

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

| | | | |
|---|---|--|-----------------------------|
| 1. AWARDING OFFICE: The Office of Family Assistance | 2. ASSISTANCE TYPE: Discretionary Grant | 3. AWARD NO.: 90ZJ0037-01-00 | 3a. AMEND. NO.: 0 |
|---|---|--|-----------------------------|

4. FAIN: 90ZJ0037

| | | |
|---|----------------------------------|--|
| 5. TYPE OF AWARD: Demonstration | 6. TYPE OF ACTION: New | 7. AWARD AUTHORITY: Section 403(a)(2) of SSA Act 42 U.S.C. § 603a2 |
|---|----------------------------------|--|

| | | |
|--|---|--|
| 8. BUDGET PERIOD: 09/30/2020 THRU 09/29/2021 | 9. PROJECT PERIOD: 09/30/2020 THRU 09/29/2025 | 10. CFDA NO.: 93.086 - Section 403(a)(2) of the Social Security Act [42 U.S.C. § 603(a)(2)]. |
|--|---|--|

| | |
|--|---|
| 11. RECIPIENT ORGANIZATION: SAN BERNARDINO, COUNTY OF 150 S Lena Rd San Bernardino, CA 92415-0515 Grantee Authorizing Official: Curt Hagman , Chairman, County of San Bernardino Board of S | 12. PROJECT / PROGRAM TITLE: Preschool Services Department Comprehensive Fatherhood Program |
|--|---|

| | | |
|--------------------------------------|-------------------------------|--|
| 13. COUNTY: San Bernardino | 14. CONGR. DIST: 31 | 15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Phalos Haire Director |
|--------------------------------------|-------------------------------|--|

| | | | |
|------------------------------|---------------|--|-----------------------|
| 16. APPROVED BUDGET: | | 17. AWARD COMPUTATION: | |
| Personnel..... | \$ 349,883.00 | A. NON-FEDERAL SHARE..... | \$ 0.00 0% |
| Fringe Benefits..... | \$ 167,945.00 | B. FEDERAL SHARE..... | \$ 993,019.00 100% |
| Travel..... | \$ 16,224.00 | 18. FEDERAL SHARE COMPUTATION: | |
| Equipment..... | \$ 84,438.00 | A. TOTAL FEDERAL SHARE..... | \$ 993,019.00 |
| Supplies..... | \$ 1,500.00 | B. UNOBLIGATED BALANCE FEDERAL SHARE..... | \$ 0.00 |
| Contractual..... | \$ 80,000.00 | C. FED. SHARE AWARDED THIS BUDGET PERIOD...\$ | 0.00 |
| Facilities/Construction..... | \$ 0.00 | 19. AMOUNT AWARDED THIS ACTION: | \$ 993,019.00 |
| Other..... | \$ 293,029.00 | 20. FEDERAL \$ AWARDED THIS PROJECT PERIOD: | \$ 993,019.00 |
| Direct Costs..... | \$ 993,019.00 | 21. AUTHORIZED TREATMENT OF PROGRAM INCOME: | |
| Indirect Costs..... | \$ 0.00 | Additional Costs | |
| In Kind Contributions..... | \$ 0.00 | 22. APPLICANT EIN: | 23. PAYEE EIN: |
| Total Approved Budget..... | \$ 993,019.00 | 956002748 | 1956002748A1 |
| | | 24. OBJECT CLASS: | |
| | | 41.45 | |

| | | | | |
|-----------------------------------|---------------------|----------------------|----------------|-----------------------|
| 25. FINANCIAL INFORMATION: | | | | DUNS 128518193 |
| ORGN | DOCUMENT NO. | APPROPRIATION | CAN NO. | NEW AMT. |
| | 90ZJ003701 | 75-20-1552 | 0-G996144 | \$993,019.00 |
| | | | | UNOBLIG. |
| | | | | NONFED % |

26. REMARKS: (Continued on separate sheets)

| | | |
|--|----------------------------------|--|
| 27. SIGNATURE - ACF GRANTS OFFICER Jill Saletta 300 C Street, S.W. Washington, DC 20201 Phone: 202-401-9357 | ISSUE DATE: 09/28/2020 | 28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Ms. Margaret Perry Flippin 09/28/2020 |
|--|----------------------------------|--|

| | |
|---|----------------------------|
| 29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Susan Golonka - Deputy Director | DATE: 09/28/2020 |
|---|----------------------------|

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:

| | | | | |
|--|--|---|---|----------------------|
| 1. AWARDING OFFICE: The Office of Family Assistance | | 2. ASSISTANCE TYPE: Discretionary Grant | 3. AWARD NO.: 90ZJ0037-01-00 | 3a. AMEND. NO.: 0 |
| 4. FAIN: 90ZJ0037 | | | | |
| 5. TYPE OF AWARD: Demonstration | | 6. TYPE OF ACTION: New | 7. AWARD AUTHORITY: Section 403(a)(2) of SSA Act 42 U.S.C. § 603a2 | |
| 8. BUDGET PERIOD: 09/30/2020 THRU 09/29/2021 | 9. PROJECT PERIOD: 09/30/2020 THRU 09/29/2025 | 10. CFDA NO.: 93.086 - Section 403(a)(2) of the Social Security Act [42 U.S.C. § 603(a)(2)]. | | |
| 11. RECIPIENT ORGANIZATION: SAN BERNARDINO, COUNTY OF | | | | |

AWARD CONDITIONS

1. Costs Moved to Other:

Supplies @ \$189,826.00 (Technology; Desk Phones; Office Furniture and Program Supplies).

Equipment @ \$84,438.00 (Purchase of 3 Ford Escape Vehicles).

RESTRICTION: This award is issued without approval to purchase three Ford Escapes. ACF does not believe purchasing three Ford Escapes is necessary in order to implement the Program. Within 30 days of the issue date of this award, the awardee institution must submit a budget revision addressing the \$84,438.00 and propose an alternative. This restriction will only be lifted with a revised NoA once the revised budget has been received and approved by ACF.

No funds may be drawn down from the payment system and no obligations may be made against Federal funds for purchasing vehicles. Failure to comply with the above requirements can result in suspension and/or termination of this award, withholding of support, audit disallowances, and/or other appropriate action.

Salary Cap:

None of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the current salary cap. The current salary cap is \$197,300. The Further Consolidated Appropriations Act, 2020 (Public Law 116-94), signed into law on December 20, 2019, restricts the amount of direct salary that may be paid to an individual under a Department of Health and Human Services (HHS) grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2020, the Executive Level II salary level is \$197,300.

Meals:

The allowability of food-related costs is governed by the applicable cost principles and as described in the HHS Grants Policy Statement (GPS) at <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

Participant Support Costs:

Participant Support Costs are allowed under 45 CFR 75.456 to provide for such items of costs as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects.

Participant Support Costs are also permissible to support the following specific items of cost:

- reimbursable cost to licensed Child Care provider
- transportation costs – to all attendance to program activities
- clothing needs as necessary for participants to attend job interviews or perform work-related activities
- registration fees – to attend other useful programs or activities

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

| | | | | |
|---|---|--|--|--|
| 1. AWARDING OFFICE: The Office of Family Assistance | | 2. ASSISTANCE TYPE: Discretionary Grant | 3. AWARD NO.: 90ZJ0037-01-00 | 3a. AMEND. NO.: 0 |
| 4. FAIN: 90ZJ0037 | | | | |
| 5. TYPE OF AWARD: Demonstration | | 6. TYPE OF ACTION: New | | 7. AWARD AUTHORITY: Section 403(a)(2) of SSA Act 42 U.S.C. § 603a2 |
| 8. BUDGET PERIOD: 09/30/2020 THRU 09/29/2021 | 9. PROJECT PERIOD: 09/30/2020 THRU 09/29/2025 | 10. CFDA NO.: 93.086 - Section 403(a)(2) of the Social Security Act [42 U.S.C. § 603(a)(2)]. | | |
| 11. RECIPIENT ORGANIZATION: SAN BERNARDINO, COUNTY OF | | | | |

Incentives for Participants:

Costs of incentives are permissible as long as it can be justified as meeting one or more of the statutory purposes of the program. However, incentives may not include costs for entertainment under 45 CFR 75.438 including amusement, diversion, and social activities and any associated costs.

