbursement is accurate; and (5) there have been no changes to the award recipient's representations as to eligibility for the award that could affect the recipient's eligibility for continued disbursements under the award. I understand that, in making payment pursuant to this request, HHS will rely upon this declaration and certification to determine whether to disburse funds, and that its accuracy is a condition of payment. I also understand that a false, fictitious, or fraudulent statement in this declaration and certification or otherwise in connection with this payment/drawdown request (or concealment or omission of a material fact as to either) may be the subject of criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1621), and also may subject me and the award recipient to civil and administrative penalties and other remedies, including under the federal False Claims Act (31 U.S.C. §§ 3729-3730), Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812), Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a), or otherwise.

Figure: Declaration and Certification

- The next screen will show the amount you are requesting. If this is correct, check the "Declaration and Certification" check box and click the "Request Payment" button at the bottom.

Department of Health and Human Services
PSC Program Support Center
 Payment Management System

User: KANAK123456 | [Logout](#)
 SAT 09/03/2022
 Production | 1.15.2017.11.U1
[Help](#)

Request for Payment

[Request for Payment](#) >
[Payment File Processing](#)
[Disbursement](#)
[User Account Maintenance](#)
[Dashboard](#)

Request Payment
 Completed Transaction Info

Account: X0000P1 Payment Request Amount: \$19,754.88
 Request Date: 09/03/2022 DUNS Number: 012345678-
 Settlement Date: 09/07/2022

Subaccount: 90NA012345 Amount: \$19,754.88

Payment Request is in Holding file. The Transaction Number For Future Reference: 5555555555

Done

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 5:00 p.m. EST will be processed as if received on the next business day.

[Return To Menu](#)

Figure: Request for Payment Completed Transaction screen

- This confirmation page will show next. Now you can press the “Done” button.

Department of Health and Human Services
PSC Program Support Center
 Payment Management System

User: KANAK123456 | [Logout](#)
 SAT 09/03/2022
 Production | 1.15.2017.11.U1
[Help](#)

Request for Payment

[Request for Payment](#) >
[Payment File Processing](#)
[Disbursement](#)
[User Account Maintenance](#)
[Dashboard](#)

Done
Transaction Complete

You may select another process from the menu.
 OR
[Repeat Same Transaction Type](#)

[Return To Menu](#)

Figure: Request for Payment Done screen

- Next you should see the “Done Transaction Complete” message. This means your request for payment was successfully submitted.

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.

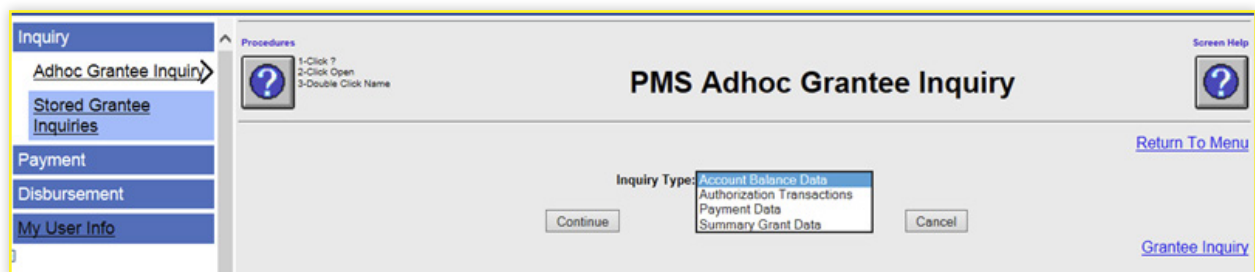


Figure: PMS Adhoc Grantee Inquiry

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.

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:
☐

Figure: Grantee Inquiry Search Criteria

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

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

<div> <input type="text"/> <input type="button" value="Go"/> <input type="button" value="Actions"/> </div> <div> <input checked="" type="checkbox"/> <input type="button" value="DOCUMENT NUMBER"/> </div> <div>1 - 2 of 2</div>										
DOCUMENT NUMBER : UDA051392A										
PAYEE ACCOUNT	AGENCY TITLE	TRANSACTION CODE	FISCAL YEAR	CAN	OBJECT CLASS CODE	INCREMENTAL AUTH AMT	AUTHORIZATION ISSUE DATE	AUTHORIZATION POST DATE <input type="button" value="↓"/>	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				

Figure: Authorization Transaction Table

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:

☐

Run Inquiry

Clear

Figure: Grantee Inquiry Search Criteria

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

Q

Go

Actions

* All amounts are displayed in USD.

REQUEST DATE

PAYMENT TRANSACTION ID

1 - 100 of 214

REQUEST DATE : 02/28/2021, PAYMENT TRANSACTION ID : 4038426512

PAYEE ACCOUNT	TRANSACTION CODE	SUBACCOUNT	SUBACCOUNT REQUESTED AMOUNT	TOTAL PAYMENT REQUEST AMOUNT	POST DATE	DEBIT DATE	SCHEDULE NUMBER
	227	HEALTHCARECENTERS_20	\$0.00	\$74,223.00	-	-	-
			\$0.00				

REQUEST DATE : 02/02/2021, PAYMENT TRANSACTION ID : 4038385671

PAYEE ACCOUNT	TRANSACTION CODE	SUBACCOUNT	SUBACCOUNT REQUESTED AMOUNT	TOTAL PAYMENT REQUEST AMOUNT	POST DATE	DEBIT DATE	SCHEDULE NUMBER
	927	HEALTHCARECENTERS_20	\$256,000.00	\$256,000.00	02/02/2021	02/03/2021	23443
			\$256,000.00				

REQUEST DATE : 01/20/2021, PAYMENT TRANSACTION ID : 4038363994

PAYEE ACCOUNT	TRANSACTION CODE	SUBACCOUNT	SUBACCOUNT REQUESTED AMOUNT	TOTAL PAYMENT REQUEST AMOUNT	POST DATE	DEBIT DATE	SCHEDULE NUMBER
	927	HEALTHCARECENTERS_20	\$126,000.00	\$171,000.00	01/20/2021	01/21/2021	13410

Figure: Payment Transaction Table

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

T/C (Transaction Codes)

908 = Return of Funds

927 = ACH "Next" Day Payments

911 = Return of Interest

Z27 = Payment was rejected

916 = Fed Wire "Same" Day Payments

PNT = Banking Updated

<input type="checkbox"/> REQUEST DATE <input type="checkbox"/> PAYMENT TRANSACTION ID		1 - 100 of 214							
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	23443	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	11/27/2020	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

Figure: Total Payment Request Table

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.

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:
 ☐

Figure: Grantee Inquiry Search Criteria

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

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	2001ARFFTA	\$5,489,255.00	\$277,875.00	\$546,840.62	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	2001ARAIPP	\$1,995,500.00	\$0.00	\$0.00	12/31/2020	10/01/2019	12/31/2023	N
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	2101ARRCMA	\$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

Figure: Grant Summary Table

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

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:

Save this inquiry:

Figure: Grantee Inquiry Search Criteria

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




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	REFMED03	\$0.00	\$314.00	\$0.00	03AAAR6100	10/01/2002	09/30/2009	Y	O
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	AIPP00	\$0.00	\$31,980.00	\$0.00	0001ARAIPP	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	\$6,013.81	\$0.00	1301ARRCMA	10/29/2012	09/30/2013	N	O
	G-ADMINISTRATION FOR CHILDREN & FAMILIES	NCCAN13	\$1,500.00	\$1,500.00	\$0.00	1301ARCA01	01/01/2013	09/30/2017	Y	C

Figure: Subaccount Summary Table

Authorized grant award information, payments made and funds available.

Some subaccounts will have matching document numbers.

Subaccount is what you see when you request funds.

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)

Figure: OPDIV Agency Codes

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 email 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

When using any of the above methods to return grant funds, you will want to include the following information with your documents:

-PAN number

-PMS sub account number that you want the funds returned to

-The reason for the return

Directly after you send the funds back, email PMSCollections@psc.hhs.gov. **Provide the same information bulleted above and let them know the money is on its way. Without doing this, the returned funds could sit at the receiving end indefinitely. Call your DPM Liaison Accountant before you return funds.**

Financial Reporting

There is one type of financial report required known as the Federal Financial Report (FFR) or 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. This report helps reconcile funding drawdowns and is submitted each project budget year semi annually, annually and 120 days after your project ends. This report is 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 reports in the Payment Management System. We will go into more detail on this report later in this section, including the due dates for each type of grant.

SEMI-ANNUAL FFR 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 REPORT

The Annual FFR like the second semi-annual 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 a budget year. These reports will be filled out and submitted the same way the Semi-annual reports were completed.

FINAL FFR

This is a close out report that is due 120 days after the close of the grant. The report is cumulative for the life of project.

COMPLETING THE STATUS REPORT (FFR)

Recipients complete the report in the Payment Management System. To complete the FFR, you will need to fill out sections 10d through 13e of the FFR.

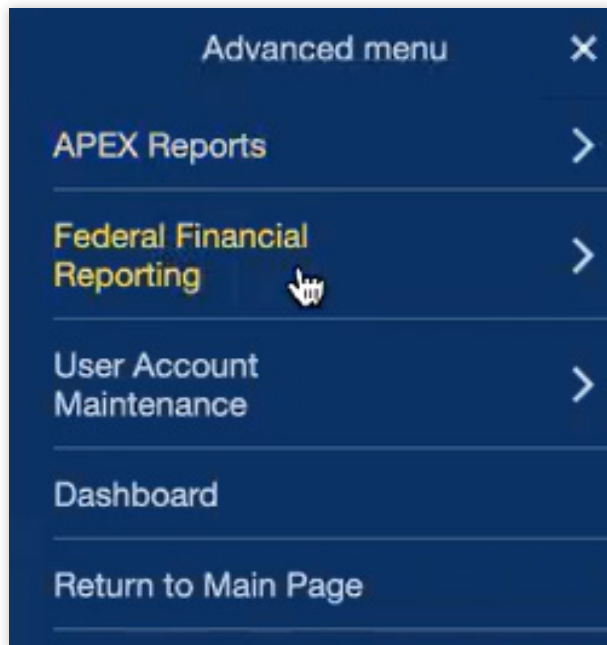


Figure: PMS Advanced Menu

1. Log into PMS and click on the house/home icon at the top right. Choose "Federal Financial Reporting".

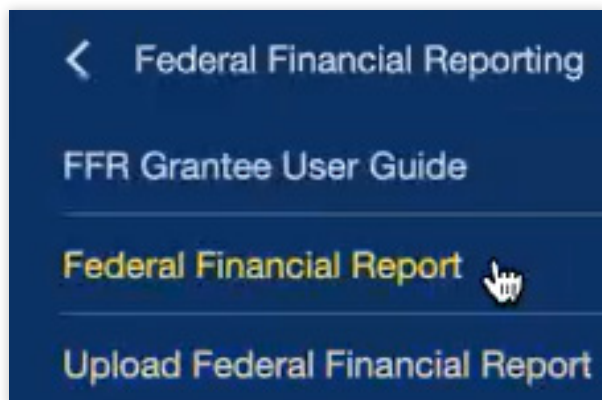


Figure: PMS Federal Financial Reporting Submenu

2. Then choose "Federal Financial Report".

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PSC | Payment Management System
 SATURDAY, SEP 3, 2022
 Helina Kakanaka (KANAK123456)

Payment Management System Federal Financial Report - Search

To search for a Federal Financial Report for a specific PAN or Federal Grant ID, enter the specific value. Both fields can be searched for partial matches by using an asterisk (*). Select other optional fields to refine your search.

Payee Account Number (PAN): Federal Grant ID:

Reporting Period: Report Status:

Delinquent Reports: Agency ID:

Search Results (1) Group Actions

<input type="checkbox"/>	Payee	Federal Grant ID	Agency	Report Type	Reporting Period End Date	Reporting Period Due Date	Report Submit Date	Report Status	Delinquent	Actions
<input type="checkbox"/>	X0000P1	90NA012345	DHHS/ACF	Semi-Annual	2025-03-31	2025-04-30	2025-04-29	Report Certified/Pending Agency Approval		

Records per page: Displaying 1 to 1 of 1 items Review

Figure: Payment Management System Federal Financial Report – Search

- The PMS Federal Financial Report Search page will appear. Fill in all fields that apply and click the “Search” button.

Federal Financial Report - Details

REPORT WORKFLOW: Report Available Prepare Report Certify Report Agency Review Completed

Click the [Edit Report](#) link or button to make new changes.

[Preview Report](#) [Report Details](#) [Status History](#) [Documents](#) [Revision History](#) [Notifications](#)

FEDERAL FINANCIAL REPORT

(Prescribed by OMB A-102)

1. Federal Agency and Organizational Element to Which Report is Submitted: HHS-ADMINISTRATION FOR CHILDREN & FAMILIES

2. Federal Grant / Subaccount: 90NA012345

3. Recipient Organization (Name and complete address including Zip code):
 HUI PONO COMMUNITY COALITION
 12-345 KEALA ST
 MAKAWAO, HI 95555-555

4a. UEI: ACTIVE (as of 05/18/2022) ABC1DE234F56

4b. EIN: 1234567890A1

5. Recipient Account Number or Identifying Number: X0000P1

6. Report Type: Semi-Annual

7. Basis of Accounting: Accrual

8. Project/Grant Period: From: 09/30/2024 To: 09/29/2025

9. Reporting Period End Date: 03/31/2025

Figure: Federal Financial Report – Details

- This will take you to the FFR Details page. Fill in the blank fields. Some fields will be pre-filled.
















