

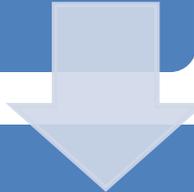
Welcome to
Managing the Finances of Your
NHPRC Grant

Agenda

Basics of Managing a NHPRC Grant --
Presented by Lucy Barber

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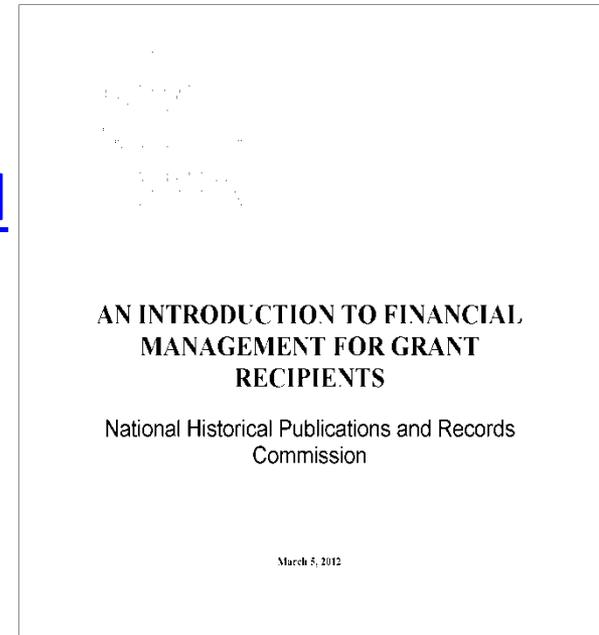
Submitting Accurate Payment Requests--
Presented by Christine Dunham

A light blue downward-pointing arrow indicating the flow from the second item to the third.

Completing Federal Financial Reports --
Presented by Jeff de la Concepcion

Resources for NHPRC Grantees

- The Slides from this Presentation
- Information on our website at:
<http://www.archives.gov/nhprc/administer/>
 - A new “An Introduction To Financial Management For Grant Recipients “ (March 2012)
 - Requesting Payments
 - Completing Reports
- NHPRC Staff:
<http://www.archives.gov/nhprc/contact.html>



Managing a Federal Grant

Federal Financial Management Standards require:

- *Accounting methods that provide accurate and complete information about all financial transactions related to each Federally-supported project*
- *Accounting records to be maintained on a current basis and balanced monthly*
- *All costs to be reasonable, allowable, and properly allocated*



Grant Award Summary

NATIONAL HISTORICAL PUBLICATIONS AND RECORDS COMMISSION (NHPRC) GRANT AWARD SUMMARY

Catalog of Federal Domestic Assistance (CFDA) No. 89.003

Grantee:

State University Foundation,

Project Name:

The Records Digitization Project

Project Director:

J. D. Peters

Digital Librarian

State University

Anywhere, NA 30302-3999

Award Number:

NAR11-RX-10001-11

Grant Amount:

up to \$90,100

Grantee Cost-Sharing:

\$110,000

Budgeted Project Costs:

\$200,100

Grant Period:

April 1, 2011 - November 30, 2012

By accepting this grant you agree to:

- Comply with all applicable Federal grants management and NHPRC rules and regulations. These are specified on our web site at <http://www.archives.gov/nhprc/administer/regulations.html> and <http://www.archives.gov/nhprc/administer/requirements.html>.
 - Adhere to the performance objectives (attached).
 - Unless you have an exemption under 2 CFR 25.110, you must maintain an active registration with the Central Contractor Registry (CCR) until either the final report or the final payment has been received, whichever is later.
 - Provide the cost sharing as specified in your budget dated **June 3, 2010**. You must have written approval from NHPRC to make any reduction in your total cost share.
- Submit interim financial report by:
- | | |
|-----------------------|---------------------------------------|
| Due Date: | Reporting Period: |
| April 30, 2012 | April 1, 2011 - March 31, 2012 |
- Submit interim narrative reports by:
- | | |
|-------------------------|---|
| Due Date: | Reporting Period: |
| October 31, 2011 | April 1, 2011 - September 30, 2011 |
| April 30, 2012 | October 1, 2011 - March 31, 2012 |
| October 31, 2012 | April 1, 2012 - September 30, 2012 |
- Submit final narrative and financial reports by:
- | | |
|--------------------------|--|
| Due Date: | Reporting Period: |
| February 28, 2013 | April 1, 2011 - November 30, 2012 |