Information on Incentives can also be found in the GPS – In section II-35-which refers to "Incentive Costs" and information on Entertainment costs can be found in the GPS in section II-34.

Gift Cards may not be used for the following items of cost:

- be associated with entertainment, e.g. movies, games, etc.
- be redeemable for cash
- be used to purchase tobacco, alcohol or firearms
- be transferred by participant to other parties

Media Statement:

Content, design and layout of all media presented to the general public must have the prior approval of the Grants Management Officer and the Office of Family Assistance. Any Audio/Visuals and/or Public Service Announcement produced under a grant supported project must bear an acknowledgment and disclaimer such as the following:

The production of this (insert type of AV) was supported by Grant (insert grant #) from ACF. Its content are solely the responsibility of (insert name of recipient) and do not necessarily represent the official views of ACF.

Programmatic Reporting Requirements:

Grantees are required to complete both Performance Progress Reports – PPR (due semi-annually) and Quarterly Progress Report – QPR (to alternate with PPRs – that is, a QPR is due after month 3, and a PPR after month 6, a QPR after month 9, and a PPR after month 12).

NOTE: The QPR and PPR forms are currently undergoing OMB approval. As soon as the progress reports are approved by OMB, the Office of Grants Management will send a notice to all grantees.

Use of Funds:

Per the FOA, funds may only be used to support administrative costs associated with the listed authorized activities. In addition to the prohibition against the use of funds for housing and child support payments, projects also may not be designed to incorporate the provision of other services or costs that are unallowable under this FOA, which include:

- Implementing a fee-for-service for proposed activities meaning that program participants must not pay for services received under this FOA;
- Developing or implementing an Abstinence Education or Sexual Risk Avoidance Education program; and/or
- Mental health treatment or substance abuse treatment.

For the full text of Use of Funds found in the FOA, please visit the Administration for Children & Families' website: <https://ami.grantsolutions.gov/index.cfm?switch=searchresult&type=office¶m=OFA&page=OFA>

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

| | | | | |
|---|---|--|--|-----------------------------|
| 1. AWARDING OFFICE: The Office of Family Assistance | | 2. ASSISTANCE TYPE: Discretionary Grant | 3. AWARD NO.: 90ZJ0037-01-00 | 3a. AMEND. NO.: 0 |
| 4. FAIN: 90ZJ0037 | | | | |
| 5. TYPE OF AWARD: Demonstration | | 6. TYPE OF ACTION: New | 7. AWARD AUTHORITY: Section 403(a)(2) of SSA Act 42 U.S.C. § 603a2 | |
| 8. BUDGET PERIOD: 09/30/2020 THRU 09/29/2021 | 9. PROJECT PERIOD: 09/30/2020 THRU 09/29/2025 | 10. CFDA NO.: 93.086 - Section 403(a)(2) of the Social Security Act [42 U.S.C. § 603(a)(2)]. | | |
| 11. RECIPIENT ORGANIZATION: SAN BERNARDINO, COUNTY OF | | | | |

Equal Treatment for Faith-Based Organizations:

For services provided under this grant, the awardee (whether a religious or secular organization) must refrain from explicitly religious activities or activities that denigrate religion; in program enrollment and in the provision of services, the awardee must not discriminate based on religion or religious belief or absence of belief; and in the selection of program partners, the awardee must not select partners on the basis of their religious character or affiliation. Failure to comply with the above requirement can result in suspension and/or termination of this award, withholding of support, audit disallowances, and/or other appropriate action. For the full text of this requirement, go to: [Title 45, Code of Federal Regulations, Part 87, Equal Treatment for Faith-Based Organization](#)

CONTACTS

1. Questions concerning the fiscal or administrative aspects of the grant should be directed to Ruth Morris on (202) 205-4783 or at Ruth.Morris@acf.hhs.gov. Questions concerning the programmatic aspects of this grant should be directed to Barbara Spoor on 202 401-4724 or at Barbara.Spoor@acf.hhs.gov.

AWARD ATTACHMENTS

SAN BERNARDINO, COUNTY OF

90ZJ0037-01-00

-
1. Standard Terms and Conditions
 2. New Award Attachments

STANDARD TERMS AND CONDITIONS

This award is based on the application submitted to, and as approved by, ACF on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- 1) The grant program legislation and program regulation cited in this Notice of Award (NoA).
- 2) Conditions on activities and expenditures of funds in other statutory requirements, such as those included in appropriations acts and the Funding Opportunity Announcement under which this application was submitted.
- 3) This grant is subject to the requirements as set forth in Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (45 CFR Part 75) - [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#)
- 4) This grant is subject to the requirements as set forth in Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200) - [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)
- 5) This grant is subject to the requirements as set forth in [45 CFR Part 46 – Protection of Human Subjects](#).
- 6) This grant is subject to the requirements as set forth in [Administrative and National Policy Requirements](#) - An application funded with the release of federal funds through a grant award does not constitute, or imply, compliance with federal regulations. Funded organizations are responsible for ensuring that their activities comply with all applicable federal regulations.
- 7) This award is subject to the requirements as set forth in [HHS Department of Health and Human Services \(HHS\) Grants Policy Statement \(GPS\)](#) that are applicable to you based on your recipient type and the purpose of this award. This includes requirements in Parts I and II (available at <https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html> of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements (e.g. 45 CFR Part 75) directly apply to this award apart from any coverage in the HHS GPS.
- 8) For grantees that have awards that involve property, the following terms and conditions must be adhered to:
 - [Award Terms and Conditions Involving Property](#)
 - o [Tangible Property Report \(SF-428\)](#)
 - o [Real Property Status Report \(SF-429\)](#)
- 9) Reporting - Unless otherwise approved by the Office of Management and Budget (OMB), grantees are to complete the following:
 - a) Programmatic Reporting Requirements [SF-PPR ACF Performance Progress Report](#). PPRs are due 30 days after the end of the reporting period. Final program performance reports are due 90 days after the close of the project period.
 - b) [Federal Financial Reports – FFRs SF-425](#) (due quarterly) Post-Award Reporting forms can be found at

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html>

- c) Federal Financial Federal Cash Transaction Report – FCTR (due quarterly) Grantees should submit this report through their online account with [Payment Management System \(PMS\)](#).

Both FFRs ([SF-425](#)) and FCTR forms must be submitted online to [HHS PMS](#).

- 10) This award is subject to the [Federal Financial Accountability and Transparency Act \(FFATA\) Subaward and Executive Compensation Reporting Requirement](#) of 2006 and the [FFATA's 2008 amendment](#). More information about the FFATA is located at <https://www.grants.gov/learn-grants/grant-policies/ffata-act-2006.html>.
- 11) [Internal Controls](#) – Recipients of federal awards are required to follow one of the two approved internal control frameworks:
 - a. [Government Accountability Office \(GAO\) Standards for Internal Control in the Federal Government \(“Green Book”\) OR](#)
 - b. [Community of Sponsoring Organizations \(COSO\) Internal Control – Integrated Framework](#)
- 12) [Award Term and Condition for Recipient Integrity and Performance Matters](#) (Commonly referred to as FAPIIS)
- 13) This award is subject to requirements as set forth in the System Award Management (formerly Central Contractor Registration) and Unique Entity Identifier (formerly DUNS) Requirements. [Award Term for System Award Management and Unique Entity Identifier](#) - Additional information about registration procedures may be found at the [SAM website](#). If you are authorized to make subawards under this award, you may not make a subaward to an entity unless the entity has provided its Unique Entity Identifier to you.
- 14) This award will be paid through the Department of Health and Human Services, [Payment Management System \(PMS\)](#). Please visit their [website](#) for more information and review the Award Attachments for further Instructions for Requesting Payment of Federal Awards.
- 15) This award is subject to the requirements of Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <https://www.acf.hhs.gov/discretionary-post-award-requirements>
- 16) This award is subject to the requirements as set forth in [45 CFR Part 87](#) – Equal Treatment for Faith-Based Organizations.
- 17) Consistent with [45 CFR 75.113 – Mandatory disclosures](#) - Applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures

must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children and Families
U.S. Department of Health and Human Services
Office of Grants Management
ATTN: Grants Management Specialist
330 C Street, SW.,
Switzer Building Corridor 3200
Washington, DC 20201

AND

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

To find the most up-to-date Department of Health and Human Resources [Grants Policies and Regulations](#) and Administration for Children and Families (ACF) [Discretionary Post-Award Requirements](#) please visit their websites at <https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html> and <https://www.acf.hhs.gov/discretionary-post-award-requirements>.