10. Transactions:		Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>		
Federal Cash (on the GRANT LEVEL) for 90NN001401:		
a. Cash Receipts:		65,620.03 
b. Cash Disbursements:		88,471.68 
c. Cash on Hand (line a minus b):		-22,851.65 
<i>(Use lines d-o for single grant reporting)</i>		
Federal Expenditures and Unobligated Balance:		
d. Total Federal funds authorized:		880,351.00 
e. Federal share of expenditures:		88,471.68 
f. Federal share of unliquidated obligations:		0.00 
g. Total Federal share (sum of lines e and f):		88,471.68 
h. Unobligated balance of Federal funds (line d minus g):		791,879.32 
Recipient Share:		
i. Total recipient share required:		45,088.00 
j. Recipient share of expenditures:		21,000.00 
k. Remaining recipient share to be provided (line i minus j):		24,088.00 
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 
o. Unexpended program income (line l minus line m and line n):		0.00 

Figure: Federal Financial Report – Details Continued

- Section 10a - c should be prefilled, but you can change the amount in 10b if needed. 10c will automatically calculate any changes made to 10b.
- You will need to fill out the amounts that go into 10 e,f and j. The rest will be pre-filled or automatically calculate.
- Only fill out 10l-o if your project generated program income during the reporting period.

11. Indirect Expense:							
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
1. Fixed	10.00	2021-10-01	2022-03-31	11,139.80	1,113.98	1,113.98	
2.					0.00		
g. Totals:				11,139.80	1,113.98	1,113.98	

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

Prepared by: Kekanaka, Heinoa

Phone No.:

Email Address: heinoa@anapacific.org

Date Report Prepared: 05/18/2022

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: Kekipi, Alakai - Executive Director

b. Signature of Authorized Certifying Official: Kekipi, Alakai

c. Telephone (Area code, number and extension):

d. Email Address: alakai@anapacific.org

e. Date Report Submitted: 05/18/2022

Figure: Federal Financial Report – Details Continued Part 2

8. Fill out the Indirect Expense section (11) if you included any indirect costs/rates in your budget. Remarks should pertain to your indirect cost expense as seen in this example.
9. Next in section 12, fill in the name of the preparer of the FFR. This should not be the AOR.
10. The AOR's information should be included in section 13. The AOR will now have to log in and certify and submit the FFR.

COMPLETING THE STATUS REPORT (FFR)

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 4040-0014. Public reporting burden for this collection of information is estimated to average 1 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. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

Standard Form:	425
OMB Approval Number:	4040-0014
Expiration Date:	02/28/2025

Edit ReportCancel

Figure: Federal Financial Report – Details End

11. To revise the FFR after you have submitted it in PMS, you will need to contact your OGM Specialist and ask them to REJECT the report you want to revise. Once the report is rejected, you will take the same steps for submitting the FFR as described above and go to the bottom of the page and click the “Edit Report” button. Now you can revise the FFR.



Chapter 6

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 actual 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. 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.

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.

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.

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

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".

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 involves 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.

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.

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: 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.

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:
 - Activities under Federal award from the Federal awarding agency which funded the original project
 - 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.

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.

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.

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:
 - A complete, adequate, and realistic specification is available.
 - Two or more responsible bidders are able to compete.
 - 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 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:
 - Must be publicized and identify all evaluation factors and their relative importance
 - Solicited from an adequate number of qualified sources
 - Must have a written method for conducting technical evaluations and selecting recipients
 - 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:
 - Item is available only from a single source
 - Public exigency or emergency will not permit a delay
 - Authorized by the funder
 - After solicitation of a number of sources, competition is determined inadequate

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.

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

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 Award (NOA) 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.

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 AP- PROVAL RE- QUIRED	NOT ALLOW- ABLE
Advertising and Public Relations - read the regulations			
Advisory Councils - read the regulations			
Alcoholic Beverages			✓
Alumni/ae Activities			✓
Audit Services	✓ (with restrictions)		
Bad Debts			✓
Bonding Costs	✓		
Collections of Improper Payments	✓		
Commencement and Convocation Costs			✓ (with exception)
Compensation - Personal Services - read the regulations	✓		
Compensation - Fringe Benefits	✓		
Conferences	✓		
Contributions and Donations - read allowability of contributions to the Tribe or organization			✓
Defense and Prosecution of Criminal and Civil Proceedings, Claims, Appeals and Patent Infringements - some exceptions			✓
Depreciation	✓		
Employee Health and Welfare Costs	✓		
Entertainment Costs			✓
Equipment and Other Capital Expenditures		✓	
Exchange Rates		✓	
Fines, Penalties, Damages and Other Settlements - some exceptions			✓
Fund Raising and Investment Management Costs		✓ (If to meet Federal program Objectives)	

	ALLOWABLE	PRIOR AP- PROVAL RE- QUIRED	NOT ALLOW- ABLE
Gains and Losses on Disposition of Depreciable Assets - read the regulations			✓
General Costs of Government			✓
Goods or Services for Personal Use			
Idle Facilities and Idle Capacity			✓ (two excep- tions)
Insurance and Indemnification	✓		
Intellectual Property	✓		
Interest - read the regulations			
Lobbying			✓
Losses on Other Awards or Contracts			✓
Maintenance and Repair Costs	✓		
Materials and Supplies Costs, including costs of computing devices	✓		
Organization Costs		✓	
Proposal Costs	✓		
Publication and Printing Costs	✓		
Rearrangement and Reconversion Costs - read the regulations		✓	
Recruiting Costs	✓		
Relocation Costs of Employees	✓ (Only specific criteria)		
Rental Costs of Real Property and Equipment - read the regulations	✓		
Selling and Marketing - direct costs only		✓	
Specialized Service Facilities	✓ (specific con- ditions)		
Student Activity Costs			✓
Taxes	✓		
Termination Costs	✓		
Training and Education Costs	✓		
Transportation Costs	✓		
Travel Costs - read the regulations	✓		
Trustees Travel and Subsistence Costs	✓		

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.

45 CFR APPENDIX TITLES

- 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/hhs-grants-policy-statement-october-2024.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

Term	Definition
ACF	Administration for Children and Families
ANA	The Administration for Native Americans
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
EMI	Esther Martinez Immersion
ERE	Environmental Regulatory Enhancement
FFR	Federal Financial Reports
GPS	Grants Policy Statement
GS	GrantSolutions
HHS	Department of Health and Human Services
NAPA	Native American Programs Act of 1974, as amended
NCC	Non-Competing Continuation
NCE	No Cost Extension
NFS	Non-Federal Share (also referred to as Cost Share)
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
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
PM	Native American Language Preservation and Maintenance
PMS	Payment Management System
SEDS	Social and Economic Development Strategies
SEDS AK	Social and Economic Development Strategies Alaska
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](http://www.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 the following points in time: baseline, end of project year(s), and end of project period, 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.

APPENDIX 4

GRANT AMENDMENT EXAMPLES

BUDGET REVISION

Recipients generally have some flexibility to re-budget within and between cost categories to meet unanticipated needs and to make other post-award changes. There are two types of budget revisions: Significant Budget Revision and Non-Significant Budget Revision.

All revisions begin with an email from the recipient to the Program Specialist stating the reason for making the revision and the dollar amount of the revision. The Program Specialist will determine whether the recipient is seeking a Significant or Non-significant Revision and ask for the appropriate documents above.

Whether you will be submitting for a Significant or Non-Significant Revision is determined by the Federal Share listed on the Notice of Award for the current budget period (see table below).

SIGNIFICANT BUDGET REVISION THRESHOLD	
10% Change between Cost Categories	25% Change between Cost Categories
Federal Share is greater than or equal to \$250,000.	Federal Share is less than or equal to \$250,000.
Example: Federal Share is \$900,000 for the budget period and the recipient wants to move \$90,500 or more between categories. This requires a significant revision	Example: Federal Share is \$200,000 for the budget period and the recipient wants to move \$50,000 between categories. This requires a significant revision

Anything **below** the thresholds shown in the table above will require a Non-Significant Budget Revision (less than 10% when the Federal Share is \$250,000 or greater / less than 25% when the Federal Share is less than \$250,000).

It is worth noting, these threshold amounts are cumulative over the budget period. Once the total revisions reach either the 10% or 25% of the threshold all revisions will require prior written approval. It will be important for the recipient to track all their revisions internally to ensure compliance with the federal regulations.

One main difference between a Significant Revision and a Non-Significant Revision is the documentation required to be submitted (see table below) to process and approve the amendment.

A **Significant Budget Revision** is required for the following revision requests regardless of the dollar amount:

- changes in approved cost-sharing from de minimis to negotiated indirect,
- purchasing equipment,
- new subawards or contracts being added to the budget.

* A list of costs requiring prior written approval can be found in 45 CFR Part 75.407.

** A list of revisions to the budget and program plan requiring prior approval can be found in 45 CFR Part 75.308.

NON-SIGNIFICANT BUDGET REVISION - (AWARDS 2024 AND LATER)

A Non-Significant Budget Revision requires a cover letter to the Program Specialist and an SF-424A showing ONLY the revision amounts and is then uploaded into GrantSolutions as a Grant Note.

DOCUMENT	EXPLANATION
Cover Letter Upload	This letter should be on company or tribal letterhead, signed by your authorizing official, scanned as a PDF.
SF-424A	<p>The 424A is an on-line form which you can open and fill out directly in GrantSolutions. You may also obtain the 424A form from Grants.gov from the SF-424 Individual Forms family.</p> <p>*Only fill out Section A, B & C – based on full funding amount listed on the Notice of Award (leave Sections D & E blank)</p> <p>When filling out Section B, ONLY include the revision numbers. Ensure that both Columns (1) and (2) add up to zero.</p> <p>*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 example, it will create the two columns.</p>
Miscellaneous	If you are revising your budget due to a change in your Indirect Cost Rate, attach a copy of your new indirect agreement.

Once the documents are completed the recipient will submit them to the Program Specialist for review. Once the Program Specialist reviews them for accuracy. The recipient will upload the documents into GrantSolutions as a Grant Note.

Below is a sample of the cover letter and the SF-424A.

- The recipient in the example is moving a total of \$10,496 in Federal Share and \$2,552 in Cost Sharing which is far below their 10% threshold.

Indigenous Community Council

100 Lake Street
Generic City, OK 00000-1111
(777) 777-7779

April 4, 2025

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 2025 IDC rate and a reduction in our Fringe costs.

Our approved 2025 IDC rate of 16.98% is a decrease from the 2023 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 April 1, 2025.

We are submitting the SF-424A with the line item revisions, and the signed Indigenous Community Council 2025 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.

Respectfully;

Ellen Shows

Ellen Shows
Chair, Indigenous Community Council Board of

Directors cc: Mary Stevens, Program Specialist

www.Indigenouscommunity.Org

View Burden Statement

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SEEDS - Federal Share	93.612	\$	\$	\$ 900,000.00	\$	\$ 900,000.00
2. SEEDS - Cost Sharing	93.612				225,000.00	225,000.00
3.						
4.						
5. Totals		\$	\$	\$ 900,000.00	\$ 225,000.00	\$ 1,125,000.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
		SEDS - Federal Share	SEDS - Cost Sharing		
a. Personnel	\$ 2,116.00	\$	\$	\$	2,116.00
b. Fringe Benefits	-10,000.00		-2,488.00		-12,488.00
c. Travel	1,986.00				1,986.00
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other	6,394.00		2,424.00		8,818.00
i. Total Direct Charges (sum of 6a-6h)	496.00		-64.00		560.00
j. Indirect Charges	-496.00		64.00		-432.00
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$	\$ 0.00	\$	0.00
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. SEDS - Federal Share	\$	\$	\$	\$	
9. SEDS - Cost Sharing	225,000.00			225,000.00	
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 225,000.00	\$	\$	\$ 225,000.00	
SECTION D - FORECASTED CASH NEEDS					
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal	\$	\$	\$	\$	
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	
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. SEDS - Federal Share	\$	\$	\$	\$	
17. SEDS - Cost Sharing					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges: Fixed			
23. Remarks:					

Indian Organizations
Indirect Cost Negotiation Agreement

EIN: 11-1111111

Date: February 24, 2025

Organization:

Indigenous Community Council
1000 Lake St
Generic City, OK 00000

Report No(s) : 00-A-0000

Filing Ref.:
Last Negotiation Agreement
dated February 7, 2023

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	01/01/25	12/31/25	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

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

FEB 24 2025

SIGNIFICANT BUDGET REVISION – (AWARDS 2024 AND LATER)

Once the Program Specialist approves the initial email request for the revision the recipient will begin to fill out and compile all the required documents. A Significant Budget Revision requires a cover letter, the most recent SF-424A showing ONLY the revision amounts, SF-424, and a Line-Item Budget and Justification. These should be sent to the Program Specialist for review and uploaded into GrantSolutions as an amendment.