NHPRC Contacts:

Grant Officer:

Lucy Barber, 202-357-5306 / lucy.barber@nara.gov

For instructions on submitting financial and narrative reports, refer to:

<http://www.archives.gov/nhprc/administer/reporting.html>

For instructions on receiving payment, refer to:

<http://www.archives.gov/nhprc/administer/payment-instructions.html>

DUNS Number:

837322494

Your Approved Budget

- The date of your approved budget is in your Grant Award Summary
- Some changes are permissible, if the cost category already exists.
- Best approach is to ask program officer in all cases.



Cost Share

- NHPRC requires cost share on almost all grants (generally at least a one to one match).
- Must report on it as you request payments .
- Include current numbers in Federal Financial Reports.
- If you are behind on your pledged cost share, contact us immediately to avoid penalties.
- See:
<http://www.archives.gov/nhprc/administer/costshare.html>



Auditing

- If your organization receives more than \$500,000 in federal funds, you must complete an A-133 Single Audit and notify us of its completion.
- If your organization receives less than \$500,000 in federal funds, you may be selected for audit by NHPRC staff, the National Archives' Inspector General, or the Government Accountability Office.
- Audits can happen up to three years after the close of a project.
- Keep records!



Best Practices

- Establish separation of duties: person who requests payment does not sign check.
- Establish separate accounts for federal funds so they do not get mixed with operating expenses.
- All grant related expenses must take place during the grant period!



Best Practices, cont.

- Develop personnel, travel, and budget policies.
- Keep documentation of expenses and contributions to the project for personnel, volunteers, purchases, in-kind donations, etc.
- Keep these records for three years after you submit the last Financial Report



Example of Tracking Personnel

Attachment A: Sample Personnel Activity Report

Organization Name: _____	
Employee's Name: _____	Week Ending: _____
Activity	Distribution of Time
NHPRC:	
1. Grant #: _____	_____ %
2. Grant #: _____	_____ %
Other:	
3. Cost Share for Grant #: _____	_____ %
4. Cost Share for Grant #: _____	_____ %
5. Project name: _____	_____ %
6. Project name: _____	_____ %
Administrative: _____	_____ %
Fundraising: _____	_____ %
Leave:**	
Sick _____	_____ %
Vacation _____	_____ %
Other (specify): _____	_____ %
TOTAL: 100 %	
Employee's Signature: _____ Date: _____	
Supervisor's Signature: _____ Date: _____	

**If benefits that included leave were included in the budget (whether using grant funds or cost share), please break out these costs proportionally as well.

Example of Consultant/Services

Attachment B: Sample In-Kind Contribution Report

Report of SERVICES RENDERED, GOODS DONATED, FACILITIES PROVIDED to the awardee:

Project:			
Donor:			
Address:			
Donor's Signature:			Phone:
Title:			
Date(s) services were performed, goods were donated, or facilities provided for project:			
Services Rendered:			
By:		Hours:	\$ _____
By:		Hours:	_____
By:		Hours:	_____
By:		Hours:	_____
By:		Hours:	_____
Others listed on reverse; amount from reverse:			_____
			Total Services: \$ _____
Goods Donated:			
Item:			\$ _____
Item:			_____
Item:			_____
Others listed on reverse; amount from reverse:			_____
			Total Goods: \$ _____
Facilities Provided:			
Place:			\$ _____
Place:			_____
Place:			_____
Others listed on reverse; amount from reverse:			_____
			Total Facilities: \$ _____
			TOTAL VALUE: \$ _____
Approved By:			
Signature			
Name:			
Title:			
Date:			

NOTE: Please attach an explanation of the bases for the valuation of each item and any supporting documentation.