Initial expenditure of funds by the grantee constitutes acceptance of this award and its associated terms and conditions.



ADMINISTRATION FOR
CHILDREN & FAMILIES

330 C St. SW, Mary E. Switzer Building, Washington, DC 20201 | www.acf.hhs.gov

NOTICE TO ACF GRANT RECIPIENTS

SUBJECT: AWARD PACKAGE ATTACHMENTS

Dear ACF Grant Recipient:

Please find attached the following documents:

- 1) Instructions for Requesting Payment of Federal Funds
- 2) Overview of Payment Management System Reporting
- 3) New Federal Financial Reporting Requirements
- 4) Programmatic Reporting Requirements
- 5) Property Reporting Requirements:
 - a. Tangible Personal Property Report (SF-428)
 - b. Real Property Status Report (SF-429)
- 6) GrantSolutions User Account Information for Access and Authorization to ACF's Online Grants Management System
- 7) Fraud Alert

Instructions for Requesting Payment of Federal Awards

This award will be paid through the Department of Health and Human Services, Payment Management Services, formerly known as the Division of Payment Management, operating under the Program Support Center (PSC). The PSC provides automated grant payment and cash management services from grants issued by Federal Government Awarding Agencies. PSC operates the centralized payment system, Payment Management System (PMS), acts as a liaison between the Administration for Children and Families to resolve any discrepancies. For additional information, please visit their Website at www.pms.psc.gov.

If this is your first award paid through the Payment Management System, it is recommended that you review the information provided at www.pms.psc.gov. The Grant Recipients information section provides basic information and addresses both funding and reporting requirements necessary to receiving your awarded funds. All [banking requests](#) must include a copy of the [SF-1199A Direct Deposit Sign-Up Form](#). You must complete and upload a new SF-1199A form for each banking request. It is mandatory that all new recipients obtain access to the Payment Management system prior to providing your banking information ([see Access – New User Request](#)). If you already have access to the Payment Management System you will need to submit a request to update your privileges in PMS to add the role “add/update banking” ([see Access – Make Changes](#)) prior to submitting banking information.

The Payment Management System is a web-based system, and funds are electronically deposited into the designated bank account on the next business day. Funds may be drawn down as a reimbursement or to accommodate your immediate needs and must not be held in excess of three (3) working days. The payment method for state agencies shall be consistent with Treasury/State CMIA agreements or default procedures codified under 31 CFR Part 205. The [PMS User Guide](#) provides instructions on how you can obtain, change or deactivate access, withdraw funds and file your Federal Financial Report electronically in PMS.

Grantees are assigned to a PSC Liaison Accountant based on their organization type and geographic location. The liaison accountants will provide instructions on the procedures for receiving your funding and any reporting requirements in the Payment Management System. You can find the name and contact information for the Liaison Accountant that handles your account at <https://pms.psc.gov/find-pms-liaison-accountant.html>. If you have general questions or need a password reset, please contact their helpdesk at 1-877-614-5533 or PMSSupport@pcs.hhs.gov or FAQs at the [Self-Help Portal](#). The helpdesk is open Monday – Friday from 7a.m. to 9p.m. ET with the exception of Federal Holidays.

NOTICE TO ALL ACF GRANT RECIPIENTS

SUBJECT: PAYMENT MANAGEMENT SYSTEM REPORTING

Dear ACF Grant Recipient:

PSC Payment Management System Program Support Center

[The information here is specific to the Administration for Children and Families](#)

ACF grantees participating in a discretionary or mandatory grant program are required to submit financial reports detailing both the cash transactions made for its Federal award(s) and separate reports detailing the expenditures made for the same award(s). For most grantees, filing requirements are satisfied by using the same report, [Federal Financial Report \(SF-425\)](#).

Cash transactions are reported quarterly with online reporting to the HHS [Payment Management System \(PMS\)](#) on lines 10a, b and c of Form SF-425. Expenditures, obligations and liquidations are reported either quarterly, semiannually or annually to ACF on lines 10d through 10o of Form SF-425. Grantees meet their reporting requirements to ACF through the grantee online accounts in PMS.

ACF and the Program Support Center are conducting a pilot project to assess the benefits of having grantees submit all reports to a single site. This will be less burdensome on grantees and assist with the reconciliation of expenditures/disbursements and allow for timely closeout of grants.

Beginning with the FY 2016 grant awards, this system of separate online reporting will be consolidated into a single reporting system. Starting with these awards, both the cash transactions (Lines 10 a, b and c) and the expenditures, obligations and liquidations (Lines 10d through 10o) will be reported through the grantee online accounts with PMS. This information will no longer be reported separately using OLDC or GrantSolutions.

Please note the following important conditions:

- This pilot project is effective with the FY 2016 financial reports. Any remaining reports still required, or revised, for FYs 2015, 2014 or earlier must continue to be submitted through OLDC or GrantSolutions.
- This pilot project includes all discretionary grant programs using [Form SF-425](#).
- This pilot project includes most, but not all, mandatory grant programs using Form SF-425. It does not include any program that requires a customized reporting form, i.e., Form CB-496 (Foster Care, Adoption, Guardianship), Form OCSE-396, Form OCSE-34 (Child Support), ACF-696 (CCDF), etc.
- SF-425 reports will continue to be due as frequently as is required in the award terms and conditions. Reports will be due on one of the standard dates by which cash reporting is required to be submitted to PMS or at the end of a calendar quarter as determined by ACF (January 30th, April 30th, July 30th, and October 30th).

Every grantee should already have a PMS account to allow access to complete Form SF-425. Non-Federal Entity's (NFEs) will need to [update their PMS access profile](#) to include the ability to electronically

access and upload their completed SF-425 reports in the PMS. If your office needs additional [user access](#) or help updating their PMS access profile, please contact your [PMS Liaison Accountant](#).

NFEs are encouraged to submit timely reports in the PMS to avoid drawdown restrictions placed on your accounts.

Questions related to fiscal reporting and other administrative requirements should be directed to the assigned Grants Management Specialist identified in your Notice of Award (NoA).

NOTICE TO ALL ACF GRANT RECIPIENTS

SUBJECT: NEW FEDERAL FINANCIAL MANAGEMENT REPORTING REQUIREMENTS

Dear ACF Grant Recipient:

Grant recipients receiving new awards will be required to submit their [Federal Financial Report \(SF-425\)](#) into a single reporting system, the HHS [Payment Management System \(PMS\)](#). Cash transactions are reported quarterly with online reporting to the HHS PMS on lines 10a, b and c of Form SF-425. Expenditures, obligations and liquidations are reported either quarterly, semiannually or annually to ACF (refer to the NoA and Funding Opportunity Announcement for frequency) on lines 10d through 10o of Form SF-425 to the HHS PMS.