DOCUMENT	EXPLANATION
Instructions	This is an information-only document that provides instructions for preparing the amendment. As updates occur, the instructions may differ from these.
Cover Letter Upload	This is the placeholder for attaching 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 as a PDF, and attached.
SF-424A	<p>The 424A is an online form you can open and fill out directly in GrantSolutions. You may also obtain the 424A form from Grants.gov from the SF-424 Individual Forms family.</p> <p>*Only fill out Sections A, B & C – based on the full funding amount listed on the Notice of Award (leave Sections D & E blank)</p> <p>When filling out Section B ONLY include the revision numbers. Ensure that both Columns (1) and (2) add up to zero. When using the online form, begin by filling out the 424A, which will pre-populate some of the data in the 424 form.</p> <p>*Note: In section B, make sure to break out both the Federal and Non-Federal amounts in separate columns. Completing the 424A, as shown in the example, will create the two columns.</p>
SF-424	The 424 is another online form you can open and complete in GrantSolutions. As with the 424A, you can upload a completed form.

DOCUMENT	EXPLANATION
Budget Narrative Upload	<p>Attach your completed line-item budget (Federal and Non-Federal) and a budget justification.</p> <p>This is based on the full funding amount of the award as listed on the Notice of Award</p> <p>The budget justification should clearly show and describe the budget changes to justify the proposed costs.</p>
Miscellaneous Information	<p>If you are revising your budget due to purchasing equipment; adding a contractor or consultant; or changing your cost sharing; add the additional documents here that would help in processing the amendment, for example, cost quotes or a consultant contract.</p>

Once the recipient drafts their amendment documents, they will submit them to your Program Specialist or regional TTA Center for initial review. After finalizing the documents with your Program Specialist, the recipient will upload them to GrantSolutions.

Below is a sample of a revision for the purchase of equipment and includes a cover letter, SF-424A, line-item budget and a quote. This will also require a budget justification.

Indigenous Community Council

100 Lake Street
Generic City, OK 00000-1111
(777) 777-7779

January 8, 2025

Robert Smith, Program Specialist
Administration for Native Americans
Division of Program Operations
Mary E. Switzer Memorial Building
330 C Street, SW
Washington, DC 20201

RE: ANA Grant 90NA0000

Dear Mr. Smith:

We are pursuing the opportunity to modify the budget for the Indigenous Community Council's ANA SEDS project - Traditional Foods for Healthy Eating, ANA grant 90NA0000.

Our Agriculture Director has been assigned to oversee an additional project, so we need to reduce the time allocated for this position. The Agriculture Director position is currently budgeted as devoting 50% of their time to the project; they will now be devoting 25% of their time to the project. We are also adding a Farm Tech who will be devoting 50% of his time to the project. We have attached the resume for David Warren who will fill that position.* Because of the Personnel changes, the Fringe Benefits had to be increased. We also reduced the costs for Office Supplies as determined that our actual costs are lower. Our attached line-item budget and justification illustrate and further explain our modifications.

Along with our cover letter we are submitting forms 424 and 424A, a revised line-item budget with justification. If you have any questions concerning this, please contact John Smith, project contact at 777-777-7772 or email at JSmith@indigenouscommunity.org.

Respectfully,

Ellen Shows

Ellen Shows
Chair, Indigenous Community Council Board of Directors

**Resume is not included as a part of this example*

www.Indigenouscommunity.org

Indigenous Community Council - Healthy Living through Traditional Foods 90NA0000

Budget Period 2024-2027	FEDERAL SHARE	REVISION FEDERAL +/-	NEW FEDERAL SHARE	COST SHARE	REVISION COST SHARE +/-	NEW COST SHARE	NEW BUDGET TOTAL
Personnel							
Project Manager	\$195,000		\$195,000				\$ 195,000
Coordinator / Admin				\$75,000		\$75,000	\$75,000
Agriculture Director	\$147,000	\$(73,500)	\$73,500				\$73,500
Dietician	\$126,000		\$126,000				\$126,000
Testing/Demonstration Asst	\$30,000		\$30,000	\$51,000		\$51,000	\$81,000
NEW Farm Tech		\$77,500	\$77,500				\$77,500
SUBTOTAL PERSONNEL	\$498,000	\$4,000	\$502,000	\$126,000	\$0	\$126,000	\$628,000
Fringe Benefits							
22% for all benefits	\$109,560	\$880	\$110,440	\$27,852		\$27,852	\$138,292
SUBTOTAL FRINGE BENEFITS	\$109,560	\$880	\$110,440	\$27,852	\$0	\$27,852	\$138,292
Travel							
Post Award	\$3,250		\$3,250				\$3,250
Grantee Meeting	\$16,509		\$16,509				\$16,509
Hydroponic Training - USDA	\$9,100		\$9,100				\$9,100
Leafy Hydroponics Summit	\$9,750		\$9,750				\$9,750
SUBTOTAL TRAVEL	\$38,609	\$0	\$38,609	\$0	\$0	\$0	\$38,609
Equipment							
Hydroponic Unit	\$8,827		\$8,827				\$8,827
Refrigeration Unit	\$6,295		\$6,295				\$6,295
Freeze Dry Unit (2)	\$8,750		\$8,750				\$8,750
SUBTOTAL EQUIPMENT	\$23,872	\$0	\$23,872	\$0	\$0	\$0	\$23,872
Supplies							
Office Supplies	\$9,525	\$(4,880)	\$4,645	\$6,000		\$6,000	\$10,645
SUBTOTAL SUPPLIES	\$9,525	\$(4,880)	\$4,645	\$6,000	\$0	\$6,000	\$10,645
Contractual							
SUBTOTAL CONTRACTUAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other							
Freeze Dry Supplies	\$12,888		\$12,888				\$12,888
Storage Space Rental				\$27,980		\$ 27,980	\$27,980
Shipping	\$5,000		\$5,000	\$5,000		\$ 5,000	\$10,000
5 Canners & Jars	\$11,637		\$11,637				\$11,637
Hoses, Timers, Pumps	\$1,027		\$1,027				\$1,027
Heirloom Seeds	\$1,500		\$1,500				\$1,500
Fertilizer	\$7,800		\$7,800				\$7,800
SUBTOTAL OTHER	\$39,852	\$0	\$39,852	\$32,980	\$0	\$32,980	\$72,832
DIRECT COST TOTAL	\$719,418	\$0	\$719,418	\$192,832	\$0	\$192,832	\$912,250
Indirect Charges (Negotiated rate 21%)	\$51,906		\$51,906				\$51,906
TOTAL PROJECT	\$771,324	\$0	\$771,324	\$192,832	\$0	\$192,832	\$964,156

BUDGET JUSTIFICATION

	ORIGINAL FEDERAL BUDGET	REVISED FEDERAL BUDGET	NARRATIVE
PERSONNEL			
Agriculture Director	\$147,000	\$73,500	The Agriculture Director, Mike Jones, was originally budgeted as .5 FTE with a three-year total of \$147,000. His full salary for three years totals \$294,000. Mike has been assigned to work on a new project in one of our communities which requires a reduction in his involvement on this project. We are reducing his time to .25 FTE (10 hours per week). This results in a new allocation of \$73,500 ($\$294,000 \times 25\% = \$73,500$)
NEW Farm Tech	\$0	\$77,500	A new Farm Tech will be a .5 FTE on the project. Their 3-year annual salary is \$155,000. They will be half-time on the project for a total of \$77,500 ($\$155,000 \times 50\% = \$77,500$). David Warrant, who will fill this position, has over 20 years' experience working with hydroponics. He will be setting up and maintaining the system along with other farm related duties. Please refer to his attached resume.
SUPPLIES			
Office Supplies	\$9,525	\$4,645	Our accounting staff looked at recent organizational expenditures for office supplies and determined that the costs were lower than originally budget. Offices supplies are averaging \$295.69/month so we reduced the federal cost by \$4,880 for a new total of \$4,645. When added to the cost share of \$6,000 the new total is \$10,645. $\$295.69 \times 36 \text{ months} = \$10,644.84$ rounded to \$10,645.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input 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) * Other (Specify): Budget Revision	
* 3. Date Received: 01/08/2025		4. Applicant Identifier:			
5a. Federal Entity Identifier:			5b. Federal Award Identifier: 90NA0000		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: Indigenous Community Council					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 99-9999999			* c. UEI: ZZZ9999ZZZ99		
d. Address:					
* Street1:		100 Lake Street			
Street2:					
* City:		Generic City			
County/Parish:					
* State:		OK: Oklahoma			
Province:					
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		00000-1111			
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:		John	
Middle Name:					
* Last Name:		Smith			

Application for Federal Assistance SF-424			
* 9. Type of Applicant 1: Select Applicant Type: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">K: Indian/Native American Tribally Designated Organisation</div> Type of Applicant 2: Select Applicant Type: <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Type of Applicant 3: Select Applicant Type: <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> * Other (specify): <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>			
* 10. Name of Federal Agency: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Administration for Native Americans</div>			
11. Catalog of Federal Domestic Assistance Number: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">93.612</div> CFDA Title: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Native American Programs</div>			
* 12. Funding Opportunity Number: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">HHS-2024-ACF-ANA-NA-0050</div> * Title: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Social and Economic Development Strategies - SEDS</div>			
13. Competition Identification Number: <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Title: <div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div>			
14. Areas Affected by Project (Cities, Counties, States, etc.): <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">Add Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">View Attachment</div> </div>			
* 15. Descriptive Title of Applicant's Project: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Traditional Foods for Healthy Eating</div>			
Attach supporting documents as specified in agency instructions. <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">Add Attachments</div> <div style="border: 1px solid black; padding: 2px 5px;">Delete Attachments</div> <div style="border: 1px solid black; padding: 2px 5px;">View Attachments</div> </div>			

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input style="width: 100px;" type="text" value="00001"/>	* b. Program/Project <input style="width: 100px;" type="text" value="00001"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input style="width: 200px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input style="width: 100px;" type="text" value="09/30/2024"/>	* b. End Date: <input style="width: 100px;" type="text" value="09/29/2027"/>
18. Estimated Funding (\$):	
* a. Federal	771,924.00
* b. Applicant	192,832.00
* c. State	<input style="width: 100px;" type="text"/>
* d. Local	<input style="width: 100px;" type="text"/>
* e. Other	<input style="width: 100px;" type="text"/>
* f. Program Income	<input style="width: 100px;" type="text"/>
* g. TOTAL	964,156.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 100px;" type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input style="width: 200px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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 18, Section 1001)	
<input checked="" type="checkbox"/> ** 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: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 150px;" type="text" value="Ellen"/>
Middle Name: <input style="width: 250px;" type="text"/>	
* Last Name: <input style="width: 250px;" type="text" value="Shows"/>	
Suffix: <input style="width: 100px;" type="text"/>	
* Title: <input style="width: 350px;" type="text" value="Chair, Board of Directors"/>	
* Telephone Number: <input style="width: 150px;" type="text" value="777-777-7777"/>	Fax Number: <input style="width: 150px;" type="text"/>
* Email: <input style="width: 500px;" type="text" value="eshows@indigenouscommunity.org"/>	
* Signature of Authorized Representative:	* Date Signed: <input style="width: 100px;" type="text" value="01/08/2025"/>
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <i>Ellen Shows</i> </div>	

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SMDS - FEDERAL	93.612	\$	\$	\$ 771,324.00	\$	\$ 771,324.00
2. SMDS - COST SHARING	93.612				192,832.00	192,832.00
3.						
4.						
5. Totals		\$	\$	\$ 771,324.00	\$ 192,832.00	\$ 964,156.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) SEDS - FEDERAL	(2)	(3) SEDS - COST SHARING	(4)	
a. Personnel	\$ 4,000.00	\$	\$	\$	\$ 4,000.00
b. Fringe Benefits	880.00				880.00
c. Travel					
d. Equipment					
e. Supplies	-4,880.00				-4,880.00
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	0.00				0.00
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$	\$	\$	0.00
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. SEDS - Federal Share	\$	\$	\$	\$	
9. SEDS - Cost Sharing	192,832.00				192,832.00
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	192,832.00

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$
14. Non-Federal	\$			
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$

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. SEDS - Federal Share	\$	\$	\$	\$
17. SEDS - Cost Sharing				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

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CHANGE PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR (PI/PD)

If your Project Director changes during 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.

DOCUMENT	EXPLANATION
Change PI/PD Instructions ACF	An information-only document that provides the instructions for preparing this amendment.
Project Director Online Form	Start by clicking “ Enter Online ” to complete the online-only Change Project Director form which will ask you to identify your new PI/PD.
Cover Letter	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.
Resume	Click “Upload” to attach a resume for the new PI/PD.
GrantSolutions User Account Request Form	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: https:// home.grantsolutions.gov/home/wp-content/uploads/2024/08/Grant-Recipient-User-Account-Request- Form-revised-05-01-24.pdf . Click “Upload” to attach the completed form.
OLDC Request Form	In order to access the Ongoing Progress Report (OPR), the new Project Director will also need to complete this form. A copy of the form can be found at the end of this manual or is available from your Program Specialist.
SF-424 Application for Federal Assistance	Click “Enter Online” to complete the SF-424 in GrantSolutions.

