



# Department of Health and Human Services

## Administration for Children and Families

### Notice of Award

Award# 90XP0719-01-00

FAIN# 90XP0719

Federal Award Date: 08/24/2026

#### Recipient Information

##### 1. Recipient Name

CTY OF WHITEWATER BLD MAIN  
312 W Whitewater St  
Whitewater, WI 53190-1940

##### 2. Congressional District of Recipient

01

##### 3. Payment System Identifier (ID)

1396005658A1

##### 4. Employer Identification Number (EIN)

396005658

##### 5. Data Universal Numbering System (DUNS)

##### 6. Recipient's Unique Entity Identifier (UEI)

L1BAVJAH5J25

##### 7. Project Director or Principal Investigator

Mr. Daniel Andrew Meyer  
Police Chief  
dmeyer@whitewater-wi.gov  
262-473-1371

##### 8. Authorized Official

Mr. Jeremiah Thomas  
Comptroller  
jthomas@whitewater-wi.gov  
262-473-1381

#### Federal Agency Information

ACF/OPRE Office of Discretionary Grant - Child Care  
Research

##### 9. Awarding Agency Contact Information

Mr. Girma Araya  
Grants Management Specialist  
girma.araya@acf.hhs.gov  
202-205-8643

##### 10. Program Official Contact Information

Lia Ghozati  
Grants and Budget Analyst  
lia.ghozati@acf.hhs.gov  
202-401-9220

#### Federal Award Information

##### 11. Award Number

90XP0719-01-00

##### 12. Unique Federal Award Identification Number (FAIN)

90XP0719

##### 13. Statutory Authority

42 USC 1310

##### 14. Federal Award Project Title

Immigration Liaison

##### 15. Assistance Listing Number

93.493

##### 16. Assistance Listing Program Title

Congressional Directives

##### 17. Award Action Type

New

##### 18. Is the Award R&D?

No

#### Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2026 - End Date 08/30/2027

20. Total Amount of Federal Funds Obligated by this Action \$85,000.00

20a. Direct Cost Amount \$86,278.41

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$1,278.41

25. Total Federal and Non-Federal Approved this Budget Period \$86,278.41

26. Period of Performance Start Date 08/31/2026 - End Date 08/30/2027

27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Period of Performance \$86,278.00

##### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

##### 29. Grants Management Officer - Signature

Mr. David Lee  
Grants Management Officer

#### 30. Remarks

Within 30 days of award issue date, recipient must provide the liaison protocols for confidentiality, data/privacy protections, referral boundaries, language access, and limits on legal advice by non-attorney staff. In addition to these documents recipient must also provide a Project Narrative Addendum clarifying what standard information will be shared with clients about these rights.



# Department of Health and Human Services

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##### Payment Account Number and Type

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##### Employer Identification Number (EIN) Data

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##### Universal Numbering System (DUNS)

##### Recipient's Unique Entity Identifier (UEI)

L1BAVJAH5J25

##### 31. Assistance Type

Discretionary Grant

##### 32. Type of Award

Other

#### 33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

|                          |             |
|--------------------------|-------------|
| a. Salaries and Wages    | \$43,278.41 |
| b. Fringe Benefits       | \$33,804.45 |
| c. Total Personnel Costs | \$77,082.86 |
| d. Equipment             | \$5,500.00  |
| e. Supplies              | \$625.00    |
| f. Travel                | \$0.00      |
| g. Construction          | \$0.00      |
| h. Other                 | \$3,070.55  |
| i. Contractual           | \$0.00      |
| j. TOTAL DIRECT COSTS    | \$86,278.41 |
| k. INDIRECT COSTS        | \$0.00      |
| l. TOTAL APPROVED BUDGET | \$86,278.41 |
| m. Federal Share         | \$85,000.00 |
| n. Non-Federal Share     | \$1,278.41  |