Below is a table for SF-425 and FCTR submissions for PMS and ACF, using a quarterly frequency for ACF, for grantees that have a budget period of 9/30 – 9/29.

| Quarterly Reporting Deadlines | | | | | | |
|-------------------------------|--------|----------------------------|--|----------------------------|--|---|
| Budget Period | | FFR Due Date | FFR Due Date | FFR Due Date | FFR Due Date | FFR Due Date |
| | | Cash Transactions Reported | Cash Transactions and Expenditures, Obligations, Liquidations Reported | Cash Transactions Reported | Cash Transactions and Expenditures, Obligations, Liquidations Reported | Annual or Final Report (Final Accounting) |
| Begin | End | | | | | |
| 1-Oct | 30-Sep | 40-Apr | 30-Jul | 30-Oct | 30-Dec | |

In the above example for grants with 9/30 start dates, the reporting Period/Due Dates are:

- October 1 through December 31 - 1st Qtr./January 30th
- January 1 through March 31 - 2nd Qtr./April 30th
- April 1 through June 30 - 3rd Qtr./July 30th
- July 1 through September 30 - 4th Qtr./October 30th

The Administration for Children and Families, Office of Grants Management (OGM) requires grantees to submit an Annual Federal Financial Report (SF-425) within 90 days after the end of each budget period. The Annual SF-425 must reflect final accounting for the budget period and ensure that any cost share has been met in proportion to the amount of Federal funds expended. The Annual SF-425 report must reflect \$0-unliquidated obligations on line 10(f). The SF-425 report and the Payment Management System (PMS) expenditures report for the reporting period must reconcile. Final reports must reflect cumulative totals for the entire project period, reflect \$0-unliquidated obligations on line 10(f) and ensure that cost share has been met proportionally.

Questions related to fiscal reporting and other administrative requirements should be directed to the assigned Grants Management Specialist identified in your Notice of Award.

Federal Agency Form Instructions

| Form Identifiers | Information |
|---------------------|--------------------------|
| Agency Owner | Grants.gov |
| Form Name | Federal Financial Report |
| Form Version Number | 2.0 |
| OMB Number | 4040-0014 |
| OMB Expiration Date | 02/28/2022 |

Form Field Instructions

| Field Number | Field Name | Required or Optional | Information |
|--------------|--|----------------------|---|
| 1. | Federal Agency and Organizational Element to Which Report is Submitted | Required | Enter Federal Agency and Organizational Element for which the report is submitted. This field is required. |
| 2. | Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) | Required | Enter Federal Grant or Other Identifying Number Assigned by Federal Agency. (To report multiple grants, use FFR Attachment) This field is required. |
| 3-1. | Recipient Organization Name | Required | Enter the legal name of the applicant that will undertake the assistance activity. This |
| 3-2. | Street1 | Required | Enter the first line of the Street Address. This field is required. |
| 3-3. | Street2 | Optional | Enter the second line of the Street Address. |
| 3-4. | City | Required | Enter the City. This field is required. |
| 3-5. | County | Optional | Enter the County. |
| 3-6. | State | Required | Select the state, US possession or military code from the provided list. |
| 3-7. | Province | Optional | Enter the Province. |
| 3-8. | Country | Required | Select the Country from the provided list. This field is required. |

| Field Number | Field Name | Required or Optional | Information |
|--------------|--|----------------------|---|
| 3-9. | Zip/Postal Code | Required | Enter the Postal Code (e.g., ZIP code). |
| 4a. | DUNS Number | Required | Enter the DUNS or DUNS+4 number of the applicant organization. This field is required |
| 4b. | EIN | Required | Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. This field is required. |
| 5. | Recipient Account Number or Identifying Number | Optional | Enter Recipient Account Number or Identifying Number. |
| 6. | Report Type | Optional | Select one. |
| 7. | Basis of Accounting | Optional | Select one. |
| 8. | Project/Grant Period From | Required | Enter the Project/Grant Period From Date as mm/dd/yyyy. This field is required. |
| 8-1. | Project/Grant Period To | Required | Enter the Project/Grant Period To Date as mm/dd/yyyy. This field is required. |
| 9. | Report Period End | Required | Enter the Reporting Period End Date as mm/dd/yyyy. This field is required. |
| 10a. | Cash Receipts | Optional | Enter the amount of the federal cash receipts. |
| 10b. | Cash Disbursements | Optional | Enter the amount of the federal cash disbursements. |
| 10c. | Cash on Hand (line a minus b) | Optional | Federal cash on hand. This is a calculated field |
| 10d. | Total Federal funds authorized | Optional | Enter the total federal funds that are authorized. |
| 10e. | Federal share of expenditures | Optional | Enter the federal share of the expenditures. |
| 10f. | Federal share of unliquidated obligations | Optional | Enter the Federal share of the unliquidated obligations. |
| 10g. | Total Federal share (sum of lines e and f) | Optional | Total Federal share (sum of lines e and f). This is a calculated field. |

| Field Number | Field Name | Required or Optional | Information |
|--------------|--|----------------------|---|
| 10h. | Unobligated balance of Federal Funds (line d minus g) | Optional | Unobligated balance of Federal Funds (line d minus g). This is a calculated field. |
| 10i. | Total recipient share required | Optional | Enter total recipient shared that is required. |
| 10j. | Recipient share of expenditures | Optional | Enter the recipient's share of expenditures |
| 10k. | Remaining recipient share to be provided (i minus j) | Optional | Remaining recipient share to be provided (line i minus j). This is a calculated field. |
| 10l. | Total Federal program income earned | Optional | Enter the total federal program income earned. |
| 10m. | Program Income expended in accordance with the deduction alternative | Optional | Enter the amount of program income that was used to reduce the Federal share of the total project costs. |
| 10n. | Program Income expended in accordance with the addition alternative | Optional | Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities. |
| 10o. | Unexpended program income (line l minus line m and line n) | Optional | Enter Unexpended program income (line l minus line m and line n). |
| 11. | Indirect Expense | Optional | |
| 11a. | Type | Optional | Enter the type of indirect expense. |
| 11b. | Rate | Optional | Enter the rate for the given indirect expense. |
| 11c-1. | Period From | Optional | Enter the start date of the indirect expense. |
| 11c-2. | Period To | Optional | Enter the end date of the indirect expense. |

| Field Number | Field Name | Required or Optional | Information |
|--------------|---|----------------------|---|
| 11d. | Base | Optional | Enter base amount for the type of indirect expense. |
| 11e. | Amount Charged | Optional | Enter amount charged for the type of indirect expense. |
| 11f. | Federal Share | Optional | Enter the Federal Share for the type of indirect expense. |
| 11g-1. | Totals | Optional | Calculated. Sum of Base |
| 11g-2. | Totals | Optional | Calculated. Sum of Amount Charged. |
| 11g-3. | Totals | Optional | Calculated. Sum of Federal Share. |
| 12. | Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: | Optional | Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. |
| 13a. | Name and Title of Authorized Certifying Official | Required | |
| 13a-1. | Prefix | Optional | Select the Prefix from the provided list or enter a new Prefix not provided on the list. |
| 13a-2. | First Name | Required | Enter the First Name. This field is required. |
| 13a-3. | Middle Name | Optional | Enter the Middle Name. |
| 13a-4. | Last Name | Required | Enter the Last Name. This field is required. |
| 13a-5. | Suffix | Optional | Select the Suffix from the provided list or enter a new Suffix not provided on the list. |
| 13a-6. | Title | Required | Enter the position title. This field is required. |
| 13b. | Signature of Authorized Certifying Official | Required | Report is to be signed by the Authorized Certifying Official. |
| 13c. | Telephone | Required | Enter the daytime Telephone Number. This field is required. |
| 13d. | Email Address | Required | Enter a valid Email Address. This field is required. |

| Field Number | Field Name | Required or Optional | Information |
|--------------|-----------------------|----------------------|---|
| 13e. | Date Report Submitted | Required | Enter the date this report was submitted as mm/dd/yyyy. This field is required. |