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 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

Position

Street Address

Street Address 2

City

State/Province

Zip/Postal Code

Country

Phone

Fax

Email

New Project Director

Select Project Director (from grantee organization) : Please select a PI/PD (OR) Add Project Director : Add

Project Director Details

Prefix

First Name ★

Middle Name

Last Name ★

Suffix

Position

Country ★

Street Address ★

Street Address 2 (Mail Stop)

Street Address 3 (Department Division)

City ★

State ★

Zip Code

Work Phone ★

Mobile Phone

Fax

Email ★

Please select a prefix or choose other and specify

UNITED STATES

Please select a state

NOTE

This is a GrantSolutions Online Form. The top section will prefill with the former Project Director’s information. You will complete the New Project Director information.

178

2024 POST AWARD MANUAL

INDIGENOUS COMMUNITY COUNCIL

August 15, 2024

Jane Deer
Program Specialist
Administration for Native Americans
Administration for Children and Families
330 C Street, SW
Washington, DC 20201

Re: Grant #90NL0000 New Project Director

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 July 31, 2024. Upon receipt of his resignation, the ICC Board of Directors moved quickly to replace him before the opening of our school on September 3, 2024.

We were very fortunate to recruit Tim Jones to serve as ICC's New Director. Tim is a Native educator who worked many years with the public school system as a teacher, school principal, and most recently, as Director of Indian Education for the school district. His resume is being submitted with this amendment. 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, Project Director
Indigenous Community Council
1000 Lake Street
Generic City, ST Zip
Phone: 777-777-7777
E-mail: TJones@indigenouscommunity.org

Sincerely,

Ellen Shows

Ellen Shows
Chair, Indigenous Community Council

www.indigenouscommunity.org
• 1000 Lake Street • Generic City • State • 00000 •

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input 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) _____ * Other (Specify): PD Change _____		
* 3. Date Received: 08/15/2024		
4. Applicant Identifier: _____		
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: 90NL0000
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
* a. Legal Name: Indigenous Community Council		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 99-9999999		* c. UEI: ZZZ9999ZZZ99
d. Address:		
* Street1: 1000 Lake Street		
Street2: _____		
* City: Generic City		
County/Parish: _____		
* State: ST		
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: Tim	
Middle Name: _____		
* Last Name: Jones		
Suffix: _____		
Title: Project Director		
Organizational Affiliation: _____		
* Telephone Number: 777-777-7777		Fax Number: 777-777-7770
* Email: tjones@indigenouscommunity.org		

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Administration for 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-2024-ACF-ANA-NL-0059

* Title:

Native American Language Preservation and Maintenance (P&M)

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:

Indigenous Community Council Language Project

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="640,000.00"/>
* b. Applicant	<input type="text" value="160,000.00"/>
* 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="800,000.00"/>

*** 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

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 18, 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:

TIM JONES

TJ9999@gmail.com

SUMMARY

Educator and administrator with expertise in 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:

- Organizational Development
- Staff Training & Development
- Native American Studies
- Strategic Planning
- Curriculum Development
- At Risk Schools/Students
- Budgets and Cost Savings
- Magnet Programs

PROFESSIONAL EXPERIENCE

Director of Education – XYZ High School

2018 to 2024

In charge of all school operations, compliance and personnel.

Teacher Mid City School

2010 to 2018

Taught Social Studies courses including Tribal Economics, beginning Ojibwe Language and Culture, American History from a Native Perspective, and Native American Music. Teacher Mentor and a member of the Leadership Team at the school. I also had an independent contract with the school to assist the school in restructuring.

Independent Consultant

2008 to 2010

Worked as an independent contractor with Generic City Public Schools helping them to develop an Indian Education Department, working with parents and students. Completed a project interviewing teachers of Native American students who have demonstrated success in teaching Native students.

Interim Director of Indian Education, Generic City

2006 to 2008

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 2006

Was a principal at three of the district’s seven high schools, South High School, East High School, and West 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. In each case I mentored an administrator to take over the principal role all of whom became very successful principals.

EDUCATION

University of State, Generic City

- Masters Degree plus 30 credits in Education Administration

University of State, Generic City

- Bachelor of Arts, Native American Studies
- Bachelor of Science, Secondary Education Social Studies

Other State University

- 15 credits towards a Masters Degree in Counseling

NOTE: Full curriculum vita and references 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.
- 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 8/15/24



Grant Recipient User Account Request Form: Part 2

Request Type: ☒ New Account ☐ Account Change ☐ Account Closure

Funding Entity:

Department of Health & Human Services

- ☒ Administration for Children and Families
- ☐ Administration for Community Living
- ☐ Administration for Strategic Preparedness & Response
- ☐ 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 National Coordinator for Health Information Technology

☐ Department of Homeland Security

Department of Transportation

- ☐ Federal Motor Carrier Safety Administration Federal
- ☐ Railroad Administration
- ☐ Office of the Secretary (AMJP)
- ☐ Pipeline and Hazardous Materials Safety Administration
- ☐ Federal Highway Administration (FHWA)
- ☐ Federal Aviation Administration (FAA)

Department of the Treasury

- ☐ Internal Revenue Service
- ☐ Office of Grant Community Relations
- ☐ Bureau of the Fiscal Service
- ☐ Consumer Product Safety Commission
- ☐ Department of Agriculture
- ☐ Department of Housing and Urban Development
- ☐ Department of the Interior
- ☐ Department of Labor
- ☐ Electoral Assistance Commission
- ☐ Environmental Protection Agency
- ☐ Gulf Coast Ecosystem Restoration Council
- ☐ Public Health Service
- ☐ Small Business Administration
- ☐ Social Security Administration
- ☐ Treasury – RESTORE Act
- ☐ Veterans Affairs
- ☐ Other:

Grant Recipient (Organization):	Indigenous Community Council			
Address 1 (Organization):	1000 Lake Street			
Address 2 (Organization):				
City:	Generic City	State:	ST	ZIP: 00000
Grant Number(s):	90NL0000			
UEI:	ZZZ9999ZZZ99			
User First Name:	Tim	User Last Name:	Jones	
Title:	Project Director			
Phone:	777-777-7777			
Email:	tjones@indigenouscommunity.org			

Assistive Technology – Assistive Technology, such as JAWS, is used for visual impairment.

☐ I use a Visual Impairment (screen reader/JAWS) Assistive Technology.



Role Authority:

- | | |
|---|--|
| <input type="radio"/> Authorizing Official/Authorizing Representative | <input checked="" type="radio"/> Program Director/Principal Investigator |
| <input type="radio"/> Financial Officer | <input type="radio"/> Support Staff |
| <input type="radio"/> Financial Officer Support | |

Supervisor or Authorized Official Name:

Ellen Shows

Title:

Chair

Signature:

Ellen Shows

Note: The Supervisor or Authorized Official should sign requests.

OLDC Request Form

PERSONAL INFORMATION

First Name:	Tim	Middle Initial:	
Last Name:	Jones		
Title*:	Project Director	Phone Number:	777-777-7777
Street Address:	1000 Lake Street	State:	ST Zip: 99999
E-Mail Address:	tjones@indigenouscommunity.org		
Browser Name (e.g. Internet Explorer, Netscape, Firefox):	Microsoft Edge	Browser Version (e.g. 4.0.1):	

**Required for person with the role Certify with Signature Authority*

Person Type (Please select one): ☐ Federal (ACF Federal Staff) ☐ Contractor (ACF Contractor) ☒ Non-Federal (Grantee Staff)

Do you currently have an OLDC account? ☐ Yes ☒ No

For which State(s)/Territory(s)/Tribe(s)/Grant do you need access? ST/90NL0000

Do you need access to all EINs associated with the State(s)/Territory(s)/Tribe(s)/Grant? ☒ Yes ☐ No

If No, please specify the necessary EIN(s):

Are you replacing someone or taking on responsibilities previously assigned to a co-worker? ☒ Yes ☐ No

If Yes, please complete the contact information for that person below:

First Name: Mike Last Name: Smith

E-mail Address: msmith@indigenouscommunity.org Phone Number: 777-777-9999

Programs:	Forms:	Job Type: (One Per Program)	Additional Roles:	Primary * Contact:	E-Mail Notification upon Submit and Unsubmit:
NA-P&M	<input checked="" type="checkbox"/> All	Grant Administrator		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Forms:				
	Form Name(s): On-going Progress Report				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				
	<input type="checkbox"/> All			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Forms:				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				
	<input type="checkbox"/> All			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Forms:				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				

* Primary Contact must be checked for someone who needs the Certify capability.

ADDITIONAL INSTRUCTIONS

NO COST EXTENSION (NCE)

ANA expects recipients to complete their projects within the approved timeframe; however, unforeseen circumstances sometimes delay a project's completion. A No Cost Extension allows a recipient that has incomplete activities from their Objective Work Plan 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 following examples to prepare the amendment to be submitted in GrantSolutions. To allow for processing, submit your No Cost Extension 45 days before the project end date.

DOCUMENT	EXPLANATION
Instructions	An information-only document that provides instructions for preparing the amendment.
Cover Letter	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. Your Authorizing Official should sign this letter.
SF- 424	The 424 is another online form you should open and complete in GrantSolutions. Be sure to mark Revision in 2. Type of Application . You can upload a completed form in the Miscellaneous Information placeholder if revisions are needed.
Miscellaneous Information	Any other documentation for the request.

NOTE

To be eligible for an NCE, all programmatic and financial reporting must be up to date. Verify that the reporting is up to date.

NOTE

You must submit a separate Budget Revision amendment to make any changes to the budget. For grants awarded before 2024, Carry Over Budget requests also require a separate amendment.

Please note that you must receive a signed Notice of Award from ACF before you can proceed with implementing your request. If you have not heard from OGM, please do not assume your request has been approved.

TRIBAL DEVELOPMENT

30 Rural Road
Generic City, ST 00000

August 5, 2024

Sue Smith, Program Specialist
Administration for Native Americans
330 C Street, SW
Washington, DC 20201

RE: Grant 90NA0000 No-Cost Extension Request

Dear Ms. Smith:

Tribal Development (TD) is requesting a No Cost Extension to our “Diversifying Tribal Development Farm” project until September 29, 2025. As we have discussed with you previously, our project was impacted by the departure of the Farm Production Manager and the Workforce Development Coordinator in March of this year. This delayed the progress of several activities while we looked to fill the positions.

We are requesting a No Cost Extension for our staff to attend trainings that will enhance their capabilities in diversification of farm operations and workforce development. We have hired two qualified individuals who will be starting work in September. Once they have been trained, they can in turn provide trainings to tribal members who will be working on the farm. 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 me at cjones@td.com.

Sincerely,



Cathy Jones
Executive Director

Enclosures

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input 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): <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">E: Other (specify)</div> * Other (Specify): <div style="border: 1px solid black; padding: 2px;">No Cost Extension</div>
* 3. Date Received: <div style="border: 1px solid black; padding: 2px;">08/05/2024</div>		4. Applicant Identifier: <div style="border: 1px solid black; height: 20px;"></div>		
5a. Federal Entity Identifier: <div style="border: 1px solid black; padding: 2px;">90</div>		5b. Federal Award Identifier: <div style="border: 1px solid black; padding: 2px;">90NA0000</div>		
State Use Only:				
6. Date Received by State: <div style="border: 1px solid black; width: 80px; height: 20px;"></div>		7. State Application Identifier: <div style="border: 1px solid black; width: 340px; height: 20px;"></div>		
8. APPLICANT INFORMATION:				
* a. Legal Name: <div style="border: 1px solid black; padding: 2px;">Tribal Development</div>				
* b. Employer/Taxpayer Identification Number (EIN/TIN): <div style="border: 1px solid black; padding: 2px;">00-0000000</div>		* c. UEI: <div style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</div>		
d. Address:				
* Street1: <div style="border: 1px solid black; padding: 2px;">30 Rural Road</div>				
Street2: <div style="border: 1px solid black; height: 20px;"></div>				
* City: <div style="border: 1px solid black; padding: 2px;">Generic City</div>				
County/Parish: <div style="border: 1px solid black; height: 20px;"></div>				
* State: <div style="border: 1px solid black; padding: 2px;">ST</div>				
Province: <div style="border: 1px solid black; height: 20px;"></div>				
* Country: <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>				
* Zip / Postal Code: <div style="border: 1px solid black; padding: 2px;">00000-0000</div>				
e. Organizational Unit:				
Department Name: <div style="border: 1px solid black; height: 20px;"></div>		Division Name: <div style="border: 1px solid black; height: 20px;"></div>		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: <div style="border: 1px solid black; width: 120px; height: 20px;"></div>	* First Name: <div style="border: 1px solid black; padding: 2px;">John</div>			
Middle Name: <div style="border: 1px solid black; height: 20px;"></div>				
* Last Name: <div style="border: 1px solid black; padding: 2px;">Smith</div>				
Suffix: <div style="border: 1px solid black; height: 20px;"></div>				
Title: <div style="border: 1px solid black; padding: 2px;">Project Director</div>				
Organizational Affiliation: <div style="border: 1px solid black; height: 20px;"></div>				
* Telephone Number: <div style="border: 1px solid black; padding: 2px;">999-999-9999</div>		Fax Number: <div style="border: 1px solid black; padding: 2px;">999-999-9900</div>		
* Email: <div style="border: 1px solid black; padding: 2px;">jsmith@td.com</div>				