More Information is Available

- Classes from commercial providers
- Material on our website about other requirements
- Training classes from other federal funders such as EPA:
<http://www.epa.gov/ogd/training/section15.htm>

?? Questions ??

Ask via the Question Feature or send us email at
nhprc@nara.gov

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Submitting Accurate Payment Requests



First Steps

- Make sure your narrative and financial reports are up to date
- NHPRC's website: <https://archives.gov/nhprc>
- “Administer a Grant” page:
- <http://www.archives.gov/nhprc/administer/>



National Historical Publications & Records Commission

Home > NHPRC > Administer a Grant

Administer a Grant

- Introduction to Financial Management for Grant Recipients
- Federal Regulations & Requirements
- NHPRC Requirements
- Financial and Narrative Reporting Instructions
- Payment Instructions
- Grantee Cost-Share Obligations
- Publicizing Your NHPRC Project

ALA/SAA Joint Statement on Access



Administering a Grant

After you are awarded an NHPRC grant, you should download our **Introduction to Financial Management for Grant Recipients**. This guide will provide practical information about what is expected from grantees in terms of fiscal accountability.

You must also read and follow the directions for:

- **Federal Regulations & Requirements** - all of the Federal government rules for grant recipients
- **NHPRC Requirements** - rules for grants from the Commission
- **Financial and Narrative Reporting Instructions** - how to report the progress of your project
- **Payment Instructions** - how to request and receive payments
- **Grantee Cost-Share Obligations** - how to meet your cost share requirements

Contact Us

- Contact the NHPRC
- E-mail: nhprc@nara.gov*
- Telephone: 202-357-501
- Fax: 202-357-5914

Unless otherwise indicated, please send all correspondence relating your grant to:

NHPRC
National Archives
700 Pennsylvania Avenue, I
Room 114
Washington, DC 20408

Please include the grant number on all correspondence to ensure prompt response and payment.

First Steps- (cont.)

- CCR: Make sure registered and update yearly
- www.ccr.gov
- SF 270
- <http://www.archives.gov/nhprc/administer/payment-instructions.html>



Two Types of Requests: Reimbursements & Advances

sf270.pdf - Adobe Reader

File Edit View Window Help



Tools Comment

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Zoom out (Ctrl+Minus)

Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

Highlight Existing Fields

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE _____ OF _____ PAGES
		TYPE OF PAYMENT REQUESTED a. <i>X</i> one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. <i>X</i> the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST		
		FROM (month, day, year)	TO (month, day, year)	
9. RECIPIENT ORGANIZATION		10. PAYEE <i>(Where check is to be sent if different than item 9)</i>		
Name:		Name:		
Number:		Number:		

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004

PAGE 1 OF 2 PAGES

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes
 ADVANCE REIMBURSEMENT

b. "X" the applicable box
 FINAL PARTIAL

2. BASIS OF REQUEST
 CASH
 ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED
NHPRC

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
RX-10000-11

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
2

6. EMPLOYER IDENTIFICATION NUMBER
XXXXXXXXXX

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST
FROM (month day year) 11/1/2011

TO (month day year) 2/29/2012

9. RECIPIENT ORGANIZATION
Name: State Historical Society
Number and Street: 123 Main Street
City, State and ZIP Code: City, State, Zip

10. PAYEE (Where check is to be sent if different than item 9)
Name:
Number and Street:
City, State and ZIP Code:



http://www.netl.doe.gov/business/forms/270.pdf

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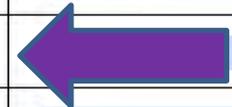
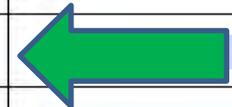
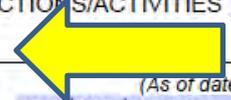
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Tools Comment

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Highlight Existing Fields

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a.	Total program outlays to date <small>(As of date)</small> 02/29/2012	\$	\$	\$	\$ 2,000
b.	Less: Cumulative program income				
c.	Net program outlays <i>(Line a minus line b)</i>				2,000
d.	Estimated net cash outlays for advance period				
e.	Total <i>(Sum of lines c & d)</i>				2,000
f.	Non-Federal share of amount on line e				1,000
g.	Federal share of amount on line e				1,000
h.	Federal payments previously requested				400
i.	Federal share now requested <i>(Line g minus line h)</i>				600
j.	Advances required by month, when requested by Federal grantor agency for use in making				
	1st month				
	2nd month				