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

| | | | |
|---|---|---|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; height: 30px; width: 100%; background-color: yellow;"></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; height: 20px; width: 100%; background-color: yellow;"></div> | |
| 3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div> Street1: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div> Street2: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div> City: <div style="border: 1px solid black; width: 30%; height: 20px; background-color: yellow;"></div> County: <div style="border: 1px solid black; width: 30%; height: 20px; background-color: yellow;"></div> State: <div style="border: 1px solid black; width: 40%; height: 20px; background-color: yellow;"></div> Province: <div style="border: 1px solid black; width: 40%; height: 20px; background-color: yellow;"></div> Country: <div style="border: 1px solid black; width: 40%; height: 20px; background-color: yellow; display: flex; align-items: center;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; width: 40%; height: 20px; background-color: yellow;"></div> | | | |
| 4a. DUNS Number <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div> | 4b. EIN <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div> | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div> | |
| 6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final | 7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual | 8. Project/Grant Period From: <div style="border: 1px solid black; width: 100px; height: 20px; background-color: yellow;"></div> To: <div style="border: 1px solid black; width: 100px; height: 20px; background-color: yellow;"></div> | 9. Reporting Period End Date <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div> |
| 10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i> | | | Cumulative |
| Federal Cash (To report multiple grants, also use FFR attachment): | | | |
| a. Cash Receipts | | | 0.00 |
| b. Cash Disbursements | | | 0.00 |
| c. Cash on Hand (line a minus b) | | | 0.00 |
| <i>(Use lines d-o for single grant reporting)</i> | | | |
| Federal Expenditures and Unobligated Balance: | | | |
| d. Total Federal funds authorized | | | 0.00 |
| e. Federal share of expenditures | | | 0.00 |
| f. Federal share of unliquidated obligations | | | 0.00 |
| g. Total Federal share (sum of lines e and f) | | | 0.00 |
| h. Unobligated balance of Federal Funds (line d minus g) | | | 0.00 |
| Recipient Share: | | | |
| i. Total recipient share required | | | 0.00 |
| j. Recipient share of expenditures | | | 0.00 |
| k. Remaining recipient share to be provided (line i minus j) | | | 0.00 |
| Program Income: | | | |
| l. Total Federal program income earned | | | 0.00 |
| m. Program Income expended in accordance with the deduction alternative | | | 0.00 |
| n. Program Income expended in accordance with the addition alternative | | | 0.00 |
| 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 |
| <div style="border: 1px solid black; height: 30px;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | <div style="border: 1px solid black; width: 80px; height: 20px;"></div> | <div style="border: 1px solid black; width: 80px; height: 20px;"></div> | <div style="border: 1px solid black; width: 140px; height: 20px;"></div> | <div style="border: 1px solid black; width: 140px; height: 20px;"></div> | <div style="border: 1px solid black; width: 140px; height: 20px;"></div> |
| <div style="border: 1px solid black; height: 30px;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | <div style="border: 1px solid black; width: 80px; height: 20px;"></div> | <div style="border: 1px solid black; width: 80px; height: 20px;"></div> | <div style="border: 1px solid black; width: 140px; height: 20px;"></div> | <div style="border: 1px solid black; width: 140px; height: 20px;"></div> | <div style="border: 1px solid black; width: 140px; height: 20px;"></div> |
| g. Totals: | | | | <div style="border: 1px solid black; width: 140px; height: 20px;"></div> | <div style="border: 1px solid black; width: 140px; height: 20px;"></div> | <div style="border: 1px solid black; width: 140px; height: 20px;"></div> |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: <div style="border: 1px solid black; height: 20px; width: 340px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-around;"> <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> | | | | | | |
| 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: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> First Name: <div style="border: 1px solid black; width: 280px; height: 20px; display: inline-block;"></div> Middle Name: <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> Last Name: <div style="border: 1px solid black; width: 480px; height: 20px; display: inline-block;"></div> Suffix: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Title: <div style="border: 1px solid black; width: 360px; height: 20px; display: inline-block;"></div> | | | | | | |
| b. Signature of Authorized Certifying Official <div style="border: 1px solid black; height: 40px; width: 480px;"></div> | | | | c. Telephone (Area code, number and extension) <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> | | |
| d. Email Address <div style="border: 1px solid black; width: 480px; height: 20px; display: inline-block;"></div> | | | | e. Date Report Submitted <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> | | 14. Agency use only: |

Federal Financial Report Instructions

Report Submissions

- 1) Recipients will be instructed by Federal agencies to submit the *Federal Financial Report (FFR)* to a single location, except when an automated payment management reporting system is utilized. In this case, a second submission location may be required by the agency.
- 2) If recipients need more space to support their *FFRs*, or *FFR* Attachments, they should provide supplemental pages. These additional pages must indicate the following information at the top of each page: Federal grant or other identifying number (if reporting on a single award), recipient organization, Data Universal Numbering System (DUNS) number, Employer Identification Number (EIN), and period covered by the report.

Reporting Requirements

- 1) The submission of interim *FFRs* will be on a quarterly, semi-annual, or annual basis, as directed by the Federal agency. A final *FFR* shall be submitted at the completion of the award agreement. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, or 12/31. For final *FFRs*, the reporting period end date shall be the end date of the project or grant period.
- 2) Quarterly and semi-annual interim reports shall be submitted no later than 30 days after the end of each reporting period. Annual reports shall be submitted no later than 90 days after the end of each reporting period. Final reports shall be submitted no later than 90 days after the project or grant period end date.

Note: For single award reporting:

- 1) Federal agencies may require both cash management information on lines 10(a) through 10(c) and financial status information lines 10(d) through 10(o).
- 2) 10(b) and 10(e) may not be the same until the final report.

Line Item Instructions for the Federal Financial Report

| FFR Number | Reporting Item | Instructions |
|--------------------------|--|---|
| Cover Information | | |
| 1 | Federal Agency and Organizational Element to Which Report is Submitted | Enter the name of the Federal agency and organizational element identified in the award document or as instructed by the agency. |
| 2 | Federal Grant or Other Identifying Number Assigned by Federal Agency | For a single award, enter the grant number assigned to the award by the Federal agency. For multiple awards, report this information on the <i>FFR</i> Attachment. <i>Do not complete this box if reporting on multiple awards.</i> |
| 3 | Recipient Organization | Enter the name and complete address of the recipient organization including zip code. |
| 4a | DUNS Number | Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number. |
| 4b | EIN | Enter the recipient organization's Employer Identification Number (EIN). |
| 5 | Recipient Account Number or Identifying Number | Enter the account number or any other identifying number assigned by the recipient to the award. This number is for the recipient's use only and is not required by the Federal agency. For multiple awards, report this |