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Administration for Native Americans

11. Catalog of Federal Domestic Assistance Number:

93.612

CFDA Title:

Social and Economic Development Strategies

* 12. Funding Opportunity Number:

* Title:

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:

Diversifying Tribal Development Farm

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 <input style="width: 100px;" type="text" value="ST-00"/>	* b. Program/Project <input style="width: 100px;" type="text" value="ST-00"/>
Attach an additional list of Program/Project Congressional Districts if needed. <div style="display: flex; justify-content: space-between; align-items: center;"> <input style="width: 250px;" type="text"/> <div> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div>	
17. Proposed Project:	
* a. Start Date: <input style="width: 100px;" type="text" value="09/30/2021"/>	* b. End Date: <input style="width: 100px;" type="text" value="09/29/2025"/>
18. Estimated Funding (\$):	
* a. Federal	<input style="width: 150px;" type="text" value="335,571.00"/>
* b. Applicant	<input style="width: 150px;" type="text" value="82,899.00"/>
* c. State	<input style="width: 150px;" type="text" value="0.00"/>
* d. Local	<input style="width: 150px;" type="text" value="0.00"/>
* e. Other	<input style="width: 150px;" type="text" value="0.00"/>
* f. Program Income	<input style="width: 150px;" type="text" value="0.00"/>
* g. TOTAL	<input style="width: 150px;" type="text" value="418,470.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 100px;" type="text"/> .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach <div style="display: flex; justify-content: space-between; align-items: center;"> <input style="width: 250px;" type="text"/> <div> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div>	
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 18, Section 1001)	
<input checked="" type="checkbox"/> ** 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: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 150px;" type="text" value="Cathy"/>
Middle Name: <input style="width: 250px;" type="text"/>	
* Last Name: <input style="width: 300px;" type="text" value="Jones"/>	
Suffix: <input style="width: 100px;" type="text"/>	
* Title: <input style="width: 250px;" type="text" value="Executive Director"/>	
* Telephone Number: <input style="width: 150px;" type="text" value="999-999-9999"/>	Fax Number: <input style="width: 150px;" type="text"/>
* Email: <input style="width: 250px;" type="text" value="cjones@td.com"/>	
* Signature of Authorized Representative:	* Date Signed: <input style="width: 100px;" type="text" value="08/05/2024"/>

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 End Date (Month, Day, Year)		8. <input type="checkbox"/> 1st semi-annual (mid-year) <input type="checkbox"/> 2nd semi-annual (end of budget period)
Budget Period Year Covered in the Report:	Start Date (Month, Day, Year)	End Date (Month, Day, Year)			
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:					
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.					
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

A. OBJECTIVE WORK PLAN (OWP) STATUS/UPDATE

1. Do you need to make any changes to your OWP (see instructions)? ☐ Yes ☐ 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:

- Completed (check this box if activity is complete)
- On-going (check this box only if activity is supposed to continue past this quarter according to the OWP)
- N/A this quarter (check this box if activity is scheduled to start after this current quarter)
- Delayed (check this box if activity is not completed by the originally anticipated end date and is still active)

GOAL:

YEAR:

OBJECTIVE 1:

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						

OBJECTIVE 2:

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						

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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?		

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 grantees have a frame of reference for question 2.]: [Only update if there are any changes from the previous reporting period]

☐ Language Nest ☐ Language Survival School ☐ 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): ☐ N/A

ENVIRONMENTAL REGULATORY ENHANCEMENT (ERE) PROJECTS ONLY

1. During the reporting period, did this project collect environmental baseline data? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No ☐ N/A ☐ 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>Completed (<i>select if activity is complete</i>)</p> <p>On-going (<i>select only if activity is supposed to continue past this quarter according to the OWP</i>)</p> <p>N/A this quarter (<i>select if activity is scheduled to start after this current quarter</i>)</p> <p>Delayed (<i>select if activity is not completed by the originally anticipated end date and is still active</i>)</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	In January, Linda Jones and 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 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.	12/03/2019	12/07/2019	Delayed	06/30/2020	Meeting note, industry- aligned curriculum	Meeting notes and instructor curriculum on file.
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 (FTC) 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.

Year: 2								
Objective # 1								
Objective Statement :								
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 Apprenticeship 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.

APPENDIX 7

PREPARING FOR THE OUTCOME 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 outcome visit, an ANA outcome 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.

OUTCOME VISIT OUTLINE

The goals of the Outcome 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 and 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 overview 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 benefits continue 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?

Supplemental Information for 2023 and Earlier Recipients

Department of Health and Human Services (HHS) has revised their rules and regulations to align with changes to 2 CFR Part 200. The new regulations do not apply to grants awarded prior to 2024. For example, ANA began fully funding awards in 2024. The new 2024 awards will not need to submit Carry Over Budget Amendments. However, awards made before 2024 were given funding by budget period so they must submit a COB amendment in order to use previous year money in the current year.

BUDGET REVISION

Recipients generally have some flexibility to re-budget within and between cost categories to meet unanticipated needs and to make other post-award changes. There are two types of budget revisions: Significant Budget Revision and Non-Significant Budget Revision.

All revisions begin with an email from the grantee to the Program Specialist stating the reason for making the revision and the dollar amount of the revision. The Program Specialist will determine whether the recipient is seeking a Significant or Non-significant Revision and ask for the appropriate documents above.

Whether you will be submitting for a Significant or Non-Significant Revision is determined by the Federal Share listed on the Notice of Award for the current budget period (see table below).

SIGNIFICANT BUDGET REVISION THRESHOLD	
10% Change between Cost Categories	25% Change between Cost Categories
Federal Share is greater than or equal to \$250,000.	Federal Share is less than or equal to \$250,000.
Example: Federal Share is \$900,000 for the budget period and the recipient wants to move \$90,500 or more between categories. This requires a significant revision	Example: Federal Share is \$200,000 for the budget period and the recipient wants to move \$50,000 between categories. This requires a significant revision

Anything **below** the thresholds shown in the table above will require a Non-Significant Budget Revision (less than 10% when the Federal Share is \$250,000 or greater / less than 25% when the Federal Share is less than \$250,000).

It is worth noting, these threshold amounts are cumulative over the budget period. Once the total revisions reach either the 10% or 25% of the threshold all revisions will require prior written approval. It will be important for the recipient to track all their revisions internally to ensure compliance with the federal regulations.

NON-SIGNIFICANT BUDGET REVISION (AWARDS PRIOR TO 2024)

A Non-Significant Budget Revision requires a cover letter to the Program Specialist and a SF-424A showing ONLY the revision amounts and is then uploaded into GrantSolutions as a Grant Note.

DOCUMENT	EXPLANATION
Cover Letter Upload	This letter should be on company or tribal letterhead, signed by your authorizing official, scanned as a PDF.
SF-424A	<p>The 424A is an on-line forms which you can open and fill out directly in GrantSolutions. You may also obtain the 424A form from Grants.gov from the SF-424 Individual Forms family.</p> <p>*Only fill out Section A, B & C – based on full funding amount listed on the Notice of Award (leave Sections D & E blank)</p> <p>When filling out Section B to ONLY include the revision numbers. Ensure that both Columns (1) and (2) add up to zero.</p> <p>*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 example, it will create the two columns.</p>
Miscellaneous	If you are revising your budget due to a change in your Indirect Cost Rate, attach a copy of your new indirect agreement.

Once the documents are completed the recipient will submit them to the Program Specialist for review. Once the Program Specialist reviews them for accuracy. The recipient will upload the documents into GrantSolutions as a Grant Note.

Below is a sample of the cover letter and the SF-424A.

- The recipient in the example is moving a total of \$10,496 in Federal Share and \$2,552 in Cost Sharing which is far below their 10% threshold.

Indigenous Community Council

100 Lake Street
Generic City, OK 00000-1111
(777) 777-7779

April 4, 2025

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 2025 IDC rate and a reduction in our Fringe costs.

Our approved 2025 IDC rate of 16.98% is a decrease from the 2023 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 April 1, 2025.

We are submitting the SF-424A with the line item revisions, and the signed Indigenous Community Council 2025 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.

Respectfully;

Ellen Shows

Ellen Shows
Chair, Indigenous Community Council Board of

Directors cc: Mary Stevens, Program Specialist

www.Indigenouscommunity.Org

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SEDS - Federal Share	93.612	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/> 299,075.00	\$ <input type="text"/>	\$ <input type="text"/> 299,075.00
2. SEDS - Cost Sharing	93.612	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 74,769.00	<input type="text"/> 74,769.00
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Totals		\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/> 299,075.00	\$ <input type="text"/> 74,769.00	\$ <input type="text"/> 373,844.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	SEDS - Federal Share	SEDS - Cost Sharing			
a. Personnel	\$ 2,116.00	\$	\$	\$	2,116.00
b. Fringe Benefits	-10,000.00	-2,488.00			-12,488.00
c. Travel	1,986.00				1,986.00
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other	6,394.00	2,424.00			8,818.00
i. Total Direct Charges (sum of 6a-6h)	496.00	-64.00			432.00
j. Indirect Charges	-496.00	-64.00			-560.00
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ -128.00	\$	\$	\$ -128.00
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. SEDS - Federal Share	\$	\$	\$	\$	
9. SEEDS - Cost Sharing	74,769.00			74,769.00	
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$ 74,769.00	

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal \$ 299,075.00	\$ 81,590.00	\$ 72,590.00	\$ 76,480.00	\$ 68,415.00
14. Non-Federal \$ 74,769.00	21,550.00	15,760.00	20,590.00	16,869.00
15. TOTAL (sum of lines 13 and 14) \$ 373,844.00	\$ 103,140.00	\$ 88,350.00	\$ 97,070.00	\$ 85,284.00

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. SEDS - Federal Share	\$	\$	\$	\$
17. SEEDS - Cost Sharing				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 298,975.00	\$ 299,169.00	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	Fixed
22. Indirect Charges:	
23. Remarks:	

Indian Organizations
Indirect Cost Negotiation Agreement

EIN: 11-1111111

Date: February 24, 2025

Organization:

Indigenous Community Council
1000 Lake St
Generic City, OK 00000

Report No(s): 00-A-0000

Filing Ref.:
Last Negotiation Agreement
dated February 7, 2023

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	01/01/25	12/31/25	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

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

FEB 24 2025

SIGNIFICANT BUDGET REVISION

Once the Program Specialist approves the initial email request for the revision the recipient will begin to fill out and compile all the required documents. A Significant Budget Revision requires a cover letter, SF-424A showing ONLY the revision amounts, SF-424, Line-Item Budget and Justification. These should be sent to the Program Specialist for review and uploaded into GrantSolutions as an amendment.

DOCUMENT	EXPLANATION
Instructions	An information-only document that provides these instructions for preparing the amendment.
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 as a PDF, and attached.
SF- 424A	<p>The 424A is an online form which you can open and fill out directly in GrantSolutions. You may also obtain the 424A form from Grants.gov from the SF-424 Individual Forms family.</p> <p>When filling out Section B to ONLY include the revision numbers. Ensure that both Columns (1) and (2) add up to zero. When using the online form begin by filling out the 424A, which will pre-populate some of the data in the 424 form.</p> <p>*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 example, it will create the two columns.</p>
SF- 424	<p>The 424 is another online form that you can open and complete in GrantSolutions. As with the 424A, you can upload a completed form.</p> <p>Use the full federal funding and cost share on the Notice of Award</p>

DOCUMENT	EXPLANATION
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 purchasing equipment; adding a contractor or consultant; or changing your cost sharing; add the additional documents here that would help in processing the amendment, for example, cost quotes or a consultant contract.

Once the documents are completed the recipient will submit them to the Program Specialist for review. After the Program Specialist reviews them for accuracy they can be uploaded into GrantSolutions as an amendment.

Below is a sample of a revision for the purchase of equipment and includes a cover letter, SF-424A, line-item budget and a quote. This will also require a budget justification.

Indigenous Community Council

100 Lake Street
Generic City, OK 20011-0214
(777) 777-7779

January 8, 2025

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:

We are pursuing the opportunity to modify the budget line items in the Indigenous Community Council's project; Traditional Foods for Healthy Eating, ANA grant 90NA0000. We are requesting to revise the budget information in order to increase our growing production by 40% which will allow us to include providing our elders fresh produce.

We are requesting to move our unutilized travel funds in the amount of \$6325 to the supplies category to purchase an additional hydroponic unit and supplies. The cost of the unit is \$5298 (currently on sale), in addition to several extra hoses, timers, and pumps for an additional \$1027. We have attached the cost estimate for the hydroponic unit along with this request.

Along with our cover letter we are submitting forms 424 and 424A, a revised line item budget with justification.

If you have any questions concerning this, please contact John Smith, project contact at 777-777-7772 or email at JSmith@indigenouscommunity.org.