#### 34. Accounting Classification Codes

| FY-ACCOUNT NO. | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | ASSISTANCE LISTING | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|--------------|---------------------|--------------|--------------------|---------------------------------|---------------|
| 6-G998035      | 90XP071901   | ACFOPRE             | 41.45        | 93.493             | \$85,000.00                     | 75-26-1536    |



### 35. Terms And Conditions

| Performance Progress Report Cycle |                           |                |                           |
|-----------------------------------|---------------------------|----------------|---------------------------|
| Reporting Period Start Date       | Reporting Period End Date | Reporting Type | Reporting Period Due Date |
| 08/31/2026                        | 02/27/2027                | Semi-Annual    | 04/01/2027                |
| 02/28/2027                        | 08/27/2027                | Semi-Annual    | 09/29/2027                |
| 08/28/2027                        | 08/30/2027                | Semi-Annual    | 10/02/2027                |

## Terms and Conditions

### 1. STANDARD TERMS

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Award Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>

### AWARD CONDITIONS

#### Required Alignment with ACF Vision, Mission, Values, Priorities and Guiding Principles

The recipient of this award must implement any funds awarded under this NOA to effectuate program goals or agency priorities in accordance with the ACF's vision, mission, values, priorities, & guiding principles (<https://acf.gov/about/acf-vision-mission-values>) when authorized. Funded activities must advance ACF's vision of resilient, safe, healthy, and economically secure children, youth, families, and communities, and support ACF's mission to foster health and well-being through effective, accountable, and compassionate human services when awarded in any programs that authorize these priorities.

Consistent with ACF's values, in carrying out any project that is funded under this NOA, the recipient is required to adhere to the following principle:

**Program Integrity and Fiscal Stewardship:** Administer funds in accordance with all applicable federal statutes, regulations, and award conditions; maintain strong internal controls; and prevent waste, fraud, and abuse.

The recipient is also required to adhere to the following principles when consistent with the authority and scope of the award and its activities:

1. **Evidence-Based and Outcome-Focused Practices:** Design and deliver services using evidence-based or evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.

2. **Partnership and Local Leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

In addition, in keeping with ACF's priorities, the recipient must administer any project that is awarded under this NOA in accordance with the following objectives when consistent with the scope of the award and its activities in programs that are authorized to advance them:



## Department of Health and Human Services

### Administration for Children and Families

## Notice of Award

Award# 90XP0719-01-00

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**3. Family Stability and Child Well-Being:** Strengthen families, promote safe and stable home environments, and improve outcomes for children and youth through prevention-focused and developmentally appropriate services.

**4. Work, Self-Sufficiency, and Economic Mobility:** Support pathways to employment, job retention, and economic independence for individuals and families, including through workforce development, education, and supportive services.

**5. High-Quality Early Care and Learning:** Where applicable, invest in high-quality early childhood programs that support school readiness, healthy development, and long-term success.

The recipient must demonstrate ongoing compliance with these values and priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other enforcement actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award.

# AWARD ATTACHMENTS

CTY OF WHITEWATER BLD MAIN

90XP0719-01-00

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1. Award Attachments



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Switzer Building Washington, DC 20201

***NOTICE TO GRANT RECIPIENTS***

***SUBJECT: AWARD PACKAGE ATTACHMENTS***

Dear ACF Grant Recipient:

Please find attached the following documents:

1. Requesting Payment of Federal Funds Instructions
2. Programmatic and Federal Financial Reporting Requirements
3. Federal Financial Report (SF-425) and Instructions
4. Property Reporting Requirements
  - a. Tangible Personal Property Report (SF-428)
  - b. Real Property Status Report (SF-429) (if applicable)
5. GrantSolutions User Account Information for Access to the Online Grants Management System
6. 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 <https://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 <https://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](mailto:PMSSupport@pcs.hhs.gov) or FAQs at the [Self-Help Portal](#). The helpdesk is open Monday-Friday from 7a.m. to 9p.m. ET except for Federal Holidays.