| FFR Number | Reporting Item | Instructions |
|---|---|--|
| | | information on the <i>FFR</i> Attachment. <i>Do not complete this box if reporting on multiple awards.</i> |
| 6 | Report Type | Mark appropriate box. <i>Do not complete this box if reporting on multiple awards.</i> |
| 7 | Basis of Accounting (Cash/Accrual) | Specify whether a cash or accrual basis was used for recording transactions related to the award(s) and for preparing this <i>FFR</i> . Accrual basis of accounting refers to the accounting method in which expenses are recorded when incurred. For cash basis accounting, expenses are recorded when they are paid. |
| 8 | Project/Grant Period, From: (Month, Day, Year) | Indicate the period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project period that is funded in increments or budget periods (typically annual increments). Throughout the project period, agencies often require cumulative reporting for consecutive budget periods. Under these circumstances, enter the beginning and ending dates of the project period not the budget period. <i>Do not complete this line if reporting on multiple awards.</i> |
| | Project/Grant Period, To: (Month, Day, Year) | See the above instructions for "Project/Grant Period, From: (Month, Day, Year)." |
| 9 | Reporting Period End Date: (Month, Day, Year) | Enter the ending date of the reporting period. For quarterly, semi-annual, and annual interim reports, use the following reporting period end dates: 3/31, 6/30, 9/30, or 12/31. For final <i>FFRs</i> , the reporting period end date shall be the end date of the project or grant period. |
| 10 | Transactions Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9. Use Lines 10a through 10c, Lines 10d through 10o, or Lines 10a through 10o, as specified by the Federal agency, when reporting on single grants. Use Line 12, Remarks, to provide any information deemed necessary to support or explain <i>FFR</i> data. | |
| Federal Cash (To report multiple grants, also use <i>FFR</i> Attachment) | | |
| 10a | Cash Receipts | Enter the cumulative amount of actual cash received from the Federal agency as of the reporting period end date. |
| 10b | Cash Disbursements | Enter the cumulative amount of Federal fund disbursements (such as cash or checks) as of the reporting period end date. Disbursements are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award, and the amount of cash advances and payments made to subrecipients and contractors. For multiple grants, report each grant separately on the <i>FFR</i> Attachment. The sum of the cumulative cash disbursements on the <i>FFR</i> Attachment must equal the amount entered on Line 10b, <i>FFR</i> . |
| 10c | Cash On Hand (Line 10a Minus Line 10b) | Enter the amount of Line 10a minus Line 10b. This amount represents immediate cash needs. If more than three business days of cash are on hand, the Federal agency may require an explanation |

| FFR Number | Reporting Item | Instructions |
|--|--|--|
| | | on Line 12, Remarks, explaining why the drawdown was made prematurely or other reasons for the excess cash. |
| Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards. | | |
| 10d | Total Federal Funds Authorized | Enter the total Federal funds authorized as of the reporting period end date. |
| 10e | Federal Share of Expenditures | Enter the amount of Federal fund expenditures. For reports prepared on a cash basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense charged; and the amount of cash advance payments and payments made to subrecipients. For reports prepared on an accrual basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense incurred; and the net increase or decrease in the amounts owed by the recipient for (1) goods and other property received; (2) services performed by employees, contractors, subrecipients, and other payees; and (3) programs for which no current services or performance are required. Do not include program income expended in accordance with the deduction alternative, rebates, refunds, or other credits. (Program income expended in accordance with the deduction alternative should be reported separately on Line 10o.) |
| 10f | Federal Share of Unliquidated Obligations | Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an expenditure has not yet been recorded. Enter the Federal portion of unliquidated obligations. Those obligations include direct and indirect expenses incurred but not yet paid or charged to the award, including amounts due to subrecipients and contractors. On the final report, this line should be zero unless the awarding agency has provided other instructions. <i>Do not include any amount in Line 10f that has been reported in Line 10e. Do not include any amount in Line 10f for a future commitment of funds (such as a long-term contract) for which an obligation or expense has not been incurred.</i> |
| 10g | Total Federal Share (Sum of Lines 10e and 10f) | Enter the sum of Lines 10e and 10f. |
| 10h | Unobligated Balance of Federal Funds (Line 10d Minus Line 10g) | Enter the amount of Line 10d minus Line 10g. |
| Recipient Share: Do not complete this section if reporting on multiple awards. | | |
| 10i | Total Recipient Share Required | Enter the total required recipient share for reporting period specified in line 9. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the Federal agency. This amount should not include cost sharing and match amounts in excess of the amount required by the Federal agency (for example, cost overruns for which the recipient incurs additional expenses and, therefore, contributes a greater level of cost |

| FFR Number | Reporting Item | Instructions |
|--|--|---|
| | | sharing or match than the level required by the Federal agency). |
| 10j | Recipient Share of Expenditures | Enter the recipient share of actual cash disbursements or outlays (less any rebates, refunds, or other credits) including payments to subrecipients and contractors. This amount may include the value of allowable third party in-kind contributions and recipient share of program income used to finance the non-Federal share of the project or program. Note: On the final report this line should be equal to or greater than the amount of Line 10i. |
| 10k | Remaining Recipient Share to be Provided (Line 10i Minus Line 10j) | Enter the amount of Line 10i minus Line 10j. If recipient share in Line 10j is greater than the required match amount in Line 10i, enter zero. |
| Program Income: Do not complete this section if reporting on multiple awards. | | |
| 10l | Total Federal Program Income Earned | Enter the amount of Federal program income earned. Do not report any program income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j. |
| 10m | Program Income Expended in Accordance With the Deduction Alternative | Enter the amount of program income that was used to reduce the Federal share of the total project costs. |
| 10n | Program Income Expended in Accordance With the Addition Alternative | Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities. |
| 10o | Unexpended Program Income (Line 10l Minus Line 10m and Line 10n) | Enter the amount of Line 10l minus Line 10m and Line 10n. This amount equals the program income that has been earned but not expended, as of the reporting period end date. |
| 11 | Indirect Expense: Complete this information only if required by the awarding agency. Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9. | |
| 11a | Type of Rate(s) | State whether indirect cost rate(s) is Provisional, Predetermined, Final, or Fixed. |
| 11b | Rate | Enter the indirect cost rate(s) in effect during the reporting period. |
| 11c | Period From; Period To | Enter the beginning and ending effective dates for the rate(s). |
| 11d | Base | Enter the amount of the base against which the rate(s) was applied. |
| 11e | Amount Charged | Enter the amount of indirect costs charged during the time period specified. (Multiply 11b. x 11d.) |
| 11f | Federal Share | Enter the Federal share of the amount in 11e. |
| 11g | Totals | Enter the totals for columns 11d, 11e, and 11f. |
| Remarks, Certification, and Agency Use Only | | |
| 12 | Remarks | Enter any explanations or additional information required by the Federal sponsoring agency including excess cash as stated in line 10c. |
| 13a | Typed or Printed Name and Title of Authorized Certifying Official | Enter the name and title of the authorized certifying official. |
| 13b | Signature of Authorized Certifying Official | The authorized certifying official must sign here. |
| 13c | Telephone (Area Code, Number and Extension) | Enter the telephone number (including area code and extension) of the individual listed in Line 13a. |
| 13d | E-mail Address | Enter the e-mail address of the individual listed in Line 13a. |

| FFR Number | Reporting Item | Instructions |
|-----------------------|---|---|
| 13e | Date Report Submitted (Month, Day, Year) | Enter the date the <i>FFR</i> is submitted to the Federal agency using the month, day, year format. |
| 14 | Agency Use Only | This section is reserved for Federal agency use. |

NOTICE TO ALL ACF GRANT RECIPIENTS

SUBJECT: PROGRAMMATIC REPORTING REQUIREMENTS

Dear ACF Grant Recipient:

PROGRAMMATIC REPORTING

ACF grantees are required to report project progress on a quarterly or semi-annual basis. Please refer to your Award Conditions for the specific requirements for your grant.

Once completed, submit as a Grant Note using the following naming conventions:

| <u>Subject:</u> | <u>Category:</u> | <u>Grant Note Type:</u> |
|------------------------|-------------------------|--------------------------------|
|------------------------|-------------------------|--------------------------------|

| | | |
|----------------|---------------------|----------------|
| PPR-Q2/Q4-YYYY | Programmatic Report | Correspondence |
|----------------|---------------------|----------------|

| | | |
|--------------------------|--|--|
| PPR-Q2/Q4-YYYY (Revised) | | |
|--------------------------|--|--|

| | | |
|----------------|--|--|
| PPR-Final-YYYY | | |
|----------------|--|--|

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

NOTICE TO ALL ACF GRANT RECIPIENTS

SUBJECT: NEW PROPERTY REPORTING REQUIREMENTS
STANDARD FORM -428 TANGIBLE PERSONAL PROPERTY REPORT
STANDARD FORM -429 REAL PROPERTY STATUS REPORT

Dear ACF Grant Recipient:

Effective April 2013, the Administration for Children and Families began requiring the use of the SF-428 (Tangible Personal Property Form) as well as the SF-429 (Real Property Status Report).