Respectfully;

Ellen Shows

Ellen Shows
Chair, Indigenous Community Council
Board of Directors

cc: Mary Stevens, Program Specialist

www.Indigenouscommunity.Org

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☐ New
☐ Continuation
☒ Revision

*** If Revision, select appropriate letter(s):**

E: Other (specify)

*** Other (Specify):**

Budget Revision

*** 3. Date Received:**

01/08/2025

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

90NA0000

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Indigenous Community Council

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

99-9999999

*** c. UEI:**

ZZZ9999ZZZ99

d. Address:

*** Street1:**

100 Lake Street

Street2:

*** City:**

Generic City

County/Parish:

*** State:**

OK: Oklahoma

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

20011-0214

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:**

John

Middle Name:

*** Last Name:**

Smith

Suffix:

Title:

Project Manager

Organizational Affiliation:

*** Telephone Number:**

777-777-7772

Fax Number:

777-777-7770

*** Email:**

jsmith@indigenouscommunity.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Administration for Native Americans

11. Catalog of Federal Domestic Assistance Number:

93.612

CFDA Title:

Native American Programs

* 12. Funding Opportunity Number:

HHS-2024-ACF-ANA-NA-0050

* 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:

Traditional Foods Sovereignty

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="299,075.00"/>
* b. Applicant	<input type="text" value="74,769.00"/>
* 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="\$373,844.00"/>

*** 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

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 18, 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

View Burden Statement

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SEDS - Federal Share	93.612	\$	\$	\$ 299,075.00	\$	\$ 299,075.00
2. SEDS - Cost Sharing					74,769.00	74,769.00
3.						
4.						
5. Totals		\$	\$	\$ 299,075.00	\$ 74,769.00	\$ 373,844.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	SEDS - Federal Share	SEDS - Cost Sharing			
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel	-6,325.00				-6,325.00
d. Equipment	5,298.00				5,298.00
e. Supplies	1,027.00				1,027.00
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	0.00				0.00
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	0.00
7. Program Income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. SEDS - Federal Share	\$	\$	\$	\$	
9. SEDS - Cost Sharing	74,769.00			74,769.00	
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 74,769.00	\$	\$	\$ 74,769.00	

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

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. SEDS - Federal Share	\$	\$	\$	\$
17. SEDS - Cost Sharing				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

Indigenous Community Council -
Healthy Living through
Traditional Foods 90NA0000

Budget Period 2024-2027 (\$897,652.00)	Federal Share	Revision Federal +/-	New Federal Share	Cost Share	Revision Cost Share +/-	New Cost Share	New Budget Total	Justification
Personnel								
Project Manager	\$ 65,000.00		\$ 65,000.00			\$ -	\$ 65,000.00	
Coordinator /Admin			\$ -	\$25,000.00		\$25,000.00	\$ 25,000.00	
Agriculture Director	\$ 49,000.00		\$ 49,000.00			\$ -	\$ 49,000.00	
Dietician	\$ 42,000.00		\$ 42,000.00			\$ -	\$ 42,000.00	
Testing/Demonstration Asst .5 FTE			\$	\$27,000.00		\$27,000.00	\$ 27,000.00	
SUBTOTAL PERSONNEL	\$156,000.00	\$ -	\$156,000.0	\$52,000.00	\$ -	\$52,000.00	\$ 208,000.00	
Fringe Benefits								
22% for all benefits	\$ 34,320.00		\$ 34,320.00	\$11,440.00		\$11,440.00	\$ 45,760.00	
			\$ -			\$ -	\$ -	
SUBTOTAL FRINGE BENEFITS	\$ 34,320.00	\$ -	\$ 34,320.00	\$11,440.00	\$ -	\$11,440.00	\$ 45,760.00	
Travel								
Post Award	\$ 3,250.00	\$ (423.00)	\$ 2,827.00			\$ -	\$ 2,827.00	Remaining after travel
Grantee Meeting	\$ 5,500.00	\$ (649.00)	\$ 4,851.00			\$ -	\$ 4,851.00	Remaining after travel
Hydroponic Training - USDA	\$ 4,550.00	\$ (378.00)	\$ 4,172.00			\$ -	\$ 4,172.00	Remaining after travel
Leafy Hydroponics Summit	\$ 4,875.00	\$(4,875.00)	\$ -			\$ -	\$ -	Conference canceled
SUBTOTAL TRAVEL	\$ 18,175.00	\$(6,325.00)	\$ 11,850.00	\$ -	\$ -	\$ -	\$ 11,850.00	
Equipment								
Hydroponic Unit	\$ 8,827.00	\$ 5,298.00	\$ 14,125.00			\$ -	\$ 14,125.00	One additional unit – on sale – see price quote
Refrigeration Unit	\$ 6,295.00		\$ 6,295.00			\$ -	\$ 6,295.00	
Freeze Dry Unit (2)	\$ 8,750.00		\$ 8,750.00			\$ -	\$ 8,750.00	
SUBTOTAL EQUIPMENT	\$ 23,872.00	\$ 5,298.00	\$ 29,170.00	\$ -	\$ -	\$ -	\$ 29,170.00	
Supplies								
Heirloom Seeds	\$ 500.00		\$ 500.00			\$ -	\$ 500.00	
Hoses. Timers Pumps	\$ 1,027.00	\$ 1,027.00	\$ 2,054.00			\$ -	\$ 2,054.00	Supplies for the additional hydroponic unit 6 timers, 4 pumps and 5 hose package sets
Fertilizer	\$ 2,600.00		\$ 2,600.00			\$ -	\$ 2,600.00	
5 Canners & Jars	\$ 3,879.00		\$ 3,879.00			\$ -	\$ 3,879.00	
SUBTOTAL SUPPLIES	\$ 8,006.00	\$ 1,027.00	\$ 9,033.00	\$ -	\$ -	\$ -	\$ 9,033.00	
Contractual								
SUBTOTAL CONTRACTUAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other								
Freeze Dry Supplies	\$ 4,296.00		\$ 4,296.00			\$ -	\$ 4,296.00	
Storage Space Rental			\$ -	\$ 9,240.00		\$ 9,240.00	\$ 9,240.00	
Shipping	\$ 2,500.00		\$ 2,500.00	\$ 2,089.00		\$ 2,089.00	\$ 4,589.00	
SUBTOTAL OTHER	\$ 6,796.00	\$ -	\$ 6,796.00	\$11,329.00	\$ -	\$ 11,329.00	\$ 18,125.00	
DIRECT COST TOTAL	\$ 247,169.00	\$ -	\$247,169.00	\$74,769.00	\$ -	\$ 74,769.00	\$ 321,938.00	
Indirect Charges (rate 21 %)								
TOTAL PROJECT YEAR 1	\$ 299,075.00	\$ -	\$299.075.00	\$ 74,769.00	\$ -	\$74,769.00	\$373,844.00	

Availability: Usually available in 6 to 10 days

Specification

Output: 375 lbs.

Item: Module

Approx Size: 6'6"W x 8'5"H x 9'10"L

Weight: 1055.28

Output: 750 lbs.

Item: Module

Approx Size: 6'6"W x 8'5"H x 20'L

Weight: 2135.49

Output: 1,150 lbs

Item: Module

Approx Size: 6'6"W x 8'5"H x 30'L

Weight: 3047.64

Documents

- [Instruction](#)

Price Quote: \$5,298

Regular Price: \$8,827
Sale price good for 30 days.

This unit has three dents which will not affect operation.

*Warranty for 2 years



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 your Program Specialist to start your NCC application, refer to the table below and the sample NCC application.

DOCUMENT	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: https://www.grants.gov/web/grants/forms/sf-424-family.html
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.

DOCUMENT	EXPLANATION
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 your most recent agreement.
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.

DOCUMENT	EXPLANATION
Cooperative Agreement Upload (if applicable)	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).
Certification Regarding Maintenance of Effort	Please upload a Certification Regarding Maintenance of Effort Form here. Make sure this is signed by the AOR.
Miscellaneous Information	Please use this section to upload any additional documents that you would like to provide with your NCC application. This is 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.

NOTE

Non-Competing Continuation Applications (NCC) 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.

NOTE

You must upload all your attachments for the NCC in the application. Your Program Specialist cannot upload them for you. They do not have that function available for a NCC application.

INDIGENOUS COMMUNITY COUNCIL

March 20, 2024

Jane Deer, Program Specialist
Administration for Native Americans
Administration for Children and Families
330 C Street, SW
Washington, DC 20201

Re: Grant #90NL0000 Non-Competing Continuation

Dear Ms. Deer:

Enclosed is the Non-Competing Continuation application for Year 2 of the Indigenous Community Council's language project "Re-establishing our Native Language". We are requesting \$184,843 (FEDERAL) and our cost share is \$46,665. The first year went by very quickly, as you will see from our narrative, and we believe we are on track to successfully complete our project on time. If you have any questions, please contact me at eshows@indigenouscommunity.org or (777) 777-7777.

Sincerely,



Ellen Shows
Chair, Indigenous Community Council

Project Narrative - ANA Grant #90NL0000

Year 1 started with the hiring of the Language Specialist, Language Assistant and the Web Designer. We were very fortunate to fill these positions by the end of August 2023. We also secured the services of two Elder Speakers, both of which are culture bearers in our community and have been exceptional assets for our project. We held an all-day orientation for the entire team on September 6, 2023.

Project staff hosted the Elder Advisory Meeting on September 14, 2023. This meeting included elders and other language professionals from the community. 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.

We attended the ANA Post Award Training held in Oklahoma City, Oklahoma October 11 – 12, 2024. The Project Director attended along with our Staff Accountant. The Project Director held a meeting with the team on October 16th to go over the training and the requirements for the grant.

The Language Specialist and Language Assistance 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 held at the local university. The Language Specialist also met with the language teachers at the university to test material and garner further input on the activities. The Language Specialist also developed a 30 panel children's story that uses monolingual narration to depict the winter harvesting activities of rabbit snaring and ice fishing. Language staff have worked continuously with the two Elder Speakers to ensure proper language usage in all materials. A teacher's edition is also in development to include more complex language and phrasing for interpersonal interaction between teachers and students.

Project staff have developed an additional partnership with North College to use their audio lab to record content for our website. The Language Specialist and North College hosted a traditional winter storytelling event open to students and the surrounding community to promote language and culture.

The Web Designer has been working to post activities to the website focusing on animal identification, numbers, colors, weather, and winter harvesting. The Web Designer has been working closely with language staff to ensure language content is accurate. He has also been working on developing animations, creating characters, and images for use in the activities.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input 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): <div style="border: 1px solid black; height: 15px; width: 100%;"></div> * Other (Specify): <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																																								
* 3. Date Received: <div style="border: 1px solid black; padding: 2px;">03/20/2024</div>		4. Applicant Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																																										
5a. Federal Entity Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		5b. Federal Award Identifier: <div style="border: 1px solid black; padding: 2px;">90NL0000</div>																																										
State Use Only:																																												
6. Date Received by State: <div style="border: 1px solid black; width: 60px; height: 15px;"></div>		7. State Application Identifier: <div style="border: 1px solid black; width: 200px; height: 15px;"></div>																																										
8. APPLICANT INFORMATION:																																												
* a. Legal Name: <div style="border: 1px solid black; padding: 2px;">Indigenous Community Council</div>																																												
* b. Employer/Taxpayer Identification Number (EIN/TIN): <div style="border: 1px solid black; padding: 2px;">12-3456789</div>		* c. UEI: <div style="border: 1px solid black; padding: 2px;">ZZYY1ZZXY2ZZ</div>																																										
d. Address:																																												
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f. Name and contact information of person to be contacted on matters involving this application:																																												
<table style="width: 100%;"><tr><td style="width: 25%;">Prefix:</td><td><div style="border: 1px solid black; width: 80px; height: 15px;"></div></td><td style="width: 10%;">* First Name:</td><td colspan="2"><div style="border: 1px solid black; padding: 2px;">David</div></td></tr><tr><td>Middle Name:</td><td colspan="4"><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td></tr><tr><td>* Last Name:</td><td colspan="4"><div style="border: 1px solid black; padding: 2px;">Smith</div></td></tr><tr><td>Suffix:</td><td colspan="4"><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td></tr><tr><td colspan="5">Title: <div style="border: 1px solid black; padding: 2px;">Project Director</div></td></tr><tr><td colspan="5">Organizational Affiliation: <div style="border: 1px solid black; height: 15px; width: 100%;"></div></td></tr><tr><td colspan="2">* Telephone Number: <div style="border: 1px solid black; padding: 2px;">777-777-7777</div></td><td colspan="3">Fax Number: <div style="border: 1px solid black; padding: 2px;">777-777-7799</div></td></tr><tr><td colspan="5">* Email: <div style="border: 1px solid black; padding: 2px;">dsmith@indigenouscommunity.org</div></td></tr></table>					Prefix:	<div style="border: 1px solid black; width: 80px; height: 15px;"></div>	* First Name:	<div style="border: 1px solid black; padding: 2px;">David</div>		Middle Name:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>				* Last Name:	<div style="border: 1px solid black; padding: 2px;">Smith</div>				Suffix:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>				Title: <div style="border: 1px solid black; padding: 2px;">Project Director</div>					Organizational Affiliation: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					* Telephone Number: <div style="border: 1px solid black; padding: 2px;">777-777-7777</div>		Fax Number: <div style="border: 1px solid black; padding: 2px;">777-777-7799</div>			* Email: <div style="border: 1px solid black; padding: 2px;">dsmith@indigenouscommunity.org</div>				
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* Email: <div style="border: 1px solid black; padding: 2px;">dsmith@indigenouscommunity.org</div>																																												