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Switzer Building Washington, DC 20201

***NOTICE TO ALL GRANT RECIPIENTS***

***SUBJECT: PROGRAMMATIC REPORTING REQUIREMENTS***

Dear ACF Grant Recipient:

**PROGRAMMATIC REPORTING**

Recipients are required to submit their Program Progress Report (PPR) on a semi-annual or quarterly basis. If applicable, please refer to your Notice of Award (NOA) for any Award Conditions related to your grant.

Recipients will upload their PPR in the new Performance Progress Report (PPR) tool in GrantSolutions. This new process will replace the prior process of uploading the PPR as a Grant Note.

Failure to submit reports when due will be indicative of non-compliance.



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Switzer Building Washington, DC 20201

***NOTICE TO ALL GRANT RECIPIENTS***

***SUBJECT: FINANCIAL MANAGEMENT REPORTING REQUIREMENTS***

Dear ACF Grant Recipient:

**FEDERAL FINANCIAL REPORTING**

The Administration for Children and Families, Office of Grants Management (OGM) requires recipients to submit Federal Financial Report (SF-425) into a single reporting system, the HHS Payment Management System (PMS) as follows:

- **Semi-annual or quarterly** interim reports shall be submitted no later than 30 days after the end of each reporting period. The following reporting period end date for projects that have a 8/31 start date is 2/29 for the 1st semi-annual report.
- **Annual** reports shall be submitted no later than 90 days after the end of the budget period. Final reports shall be submitted no later than 90 days after the project or grant period end date. The Annual Federal Financial Report (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 Federal Financial Report (SF-425) must reflect \$-0- unliquidated obligations online 10(F). The Federal Financial Report (SF-425) and the Payment Management System (PMS) expenditures report for the reporting period must reconcile.
- **Final** reports shall be submitted no later than 120 days and must reflect cumulative totals for the entire project period, reflect \$-0- unliquidated obligations on line 10(F) and ensure the cost share has been met proportionally.

Effective April 1, 2022, Department of Health and Human Services (HHS) grant recipients will no longer complete the quarterly Federal Cash Transaction Report (FCTR). [Additional information](#) is available.

Below is a table for [Federal Financial Report \(SF-425\)](#) submissions for PMS and ACF, using a semi-annual and frequencies 8/31- 8/30.

**August 31 Start Date**

| <b>Semi-Annual Reporting Period</b>                                 | <b>Report Due Date</b> |
|---------------------------------------------------------------------|------------------------|
| 1 <sup>st</sup> Reporting Period<br>August 31 – February 29         | March 31               |
| 2 <sup>nd</sup> Semi-Annual Reporting Period<br>March 1 – August 31 | September 30           |
| Annual (1 year)<br>August 31 – August 30                            | November 30            |
| Final (1+ year)<br>August 31 – August 30                            | December 30            |

Every recipient should already have a PMS account to allow access to complete Federal Financial Report (SF-425). If your office needs additional user access, please contact your [PMS Liaison Accountant](#) found at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.

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

Failure to submit reports when due will be indicative of non-compliance with award terms and conditions. The awarding agency reserves the right to withdraw obligational authority on any unobligated balance reported on the Annual Federal Financial Report (SF-425).