Grantees are required to submit the SF-428 and SF-429 annually at the end of each budget period. The annual report must be non-cumulative, i.e. the report should cover one budget period only. In addition, a final SF-428 and SF-429 is due 90 days after the completion of the multi-year project period or any authorized extension of the project period as indicated on your Notice of Award. This final report must be cumulative covering all years of the grant term.

The SF-428 is a standard form used to collect information related to tangible personal property. The form consists of the cover sheet and three attachments to be used as required: Annual Report; Final (Award Closeout) Report and a Disposition Request/Report. A Supplemental Sheet, SF-428S, may be used to provide detailed individual item information.

The SF-429 is a standard report to be used by recipients of Federal financial assistance to report real property status (Attachment A) or to request agency instructions on real property (Attachments B, C) that was/will be provided as Government Furnished Property (GFP) or acquired (i.e. purchased or constructed) in whole or in part under a Federal financial assistance award (i.e. grant, cooperative agreement, etc.). This includes real property that was improved using Federal funds and real property that was donated to a Federal project in the form of a match or cost share donation. This report is used for awards that establish a Federal Interest on real property.

The SF-428 and SF-429 fillable forms are available at <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html>

If not applicable, submission is not required.

**REAL PROPERTY STATUS REPORT SF-429
(COVER PAGE)**

OMB Number: 4040-0016
Expiration Date: 02/28/2022

| | | | |
|--|-------------------------|--|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted: <div></div> | | 2. Federal Grant(s) or Other Identifying Number(s) Assigned by Federal Agency(ies): <div></div> | |
| 3. Recipient Organization (name and complete address including zip code): Recipient Organization Name: <div></div> Street1: <div></div> Street2: <div></div> City: <div></div> County: <div></div> State: <div></div> Province: <div></div> Country: <div>USA: UNITED STATES</div> ZIP / Postal Code: <div></div> | | | |
| 4a. DUNS Number: <div></div> | 4b. EIN: <div></div> | 5. Recipient Account or Identifying Number: <div></div> | |
| 6. Contact Person for this Report: Prefix: <div></div> First Name: <div></div> Middle Name: <div></div> Last Name: <div></div> Suffix: <div></div> Email: <div></div> Phone: <div></div> Fax: <div></div> | | | |
| 7. Report End Date: <div></div> (MM/DD/YYYY) | | | |
| 8. Real Property Status Report – Attachments: <i>[check the applicable block(s)]</i> : <input type="checkbox"/> : Attachment A (General Reporting) <i>attached</i> <input type="checkbox"/> : Attachment B (Request to Acquire, Improve or Furnish) <i>attached</i> <input type="checkbox"/> : Attachment C (Disposition Request) <i>attached</i> | | | |
| 9. Comments: <div></div> <div>Add Attachment</div> <div>Delete Attachment</div> <div>View Attachment</div> | | | |
| 10. Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct and complete and constitutes a material representation of fact upon which the Federal government may rely. | | | |
| 11a. Typed or Printed Name and Title of Authorized Certifying Official: Prefix: <div></div> First Name: <div></div> Middle Name: <div></div> Last Name: <div></div> Suffix: <div></div> Title: <div></div> | | | |
| 11b. Signature of Authorized Certifying Official: <div></div> | | | |
| 11c. Telephone (area code, number, extension): <div></div> | | | |
| 11d. Email Address: <div></div> | | | |
| 11e. Date Report Submitted (MM/DD/YYYY): <div></div> | | 12. Agency use only | |

Real Property Status Report
ATTACHMENT A (General Reporting) SF-429-A

OMB Number: 4040-0016
Expiration Date: 02/28/2022

Federal Grant or Other Identifying Number Assigned
by Federal Agency (#2 on cover page)

Complete the applicable blocks below for each parcel of real property being reported (duplicate this page to provide information for each parcel of real property being reported under the Federal financial assistance award identified in section 2):

13. Period and type of Federal Interest (MM/DD/YYYY): From: To:
☐ Acquisition ☐ Renovation ☐ Construction ☐ Government Furnished Property

14a. Description of Real Property:

14b. Address of Real Property (legal description and complete address including zoning information):

Street1:
Street2:
City: County:
State: Province:
Country: ZIP / Postal Code:
Zoning Information:
GPS Location Longitude: GPS Location Latitude:

14c. Land Acreage or Square Units:

Enter Amount:
Select units: ☐ Acres ☐ Square Feet
☐ Square Kilometers ☐ Square Meters

14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amounts:
Gross Usable
Select units: ☐ Square Feet ☐ Square Meters

14e. Real Property Ownership Type(s):

☐ A. Owned ☐ B. Co-Owned ☐ C. Fee Simple ☐ D. Corporate
☐ E. Joint Tenancy ☐ F. Partnership ☐ G. Limited Liability Partnership ☐ H. Co-Operative
☐ I. Government Furnished Property ☐ J. Other (Describe):

14f. Real Property Cost: \$ Share Percentage %:
Federal Share: \$ [%]
Non-Federal Share: \$ [%]
Total (sum of Federal and Non-Federal Share): \$ [%]

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in this real property?

☐ Yes ☐ No ☐ N/A

If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Date: Jurisdiction:

14h. Has Federally required insurance coverage been secured for this real property? ☐ Yes ☐ No
See instructions for more details.

14i. Are there any Uniform Relocation Act (URA) requirements applicable to this real property? ☐ Yes ☐ No

14j. Are there any environmental compliance requirements related to the real property? ☐ Yes ☐ No

If yes, describe them:

Add Attachment

Delete Attachment

View Attachment

14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is it listed or eligible for listing in the National Register of Historic Places? ☐ Yes ☐ No

If yes, describe them:

Add Attachment

Delete Attachment

View Attachment

15. Has a significant change occurred with the real property, **or is there an anticipated change expected during the next reporting period?**

☐ Yes ☐ No

If yes, describe the change:

Add Attachment

Delete Attachment

View Attachment

16. Real Property Disposition Status:

☐ A. Sold

☐ B. Transferred to different award

☐ C. Used in other Federally sponsored project/program

☐ D. Transferred title

☐ E. Retained Title

☐ F. N/A

i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of funds owed to the Federal government:

ii. If applicable, enter the amount of any net proceeds from the sale of the real property and describe how the proceeds were distributed:

iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes:

17. Indicate the cumulative energy consumption for the previous 12 months:

A. Electric (kWh)

or (Btu)

B. Petroleum (Gal)

C. Natural Gas (cu ft)

D. Other

(Specify)

18. Remarks:

Add Attachment

Delete Attachment

View Attachment

NOTICE TO ALL ACF GRANT RECIPIENTS

SUBJECT: GRANTSOLUTIONS (GS)

Dear ACF Grant Recipient:

GS is an online grant management system that provides a venue for ACF and the Office of Grants Management (OGM) to electronically work with grantees to manage awards. It is a web-based system that is accessible through the internet.

Grantee User Account Request Form

Grantees must submit one form for each of the officially designated Authorizing Official (AO) and the Principal Investigator/Project Director (PI/PD) in order to receive login information. An account has already been set-up for the AO and PI/PD with the issuance of the NoA. However, you are required to submit the completed forms via GS for documentation and to ensure continued access.

Each user will receive two (2) auto-generated email from GrantSolutions; the first email will contain your Username, which the second email will contain your Password. The following is a direct link to the GrantSolutions system: <https://home.grantsolutions.gov/home/>

Once you have received your initial login, please fill out and sign the Grantee User Account Request Form and US Data Access Request/Security Compliance Statement and submit as a Grant Note using the following naming conventions:

| | |
|------------------|---------------------------|
| Subject: | User Account Request Form |
| Category: | Other |
| Grant Note Type: | Correspondence |

Grant Recipient User Account Request Form

Please use this form to request the following GrantSolutions Grant Recipient user account actions:

- Create a new account at an existing Grant Recipient organization
- Update information pertaining to an existing Grant Recipient account
- Close an existing Grant Recipient account

Create New User Account

The new user's Supervisor or Authorized Official must approve all account requests.