Application for Federal Assistance SF-424*** 9. Type of Applicant 1: Select Applicant Type:**

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Administration for Native Americas (ANA)

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-2021-ACF-ANA-NL-1924

* 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:**

Re-Establishing our Native Language

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

ST-01

* b. Program/Project

ST-01

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2024

* b. End Date:

06/30/2025

18. Estimated Funding (\$):

* a. Federal	184,843.00
* b. Applicant	46,665.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	231,508.00

*** 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

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 18, 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:

Ellen

Middle Name:

* Last Name:

Shows

Suffix:

* Title:

Chair

* Telephone Number:

777-777-7777

Fax Number:

* Email:

eshows@indigenouscommunity.org

* Signature of Authorized Representative:

Ellen Shows

* Date Signed:

03/20/2024

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. P&M FEDERAL	93.587	\$	\$	\$ 184,843.00	\$	\$ 184,843.00
2. P&M COST SHARE	93.587				46,665.00	46,665.00
3.						
4.						
5. Totals		\$	\$	\$ 184,843.00	\$ 46,665.00	\$ 231,508.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	P&M FEDERAL	P&M COST SHARE			
a. Personnel	\$ 105,082.00	\$ 27,092.00		\$	132,174.00
b. Fringe Benefits	28,608.00	7,335.00			35,943.00
c. Travel	4,000.00				4,000.00
d. Equipment					
e. Supplies	1,500.00				1,500.00
f. Contractual					
g. Construction					
h. Other	20,044.00	5,430.00			25,474.00
i. Total Direct Charges (sum of 6a-6h)	159,234.00	39,857.00		\$	199,091.00
j. Indirect Charges	25,609.00	6,808.00		\$	32,417.00
k. TOTALS (sum of 6i and 6j)	\$ 184,843.00	\$ 46,665.00	\$	\$	231,508.00
7. Program Income	\$	\$	\$	\$	

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	P&M FEDERAL	\$	\$	\$	\$	
9.	P&M COST SHARE	46,665.00				46,665.00
10.						
11.						
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$	46,665.00
SECTION D - FORECASTED CASH NEEDS						
Total for 1st Year		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal	\$ 184,843.00	\$ 46,210.00	\$ 46,211.00	\$ 46,211.00	\$ 46,211.00	
14. Non-Federal	\$ 46,665.00	\$ 11,664.00	\$ 11,662.00	\$ 11,665.00	\$ 11,674.00	
15. TOTAL (sum of lines 13 and 14)	\$ 231,508.00	\$ 57,874.00	\$ 57,873.00	\$ 57,876.00	\$ 57,885.00	
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.	P&M FEDERAL	\$ 191,964.00	\$	\$	\$	
17.	P&M COST SHARE					
18.						
19.						
20. TOTAL (sum of lines 16 - 19)		\$ 191,964.00	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks:						

Indigenous Community Council

BUDGET NARRATIVE YEAR TWO

CATEGORY/ ITEM DESCRIPTION	FEDERAL	COST SHARE	CALCULATION AND JUSTIFICATION
PERSONNEL			
Project Director @ .3 FTE		\$19,797	<i>COST SHARE This position is estimated at 30% time. Salary is \$65,990 X .3 = \$19,797. Project Director is responsible for overseeing all aspects of the project including reporting, data tracking and implementation.</i>
Language Specialist Gr 6/9 @ 1 FTE	\$39,125		<i>FEDERAL Full-time position is paid @ \$18.81/hour X 2080 = \$39,125. Responsible for designing curricula and related teaching materials, working with elders and the Inter-media Web Designer.</i>
Language Assistant Gr 5/3 @ 1 FTE	\$29,557		<i>FEDERAL Full-time position is paid @ \$14.21/hour X 2080 = \$29,557. Responsible for assisting Language Specialist and reviewing all materials. Works with elders to update teaching materials.</i>
Inter-media Web Designer Gr 6/4	\$36,400		<i>FEDERAL Full-time position is paid @ \$17.50/hour X 2080 = \$36,400. Responsible for creating language website, designing content in conjunction with language staff, creating animated characters, and ensuring content is accessible.</i>
Project Assistant @ .25 FTE		\$7,295	<i>COST SHARE This position is at 25%. Salary is \$29,180/year X .25 = \$7,295. Project Assistant coordinates elder travel, meetings, and compiles project data.</i>
FRINGE BENEFITS			
FICA @ 7.65%	\$8,039	\$2,073	<i>FEDERAL Calculated at 7.65% of federal salaries of \$105,082 = \$8039. COST SHARE Calculated at 7.65% of cost share salaries of \$27,092 = \$2073</i>
SUTA @ 1.2%	\$288	\$184	<i>FEDERAL Calculated at 1.2% of first \$8000 of salary = \$8000 X 3 = \$24,000 X .012 + \$288 COST SHARE Calculated at 1.2% of first \$8000 of salary = \$8000 + \$7295 = \$15,295 X .012 = \$184</i>

Indigenous Community Council

BUDGET NARRATIVE YEAR TWO

CATEGORY/ ITEM DESCRIPTION	FEDERAL	COST SHARE	CALCULATION AND JUSTIFICATION
Health Insurance @ 15.9%	\$16,708	\$4,308	<i>FEDERAL Calculated at 15.9% of federal salaries of \$105,082 X .159 = \$16,708. COST SHARE Calculated at 15.9% of cost share salaries of \$27,092 X .159 = \$4308</i>
Retirement @ 2.64%	\$2,774	\$715	<i>FEDERAL Calculated at 2.64% of federal salaries of \$105,082 X .264 = \$2774. COST SHARE Calculated at 2.64% of cost share salaries of \$27,092 X .264 = \$715</i>
Vision and Dental .76%	\$799	\$55	<i>FEDERAL Calculated at .76% of federal salaries of \$105,082 X .0076 = \$799. COST SHARE Calculated at .76% of cost share salaries of \$27,092 = \$55</i>
TRAVEL			
ANA Grantee Meeting - 2 people	\$4,000		<i>FEDERAL Travel for two staff estimated using Washington DC as destination. Airfare \$576, Hotel \$225/night X 4 nights = \$900, Meals \$69 for 2 travel days and \$92 for 3 site days = \$414, Airport parking 5 days X \$12/day = \$60, Taxis to and from hotel \$25 X 2 = \$50. Total travel costs per person \$2000 X 2 staff = \$4000</i>
SUPPLIES			
Office Supplies	\$1,500		<i>FEDERAL Historic costs for office supplies is \$125/month = \$1,500. Costs include printer toner, copy paper, note pads, pens, staples, markers, tape, etc.</i>

Indigenous Community Council

BUDGET NARRATIVE YEAR TWO

CATEGORY/ ITEM DESCRIPTION	FEDERAL	COST SHARE	CALCULATION AND JUSTIFICATION
OTHER			
Elder Committee Travel	\$3,509		<i>FEDERAL Costs are calculated for 5 elders who are out of the area to stay at the tribal hotel for two Advisory Meetings. Will provide each with costs for meals on travel days to and from meeting. 5 elders X \$95/night X 2 meetings = \$950. Meals at \$75/day X 2 days X 5 elders X 2 meetings = \$1500. Mileage 1580 miles X .67/mile = \$1059</i>
Stipends	\$4,800		<i>FEDERAL 8 Advisory Members stipends for attending Advisory Meetings. 8 members X \$75/hour X 8 hours = \$3200</i>
Stipends Elder Speakers	\$4,500		<i>FEDERAL Elder speakers will be providing input on language curriculum creation and will work with language teachers. 2 speakers X \$75/hour X 30 hours = \$3000</i>
Training	\$750		<i>FEDERAL Inter-media Web Designer and Language Specialist wil attend training on using software for interactive curriculum creation. \$375 for 8 hour session X 2 staff = \$750.</i>
Printing	\$3,360		<i>FEDERAL Printing flashcards, posters and language resources. Estimated at \$50 for flashcards, \$100 for posters and \$450 for 100 language coloring books @ \$4.50/book = \$600. Additional costs for printing activity workbooks and teachers' editions is \$2,760 based on quote from printer.</i>
Van Rental @ \$500/month	\$3,000	\$3,000	<i>Van will be used for staff travel to member communities and partners. Cost based on quote from City Rental of \$500/month. FEDERAL \$500 X 6 months = \$3000. COST SHARE \$500 X 6 months = \$3000</i>
Gas for Van		\$1,680	<i>COST SHARE Estimated cost to fill van is \$70. Based on needing to fill up 2X/month, cost is calculated to be \$70 X 2 X 12 = \$1680.</i>
Web page domain registration/hosting	\$125		<i>FEDERAL Annual cost for registering www.indigenouscommunity.com domain name.</i>

Indigenous Community Council

BUDGET NARRATIVE YEAR TWO

CATEGORY/ ITEM DESCRIPTION	FEDERAL	COST SHARE	CALCULATION AND JUSTIFICATION
Space costs		\$750	<i>COST SHARE Costs for Advisory Meeting space 2 times/year. \$375/meeting at tribal hotel X 2 meetings = \$750</i>
INDIRECT COST @ 17.08%	\$25,609	\$6,808	<i>FEDERAL calculated at Direct costs of \$159,234 - \$9300 for stipends = \$149,934 X .1708 = \$25,609. COST SHARE = Direct costs of \$39,857 * .1708 = \$6808</i>
TOTAL	\$ 184,843	\$ 46,665	

Indian Organizations
Indirect Cost Negotiation Agreement

EIN: 123456789

Organization:

Date: February 24, 2024

Indigenous Community Council
1000 Lake Street
Generic City, State 00000

Report No(s) : 00-A-0000

Filing Ref.:

Last Negotiation Agreement

dated June 7, 2022

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	01/01/24	12/31/24	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:

Indigenous Community Council

Richard Jones

Name (Type or Print)

Community Administrator

Title

February 26, 2024

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

FEB 24 2024

Date

Negotiated by Jane Doe

Telephone (444) 444-4444

CERTIFICATION 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 American Language Preservation and Maintenance (P&M) Program by Indigenous Community Council (Applicant Organization), will be in addition to, and not in substitution for, comparable activities previously carried on without Federal assistance.

Ellen Shows

Signature of Authorized Certifying Official

Chair
Title

March 20, 2024
Date

CARRYOVER BUDGET

Grantees 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. Before submitting your request to your Program Specialist, please verify in the Payment Management System that funds are still available for the account. Also make sure that all reports are up to date.

To request a carryover, you will need to first submit a cover letter on letterhead explaining the request. Also attach a completed SF424A showing the redistribution of awarded funds. Your Program Specialist will respond if a carryover is approved. Refer to the table below and the examples that follow to prepare the amendment to be submitted in GrantSolutions.

DOCUMENT	EXPLANATION
Instructions	An information-only document that provides instructions for preparing the amendment.
SF- 424A	<p>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. When completing the form:</p> <ol style="list-style-type: none">1. Enter the Federal share amount of your <u>carryover request only</u> in 1.e.2. If you did not meet your cost share, also known as Non-Federal Share or match, enter the amount you will carry over in 2.f. If you have met your cost share or Non-Federal Share, enter 0.3. In Section B, you only need to complete column 1 if you are only carrying over Federal share. If you are also carrying over Non-Federal Share, you would also complete column 2.
SF- 424	<p>The 424 is another online form that you should complete in GrantSolutions. As with the 424A, you can alternately upload a completed form. Be sure to mark Revision in 2. Type of Application (refer to example that follows for completing the top section of the form). Also, 18a should be the amount of your Federal carryover. If you are also carrying over unmet cost share, complete 18b through 18e as appropriate.</p>

DOCUMENT	EXPLANATION
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.
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	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.

NOTE

A Carryover Budget (COB) request does not have an automatic approval attached to it. You must receive a signed Notice of 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 LANGUAGE CENTER
100 Main Street
•New City •State • 00000
Phone: (000) 000-0000 • Fax: (000) 000-0000

September 25, 2024

Cynthia Smith, Program Specialist
Administration for Native Americans
330 C Street, SW
Washington, DC 20201

RE: Grant 90NL9999 Carryover Request

Dear Ms. Smith:

This letter is a request for a carryover of unexpended funds in the amount of \$38,720 from the budget period ending June 30, 2024, to the budget period ending June 30, 2025. We are also carrying over unmet cost share in the amount of \$14,199.

We were not able to fill one of the Language Teacher II positions until April of this year and our Elder Master Speaker had medical issues resulting in her inability to work. We are proposing to catch up by adding a Language Teacher I position so that the two Language Teacher II positions can devote time to the curriculum development and material creation that should have been completed in Year 1. We also propose adding a Curriculum Developer to provide input and assist with finalizing language curriculum for our 2nd and 3rd grade students. We would also like to add another Elder Master Speaker working 10 hours/week (the original Elder Master Speaker was budgeted at 20 hours/week). We have found a new Master Speaker to replace the prior Master Speaker. By adding an additional Elder Master Speaker to our team, we have a back-up and additional language input in the classroom.