|                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                     |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>1. Federal Agency and Organizational Element to Which Report is Submitted</b><br><div style="border: 1px solid black; height: 30px; width: 100%; background-color: yellow;"></div>                                                              |  | <b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b><br><div style="border: 1px solid black; height: 30px; width: 100%; background-color: yellow;"></div> |                   |
| <b>3. Recipient Organization (Name and complete address including Zip code)</b>                                                                                                                                                                    |  |                                                                                                                                                                                                                                     |                   |
| 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: 100%; height: 20px; background-color: yellow;"></div>                                                                                                                                            |  | County: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div>                                                                                                                           |                   |
| State: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div>                                                                                                                                           |  | Province: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div>                                                                                                                         |                   |
| Country: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div>                                                                                                                                         |  | ZIP / Postal Code: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div>                                                                                                                |                   |
| <b>4a. UEI</b><br><div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div>                                                                                                                                |  | <b>4b. EIN</b><br><div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div>                                                                                                                 |                   |
| <b>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</b><br><div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div>                                      |  |                                                                                                                                                                                                                                     |                   |
| <b>6. Report Type</b><br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Semi-Annual<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Final                                                                           |  | <b>7. Basis of Accounting</b><br><input type="checkbox"/> Cash<br><input type="checkbox"/> Accrual                                                                                                                                  |                   |
| <b>8. Project/Grant Period</b><br>From: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div><br>To: <div style="border: 1px solid black; width: 100%; height: 20px; background-color: yellow;"></div> |  | <b>9. Reporting Period End Date</b><br><div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div>                                                                                            |                   |
| <b>10. Transactions</b>                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                     | <b>Cumulative</b> |
| <i>(Use lines a-c for single or multiple grant reporting)</i>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                     |                   |
| <b>Federal Cash (To report multiple grants, also use FFR attachment):</b>                                                                                                                                                                          |  |                                                                                                                                                                                                                                     |                   |
| a. Cash Receipts                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                     | 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>                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                     |                   |
| <b>Federal Expenditures and Unobligated Balance:</b>                                                                                                                                                                                               |  |                                                                                                                                                                                                                                     |                   |
| 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              |
| <b>Recipient Share:</b>                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                     |                   |
| 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              |
| <b>Program Income:</b>                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                     |                   |
| l. Total Federal program income earned                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                     | 0.00              |
| m. Program income expended in accordance with the deduction alternative                                                                                                                                                                            |  |                                                                                                                                                                                                                                     | 0.00              |
| n. Program income expended in accordance with the addition alternative                                                                                                                                                                             |  |                                                                                                                                                                                                                                     | 0.00              |
| o. Unexpended program income (line l minus line m and line n)                                                                                                                                                                                      |  |                                                                                                                                                                                                                                     | 0.00              |

| <b>11. Indirect Expense</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                         |                                                                         |                                                                          |                                                                          |                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| a. Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | b. Rate                                                                 | c. Period From                                                          | Period To                                                               | d. Base                                                                  | e. Amount Charged                                                        | f. Federal Share                                                         |
| <div style="border: 1px solid black; height: 20px;"></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: 20px;"></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> |
| <b>g. Totals:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                         |                                                                         | <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> |
| <b>12. Remarks:</b> <i>Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                                         |                                                                         |                                                                          |                                                                          |                                                                          |
| <div style="border: 1px solid black; height: 20px; width: 340px;"></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"> <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>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                                                         |                                                                         |                                                                          |                                                                          |                                                                          |
| <b>13. Certification:</b> 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).                                                                                                                                                         |                                                                         |                                                                         |                                                                         |                                                                          |                                                                          |                                                                          |
| <b>a. Name and Title of Authorized Certifying Official</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                                         |                                                                         |                                                                          |                                                                          |                                                                          |
| Prefix: <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"><div style="position: absolute; top: 0; right: 0; width: 10px; height: 10px; border: 1px solid black;"></div></div> First Name: <div style="border: 1px solid black; width: 280px; height: 20px;"></div> Middle Name: <div style="border: 1px solid black; width: 200px; height: 20px;"></div> Last Name: <div style="border: 1px solid black; width: 480px; height: 20px;"></div> Suffix: <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"><div style="position: absolute; top: 0; right: 0; width: 10px; height: 10px; border: 1px solid black;"></div></div> Title: <div style="border: 1px solid black; width: 350px; height: 20px;"></div> |                                                                         |                                                                         |                                                                         |                                                                          |                                                                          |                                                                          |
| <b>b. Signature of Authorized Certifying Official</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                         |                                                                         | <b>c. Telephone (Area code, number and extension)</b>                    |                                                                          |                                                                          |
| <div style="border: 1px solid black; height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                                         |                                                                         | <div style="border: 1px solid black; width: 200px; height: 20px;"></div> |                                                                          |                                                                          |
| <b>d. Email Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                         |                                                                         | <b>e. Date Report Submitted</b>                                          |                                                                          | <b>14. Agency use only:</b>                                              |
| <div style="border: 1px solid black; height: 20px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                                         |                                                                         | <div style="border: 1px solid black; width: 80px; height: 20px;"></div>  |                                                                          |                                                                          |