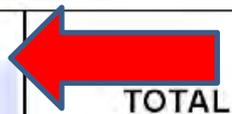


Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Highlight Existing Fields

11 COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
	Personnel	Workshops	Materials	
a Total program outlays to date <i>(As of date)</i>	\$ 1,000.00	\$ 500.00	\$ 500.00	\$ 2,000.00
b Less: Cumulative program income				0.00
c Net program outlays <i>(Line a minus line b)</i>	1,000.00	500.00	500.00	2,000.00
d Estimated net cash outlays for advance period				0.00
e Total <i>(Sum of lines c & d)</i>	1,000.00	500.00	500.00	2,000.00
f Non-Federal share of amount on line e	500.00	250.00	250.00	1,000.00
g Federal share of amount on line e	500.00	250.00	250.00	1,000.00
h Federal payments previously requested	200.00	100.00	100.00	400.00
i Federal share now requested <i>(Line g minus line h)</i>	300.00	150.00	150.00	600.00
j Advances required by month, when requested by Federal grantor	1st month			0.00
	2nd month			0.00



Reimbursements

- Request period and prior request amounts
- Include total program outlays to date, numbers should increase
- **Cost share**
- Numbers should be cumulative





Advances

- Can be for no more than 2 months worth of expenses
- As noted by project period dates
- Written explanation needs to be included
- **Cost share**
- “Estimated net cash outlays for advance period” (d) should typically = (i) “Federal amount now requested”



Reminders:

- Include correct grant number
- If multiple grants, funds accounted for separately
- Check auto-fill function
- Payment Requests can be combined
- Keep running total of funds used in specific categories
- Reports must be up to date
- **Cost share must be included- written explanation if not currently meeting your share**
- **Contact program officer in advance if will not meet it**

The Last Step-Submit!

- Fax to 202-357-5914, or scan and email as PDF to nhprc@nara.gov
- Duplicates are not needed
- Tracking Payments:
 - www.ipp.gov
- Questions? Call 202-357-5010
- or email nhprc@nara.gov



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Presented by Jeff de la Concepcion

Completing the Federal Financial Report – SF 425 Form

***“How to” Properly complete the
SF -425***

NHPRC Web Links for SF -425 Instructions

- FFR SF- 425 –
Instructions
 - <http://www.archives.gov/nhprc/administer/reporting.html>
- FFR SF-425 – Fillable
PDF
 - <http://na.fs.fed.us/fap/sf425-fillable.pdf>



SF – 425 Form (Example)

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page 1	of pages			
3. Recipient Organization (Name and complete address including Zip code)								
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	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: (Month, Day, Year) To: (Month, Day, Year)			9. Reporting Period End Date (Month, Day, Year)					
10. Transactions (Use lines a-c for single or multiple grant reporting)					Cumulative			
Federal Cash (To report multiple grants, also use FFR Attachment):								
a. Cash Receipts								
b. Cash Disbursements								
c. Cash on Hand (line a minus b)								
(Use lines d-o for single grant reporting)								
Federal Expenditures and Unobligated Balance:								
d. Total Federal funds authorized								
e. Federal share of expenditures								
f. Federal share of unliquidated obligations								
g. Total Federal share (sum of lines e and f)								
h. Unobligated balance of Federal funds (line d minus g)								
Recipient Share:								
i. Total recipient share required								
j. Recipient share of expenditures								
k. Remaining recipient share to be provided (line i minus j)								
Program Income:								
l. Total Federal program income earned								
m. Program income expended in accordance with the deduction alternative								
n. Program income expended in accordance with the addition alternative								
o. Unexpended program income (line l minus line m or line n)								
11. Indirect Expense		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		g. Totals:						
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:								
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)								
a. Typed or Printed Name and Title of Authorized Certifying Official						c. Telephone (Area code, number and extension)		
b. Signature of Authorized Certifying Official						d. Email address		
						e. Date Report Submitted (Month, Day, Year)		
14. Agency use only:								

Standard Form 425
OMB Approval Number: 0348-0081
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0081. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0081), Washington, DC 20503.