Objective 1: By the end of 36 months, the Tribal Language Center will have language curriculum and teaching materials created for grades 2 – 4.

The following is a list of incomplete activities from Year 1:

- Obj. 1 Activity 6: Conduct eight (8) Curriculum Design Team Meetings (six of the eight were not completed)
- Obj. 1 Activity 7: Evaluate & Revise Curriculum Modules for second grade (initial work was started on second grade modules but was not completed)
- Obj. 1 Activity 8: Create teaching materials for second grade students (some materials were started using the modules)
- Obj. 1 Activity 9: Finalize second grade curriculum, lesson plans, and language evaluations (not completed)

As mentioned, we believe that adding another teacher to our team, along with another Elder Master Speaker, and a Curriculum Developer will help us to complete our second-grade curriculum that should have been completed last year. Year 2 was planned to focus solely on third-grade curriculum creation and our goal is that by adding these additional individuals to our team that we can complete second-grade curriculum and not delay the completion of third-grade curriculum this year.

Attached are the 424, 424a, detailed budget, budget justification and SF-425 showing the unobligated amount.

Your attention to this request is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Doe', with a stylized, flowing script.

John Doe, Executive Director
Tribal Language Center

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input 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 style="width: 150px;" type="text"/> * Other (Specify): Budget Carryover <input style="width: 150px;" type="text"/>	
* 3. Date Received: <input style="width: 100px;" type="text" value="09/25/2024"/>		4. Applicant Identifier: <input style="width: 250px;" type="text"/>			
5a. Federal Entity Identifier: <input style="width: 150px;" type="text"/>			5b. Federal Award Identifier: <input style="width: 150px;" type="text" value="90NL9999"/>		
State Use Only:					
6. Date Received by State: <input style="width: 60px;" type="text"/>		7. State Application Identifier: <input style="width: 150px;" type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input style="width: 550px;" type="text" value="Tribal Language Center"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width: 150px;" type="text" value="00-0000000"/>			* c. UEI: <input style="width: 100px;" type="text" value="XXYYXXYYXXYY"/>		
d. Address:					
* Street1: <input style="width: 550px;" type="text" value="100 Main Street"/> Street2: <input style="width: 550px;" type="text"/> * City: <input style="width: 200px;" type="text" value="New City"/> County/Parish: <input style="width: 200px;" type="text"/> * State: <input style="width: 50px;" type="text" value="ST"/> Province: <input style="width: 150px;" type="text"/> * Country: <input style="width: 500px;" type="text" value="USA: UNITED STATES"/> * Zip / Postal Code: <input style="width: 100px;" type="text" value="00000-0000"/>					
e. Organizational Unit:					
Department Name: <input style="width: 150px;" type="text"/>			Division Name: <input style="width: 150px;" type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input style="width: 60px;" type="text"/>		* First Name: <input style="width: 250px;" type="text" value="Michelle"/>			
Middle Name: <input style="width: 150px;" type="text"/>					
* Last Name: <input style="width: 150px;" type="text" value="Smith"/>					
Suffix: <input style="width: 60px;" type="text"/>					
Title: <input style="width: 250px;" type="text" value="Project Manager"/>					
Organizational Affiliation: <input style="width: 550px;" type="text"/>					
* Telephone Number: <input style="width: 100px;" type="text" value="000-000-0000"/>			Fax Number: <input style="width: 100px;" type="text" value="000-000-0000"/>		
* Email: <input style="width: 550px;" type="text" value="msmith@triballanguage.com"/>					

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Administration for 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-2021-ACF-ANA-NL-1924

* 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:

Increasing Native Language Instruction in Our School

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="38,720.00"/>
* b. Applicant	<input type="text" value="14,199.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="52,919.00"/>

*** 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 18, 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: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Language P&M Federal	93.587	\$ 38,720.00	\$	\$	\$	\$ 38,720.00
2. Language P&M Cost Share	93.587		14,199.00			14,199.00
3.						
4.						
5. Totals		\$ 38,720.00	\$ 14,199.00	\$	\$	\$ 52,919.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Language P&M Federal	(2) Language P&M Cost Share	(3)	(4)	
a. Personnel	\$ 10,010.00	\$ 10,010.00		\$	20,020.00
b. Fringe Benefits	4,190.00	4,189.00			8,379.00
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other	21,000.00				21,000.00
i. Total Direct Charges (sum of 6a-6h)	35,200.00	14,199.00		\$	49,399.00
j. Indirect Charges	3,520.00			\$	3,520.00
k. TOTALS (sum of 6i and 6j)	\$ 38,720.00	\$ 14,199.00	\$	\$	52,919.00
7. Program Income	\$	\$	\$	\$	

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	Language P&M Federal	\$	\$	\$	\$	
9.	Language P&M Cost Share	14,199.00				14,199.00
10.						
11.						
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$	14,199.00
SECTION D - FORECASTED CASH NEEDS						
Total for 1st Year		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal	\$ 38,720.00	\$ 9,680.00	\$ 9,680.00	\$ 9,680.00	\$ 9,680.00	
14. Non-Federal	\$ 14,199.00	\$ 3,550.00	\$ 3,550.00	\$ 3,549.00	\$ 3,550.00	
15. TOTAL (sum of lines 13 and 14)	\$ 52,919.00	\$ 13,230.00	\$ 13,230.00	\$ 13,229.00	\$ 13,230.00	
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.	Language P&M Federal	\$ 201,879.00	\$	\$	\$	
17.	Language P&M Cost Share					
18.						
19.						
20. TOTAL (sum of lines 16 - 19)		\$ 201,879.00	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks:						

Federal Financial Report

(Follow form Instructions)


OMB Number: 4040-0014
Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Administration for Native Americans</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">90NL9999</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; width: 90%;">Tribal Language Center</div> Street1: <div style="border: 1px solid black; padding: 2px; width: 80%;">100 Main Street</div> Street2: <div style="border: 1px solid black; padding: 2px; width: 80%;"></div> City: <div style="border: 1px solid black; padding: 2px; width: 30%;">New City</div> County: <div style="border: 1px solid black; padding: 2px; width: 30%;"></div> State: <div style="border: 1px solid black; padding: 2px; width: 30%;">ST</div> Province: <div style="border: 1px solid black; padding: 2px; width: 30%;"></div> Country: <div style="border: 1px solid black; padding: 2px; width: 40%;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; width: 30%;">00000-0000</div>			
4a. UEI <div style="border: 1px solid black; padding: 2px; min-height: 20px;">XXXXXXXXXX</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; min-height: 20px;">00-0000000</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	
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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px; width: 30%;">07/01/2023</div> To: <div style="border: 1px solid black; padding: 2px; width: 30%;">06/30/2024</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; width: 100%;">06/30/2024</div>
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			143,850.00
b. Cash Disbursements			143,850.00
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			182,570.00
e. Federal share of expenditures			143,850.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			143,850.00
h. Unobligated balance of Federal Funds (line d minus g)			38,720.00
Recipient Share:			
i. Total recipient share required			45,700.00
j. Recipient share of expenditures			31,501.00
k. Remaining recipient share to be provided (line i minus j)			14,199.00
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
o. Unexpended program income (line l minus line m and line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
De Minimis	10%	07/01/23	06/30/2024	143,850.00	14,385.00	
g. Totals:				143,850.00	14,385.00	

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: <input type="text"/>	First Name: <input type="text" value="George"/> Middle Name: <input type="text"/>
Last Name: <input type="text" value="Smith"/>	Suffix: <input type="text"/>
Title: <input type="text" value="Chief Financial Officer"/>	
b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
	<input type="text" value="000-000-0000"/>
d. Email Address	e. Date Report Submitted
<input type="text" value="gsmith@triballanguage.com"/>	<input type="text" value="09/15/2024"/>
14. Agency use only:	

Standard Form 425

TRIBAL LANGUAGE CENTER 90NL9999
BUDGET YEAR 2 - CARRYOVER

CATEGORY/ ITEM DESCRIPTION	Federal Share	Carryover Federal +/-	NEW FEDERAL SHARE	Cost Share	Carryover Cost Share +/-	NEW COST SHARE	TOTAL
PERSONNEL							
Project Director .5 FTE	32,000		32,000			0	32,000
Language Teacher II - 1 FTE	22,500		22,500	21,500		21,500	44,000
Language Teacher II - 1 FTE	22,500		22,500	21,500		21,500	44,000
NEW Language Teacher 1 FTE		10,010	10,010		10,010	10,010	20,020
Project Assistant .25 FTE	8,000		8,000			0	8,000
TOTAL PERSONNEL	85,000	10,010	95,010	43,000	10,010	53,010	148,020
FRINGE BENEFITS							
Social Security @ 6.2%	5,270	621	5,891	2,666	621	3,287	9,178
Medicare @ 1.45%	1,233	145	1,378	624	145	769	2,147
Health Insurance @ \$11,132/empl.	30,613	2,783	33,396		2,783	2,783	36,179
Worker's Compensation @ 1 %	320	40	360		40	40	400
Retirement @ 5 %	4,250	501	4,751	2,150	500	2,650	7,401
State Unemployment @ 2.5%	800	100	900		100	100	1,000
TOTAL FRINGE BENEFITS	42,486	4,190	46,676	5,440	4,189	9,629	56,305
TRAVEL							
ANA Grantee Meeting	4,688		4,688			0	4,688
			0			0	0
TOTAL TRAVEL	4,688	0	4,688	0	0	0	4,688
EQUIPMENT			0			0	
			0			0	0
TOTAL EQUIPMENT						0	0
SUPPLIES							
Office Supplies	1,200		1,200			0	1,200
Classroom supplies	3,600		3,600			0	3,600
TOTAL SUPPLIES	4,800	0	4,800	0	0	0	4,800
CONTRACTUAL							
			0			0	0
TOTAL CONTRACTUAL						0	0
OTHER						0	
Elder Master Speaker	26,000		26,000			0	26,000
NEW Elder Master Speaker		13,000	13,000			0	13,000
NEW Curriculum Developer		8,000	8,000			0	8,000
Community Outreach	2,400		2,400			0	2,400
Family Engagement Nights	10,500		10,500			0	10,500
TOTAL OTHER	38,900	21,000	59,900	0	0	0	59,900
DIRECT COST TOTAL	175,874	35,200	211,074	48,440	14,199	62,639	273,713
INDIRECT COST @ 10%	17,587	3,520	21,107			0	21,107
TOTAL PROJECT COST Y2	193,461	38,720	232,181	48,440	14,199	62,639	294,820

Tribal Language Center 90NL9999
Budget Year 2 - Carryover

CATEGORY/ITEM DESCRIPTION	CALCULATION AND JUSTIFICATION
PERSONNEL	
NEW Language Teacher 1 (1 FTE)	Language Teacher 1 is responsible for teaching kindergarten and first grade language classes. Also provides support to Language Teachers II with creating curriculum, teaching materials and evaluations. Because of the time to process the amendment, we are budgeting this position for 6 months; however, they will work a full 40-hour week. Salary is \$40,040/year calculated as 2080 X \$19.25/hour = \$40,040. Based on working 6 months, the position will pay \$20,020 with \$10,010 (FED) and \$10,010 (COST SHARE).
FRINGE BENEFITS	
Social Security @ 6.2%	Increased due to addition of new position. \$621 (FED) and \$621 (COST SHARE).
Medicare @ 1.45%	Increased due to addition of new position. \$145 (FED) and \$145 (COST SHARE).
Health Insurance @ \$11,132/empl.	Increased due to addition of new position. Premium is \$11,132 annually per staff. Prorated to \$5566 for 6 months. \$ 2,783 (FED) and \$2,783 (COST SHARE).
Workers Compensation @ 1%	Calculated at 1% of the first \$8000 of salary per employee or \$80/year. \$40 (FED) and \$40 (COST SHARE).
Retirement @ 5%	Calculated at 5% of employee's salary. \$20,020 X .05 = \$1,001. \$501 (FED) and \$500 (COST SHARE).
State Unemployment @ 2.5%	Calculated at 2.5% of the first \$8000 of salary per employee or \$200/year. \$100 (FED) and \$100 (COST SHARE).
OTHER	
NEW Elder Master Speaker	Responsible for working with Language Teachers to create curriculum and to provide backup support to Elder Master Speaker working 20 hours/week. Will also work with Language Teachers in the classroom to provide additional language examples to children. Paid at \$25/hour and 10 hours/week. \$25 X 10 X 52 = \$13,000/year (FED).
NEW Curriculum Developer	Will work with Language Teachers to finalize curriculum for grades 2 and 3. Due to delays in Year 1, the Curriculum Developer will assist in getting the project caught up and ensuring that the curriculum and materials are age-appropriate. \$100/hour X 80 hours = \$8,000 (FED)
INDIRECT COST @ 10%	We are using the de minimis rate of 10%. Based on total direct costs for the carryover of \$35,200, the indirects increased by \$3,520. (FED)



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