1. The user must complete the form
2. The user who is receiving access must:
 - a. Sign and date Part 1 of the form (Rules of Behavior)
3. The Supervisor or Authorized Official must verify and sign Part 2 of the User Account Request Form

Update Existing User Account

Should any information regarding an existing Grant Recipient user account change, please select "Request Type: Account Change" and complete the form in its entirety. Changes to existing accounts may include:

- Change of user's role
- Update of user's contact information

Close Existing User Account

Should a user's account need to be closed, the user's Supervisor or Authorized Official should select "Request Type: Account Closure" and complete Part 2 of the form in its entirety or send an email requesting closure to help@grantsolutions.gov.

Submission of the User Account Request Form

The Supervisor or Authorized Official must submit all forms to the GrantSolutions Support Center. Completed forms should be submitted to the **GrantSolutions Support Center** by email or fax:

- Email: help@grantsolutions.gov
- Fax: (703) 288-5390

The Support Center will verify all account requests. Request forms sent via email must be scanned to include original signatures.

Account information will be sent to the new (or changed) user's email address. Upon initial login, the user will be required to change the temporary password assigned by the Support Center.

If you have any questions, please contact the GrantSolutions Support Center at help@grantsolutions.gov or toll-free at (866) 577-0771.

Role Authority Definitions

Please note the following definitions of each Role Authority listed in Part 2 of the Grant Recipient User Account Request Form:



Authorizing Official/Authorizing Representative: The Grantee Authorizing Official (ADO) is responsible for the oversight of activities performed by the Grantee Security Monitor. Listed as the Authorizing Official on the Notice of Award.

Financial Officer: The Grantee Financial Official (FO) is responsible for the oversight of activities performed by the Grantee Financial Support Staff.

Financial Officer Support: The Grantee Financial Support Staff (FSS) role is to assist the Grantee Financial Official in the grantee organization.

Program Director/Principal Investigator: The Principal Investigator/Program Director (PI/PD) is responsible for the oversight of activities performed by Support Staff.

Support Staff: The Grantee Support Staff's role is to assist the Principal Investigator or Program Director in the grantee organization.



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 or toll-free at (866) 577-0771) and to the GrantSolutions Information System Security Officer at security@grantsolutions.gov.
- I will immediately notify the GrantSolutions Help Desk of any account changes, including the need to close my account.

User Name (Printed) _____

User Signature _____ Date _____



Grant Recipient User Account Request Form: Part 2

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

Partner Agency:

Department of Health & Human Services

- ☐ Administration for Children and Families
- ☐ Administration for Community Living
- ☐ Centers for Disease Control and Prevention
- ☐ Centers for Medicare & Medicaid Services
- ☐ Health Resources & Services Administration
- ☐ Indian Health Service
- ☐ Office of Head Start
- ☐ Office of the Assistant Secretary for Health
- ☐ Office of the Assistant Secretary for Preparedness and Response
- ☐ Office of the National Coordinator for Health Information Technology

Department of Homeland Security

- ☐ Citizenship and Immigration Services

Department of Transportation

- ☐ Federal Motor Carrier Safety Administration
- ☐ Federal Railroad Administration
- ☐ Pipeline and Hazardous Materials Safety Administration

Department of the Treasury

- ☐ Internal Revenue Service
- ☐ Office of Grant Community Relations

Other Agencies

- ☐ Bureau of the Fiscal Service
- ☐ Consumer Product Safety Commission
- ☐ Denali Commission
- ☐ Department of Agriculture
- ☐ Department of Housing and Urban Development
- ☐ Department of the Interior
- ☐ Environmental Protection Agency
- ☐ Gulf Coast Ecosystem Restoration Council
- ☐ Public Health Service
- ☐ Small Business Administration
- ☐ Social Security Administration
- ☐ Other:

Grant Recipient (Organization):

Address 1 (Organization):

Address 2 (Organization):

City:

State:

ZIP:

Grant Number(s):

DUNS:

User First Name:

User Last Name:

Title:

Phone:

Email:

Role Authority:

- ☐ Authorizing Official/Authorizing Representative
- ☐ Financial Officer
- ☐ Financial Officer Support
- ☐ Program Director/Principal Investigator
- ☐ Support Staff

Supervisor or Authorized Official Name:

Title:

Signature:

Note: The Supervisor or Authorized Official should sign requests.

WHAT WE DO

The Office of Inspector General (OIG) fights waste, fraud, and abuse in Medicare, Medicaid, and more than 300 programs of the Department of Health and Human Services. The result? Taxpayer and patients save money; quality of health care is protected.

The Hotline processes tens of thousands of tips each year from HHS employees, seniors, health care providers, and others. Those tips, along with other OIG initiatives, result in:



Hundreds of enforcement actions annually



Thousands of criminals excluded as providers from Federal health programs



Billions levied in fines, penalties, and settlements

OIG.HHS.GOV/REPORT-FRAUD

SCAN HERE
TO REPORT FRAUD



PHONE: 1-800-HHS-TIPS

FAX: 1-800-223-8164

TTY: 1-800-377-4950

MAIL

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATORS
PO Box 23489
Washington, DC 20026



OIG Hotline

REPORT FRAUD

**Report fraud, waste, and abuse
in HHS programs.**



U.S. Department of
Health and Human Services
Office of Inspector General

1-800-HHS-TIPS

OIG.HHS.GOV

1-800-HHS-TIPS

FRAUD

MEDICARE & MEDICAID FRAUD

Medicare and Medicaid provide health insurance to 1 in 3 Americans: the elderly, those with low incomes, and people with certain disabilities. The programs' sheer size makes them a **CRIMINAL TARGET**.



Types of Health Care Fraud and Abuse

- ⊕ Billing for services, prescriptions, supplies, or equipment that were not needed or provided
- ⊕ Submitting duplicate claims for the same service
- ⊕ Charging for a more expensive or complex service than what was actually provided
- ⊕ Billing a service as covered by Medicare or Medicaid—when it actually isn't
- ⊕ Failing to meet quality of care standards, resulting in patient abuse and neglect
- ⊕ Misrepresenting the service provided

FRAUD

GRANT OR CONTRACT FRAUD

Grant or contract fraud occurs when Federal funds are misused by those who receive them or when taxpayer dollars are awarded under **FALSE PRETENSES**.



Types of Grant or Contract Fraud

- ⊕ Falsifying information in grant applications or contract proposals
- ⊕ Using Federal funds to purchase items that are not for Government use
- ⊕ Billing more than one grant or contract for the same work
- ⊕ Billing for expenses not incurred as part of the grant or contract
- ⊕ Billing for work that was never performed
- ⊕ Falsifying test results or other data
- ⊕ Substituting approved materials with unauthorized products

FRAUD

EMPLOYEE CRIMES & MISCONDUCT

HHS employees are expected to adhere to certain **STANDARDS OF CONDUCT**, which, if **VIOLATED**, could reflect poorly on the U.S. Department of Health and Human Services and on the Federal Government.



Types of Employee Crimes & Misconduct

- ⊕ Stealing or embezzling Government property or money
- ⊕ Mismanaging or wasting Federal funds extravagantly, carelessly, or needlessly
- ⊕ Misusing Government property because of deficient practices, systems, or controls
- ⊕ Soliciting or accepting gifts from outside sources
- ⊕ Committing official or moral misconduct, on or off duty
- ⊕ Influencing the award of a grant or contract to benefit a particular company, friend, or family member
- ⊕ Violating conflict of interest standards
- ⊕ Involving yourself in alleged or suspected situations
- ⊕ Abusing authority
- ⊕ Misusing Government time, equipment, or information

OIG.HHS.GOV/REPORT-FRAUD