## Federal Agency Form Instructions

| Form Identifiers    | Information              |
|---------------------|--------------------------|
| Agency Owner        | Grants.gov               |
| Form Name           | Federal Financial Report |
| Form Version Number | 3.0                      |
| OMB Number          | 4040-0014                |
| OMB Expiration Date | 06/30/2028               |

## 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.                                                                                  |

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| Field Number | Field Name                                     | Required or Optional | Information                                                                                                                                           |
|--------------|------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3-9.         | Zip/Postal Code                                | Required             | Enter the Postal Code (e.g., ZIP code).                                                                                                               |
| 4a.          | UEI                                            | Required             | Enter the UEI 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.                                                                                                    |
| IOe.         | Federal share of expenditures                  | Optional             | Enter the federal share of the expenditures.                                                                                                          |
| IOf.         | 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 (lined minus g)                 | Optional             | Unobligated balance of Federal Funds (lined minus g). This is a calculated field.                                                                               |
| IOi.         | Total recipient share required                                       | Optional             | Enter total recipient shared that is required.                                                                                                                  |
| IOj.         | 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. |
| IOo.         | Unexpended program income (line l minus line m and linen)            | Optional             | Enter Unexpended program income (line l minus line m and linen).                                                                                                |
| 11.          | Indirect Expense                                                     | Optional             |                                                                                                                                                                 |
| IIa.         | Type                                                                 | Optional             | Enter the type of indirect expense.                                                                                                                             |
| IIb.         | Rate                                                                 | Optional             | Enter the rate for the given indirect expense.                                                                                                                  |
| IIc-1.       | Period From                                                          | Optional             | Enter the start date of the indirect expense.                                                                                                                   |
| IIc-2.       | Period To                                                            | Optional             | Enter the end date of the indirect expense.                                                                                                                     |

| Field Number | Field Name                                                                                                                                          | Required or Optional | Information                                                                                                                             |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| II d.        | Base                                                                                                                                                | Optional             | Enter base amount for the type of indirect expense.                                                                                     |
| II e.        | Amount Charged                                                                                                                                      | Optional             | Enter amount charged for the type of indirect expense.                                                                                  |
| II f.        | Federal Share                                                                                                                                       | Optional             | Enter the Federal Share for the type of indirect expense.                                                                               |
| II g-1.      | Totals                                                                                                                                              | Optional             | Calculated. Sum of Base                                                                                                                 |
| II g-2.      | Totals                                                                                                                                              | Optional             | Calculated. Sum of Amount Charged.                                                                                                      |
| II g-3.      | Totals                                                                                                                                              | Optional             | Calculated. Sum of Federal Share.                                                                                                       |
| 12.          | Remarks:<br>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. |

## NOTICE TO ALL ACF GRANT RECIPIENTS

SUBJECT: NEW PROPERTY REPORTING REQUIREMENTS

STANDARD FORM -428 TANGIBLE

PERSONAL PROPERTY REPORTSTANDARD 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.

## ***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.

### Recipient User Account Request Form

Recipients must submit one form for each of the officially designated Authorizing Official (AO) and the Principal Investigator/Project Director (PI/PD) 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            |

Information concerning GrantSolutions User Account Requests and the User Account Request form can be found in the following link: <https://home.grantsolutions.gov/home/getting-started-request-a-user-account/>

## 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**