Completing the Federal Financial Report – SF 425 Form

Required fields to complete:

Box 1. Federal Agency - **NHPRC**

Box 2. Federal Grant – **NHPRC Grant #**

Box 3. Recipient Organization (Complete address)

Box 4. a. Enter your DUNS number, b. Enter your organization's Employer Identification Number (EIN), or Tax Identification Number (TIN)

Box 6. Report Type

Box 7. Basis of Accounting

FEDERAL FINANCIAL REPORT
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page	of
NHPRC		PM-00000-00		1	
3. Recipient Organization (Name and complete address including Zip code)					
Organization, 123 Main Street, Anywhere, USA 22222					
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting	
			<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual	

Completing the Federal Financial Report – SF 425 Form

Continue

Box 8. Project/Grant Period

From (Month, Day, Year)

To: (Month, Day, Year)

Box 9. Reporting Period End Date (Month, Day, Year)

8. Project/Grant Period From: (Month, Day, Year) <input type="text" value="01-01-2011"/>	To: (Month, Day, Year) <input type="text" value="12-31-2011"/>	9. Reporting Period End Date (Month, Day, Year) <input type="text" value="12-31-2011"/>
---	--	--

Completing the Federal Financial Report – SF 425 Form

Continue

Box. 10 – Transactions

Federal Cash:

- Indicate the amount of NHPRC funds received as of the date in no. 9
- Show expenses paid to date with NHPRC funds
- Indicate if any cash is left over (10a. minus 10b.) This may be a negative number if you have spent more than you have received.

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	1,000.00
b. Cash Disbursements	1,000.00
c. Cash on Hand (line a minus b)	0.00

Completing the Federal Financial Report – SF 425 Form

Continue

Federal Expenditures and Unobligated Balance:

- Enter the full amount of the grant
- Indicate the NHPRC share of all allowable project costs that have been incurred and/or paid as of the date in no. 9 above. NOTE: All expenditures must be allowable and appropriate. Expense documentation (e.g., timesheets, payroll records, contracts, receipts, invoices, cancelled checks, etc.) must be maintained and available for submission upon request.
- If you have expenses which have been obligated (contracts, etc.) and will be paid with NHPRC funds, enter that amount here, otherwise enter \$0.
- Enter the total of 10e. and 10f.
- Enter the remaining NHPRC funds not yet spent or obligated (lines 10d. minus 10g.)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	1,000.00
e. Federal share of expenditures	1,000.00
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	1,000.00
h. Unobligated balance of Federal funds (line d minus g)	0.00

Completing the Federal Financial Report – SF 425 Form

Continue

Recipient Share:

- Enter your share of allowable and allocable project costs (cost sharing as shown on the Grant Award Summary). This may include the value of allowable and allocable third party in-kind contributions and indirect costs if in the approved budget or as amended.
- Show how much of your share has been spent as of the date in no. 9
- Enter how much of your share is still to be provided/spent on the grant (lines 10i. minus 10j). If this is a final report, enter \$0.

Recipient Share:

i. Total recipient share required	1,000.00
j. Recipient share of expenditures	1,200.00
k. Remaining recipient share to be provided (line i minus j)	(200.00)
Program Income:	

Completing the Federal Financial Report – SF 425 Form

Box. 13 Certification

- A. Typed or Printed Name and Title of Authorized Certifying Official
- B. Signature of Authorized Certifying Official
- C. Telephone (Area code, number and extension)
- D. Email Address
- E. Date Report Submitted (Month, Day, Year)

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
a. Typed or Printed Name and Title of Authorized Certifying Official 	c. Telephone (Area code, number and extension) 
b. Signature of Authorized Certifying Official 	d. Email address 
	e. Date Report Submitted (Month, Day, Year) 
14. Agency use only:	
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011	

Cost Share Required

\$\$\$ COST SHARE \$\$\$

THANK YOU!!

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