hds human development services	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Developmental Disabilities	
	1. Log No. ADD-PI-91-2	2. Issuance Date: 3/29/91
	3. Originating Office: Administration on Developmental Disabilities	
	4. Key Word: Financial Status Reports	5. SF-269
	6.	7.

PROGRAM INSTRUCTION

TO: Directors, State Planning Councils
Directors, Protection & Advocacy Agencies
Directors, Designated State Agencies

SUBJECT: Instructions for Preparation and Submission of Financial Status Reports for Formula Grants Under the Developmental Disabilities Program - BASIC SUPPORT AND PROTECTION AND ADVOCACY

LEGAL AND RELATED REFERENCES: Developmental Disabilities Assistance and Bill of Rights Act of 1990, P.L. 101-496; 45 CFR Part 1386 amended November 20, 1989, (54 FR 47982); and 45 CFR Parts 74 and 92

DISCUSSION: The purpose of this memorandum is to provide specific instructions on reporting requirements to grantees of the Developmental Disabilities Program.

Effective October 1, 1988, Federal agencies were required to use a revised Standard Financial Status Report (SF-269) in accordance with revised OMB Circular A-102. As provided in that Circular, the Administration on Developmental Disabilities requested and received OMB approval of a Basic Support Grant (BSG) supplemental form (Form ADD-01, OMB #0980-0212, Expiration Date: 3/31/93).

The supplemental information requested on Form ADD-01 provides the necessary information to ensure compliance with legislative mandates.

CONTENT: REPORTING REQUIREMENTS

Basic Support grantees are required to submit Form ADD-01 and Protection and Advocacy grantees are required to submit the SF-269 (Long Form).

Quarterly Reports

Grantees are required to submit a quarterly financial status report as described above until a final report is submitted. Reports are due 30 days after the end of each Federal fiscal quarter:

Quarter Ending	Report Due
December 31	January 30
March 31	April 30
June 30	July 30
September 30	October 30

In addition, grantees are required to submit a separate quarterly financial status reports for each previous fiscal year's grant until a final report for that previous year has been submitted.

Final Reports

Final reports are to be submitted when all Federal funds are expended or reported for deobligation. However, in no instance may final reports be submitted later than two years and 90 days after the close of the fiscal year in which the funds were awarded. For example, a FY 1988 grant must be closed no later than December 31, 1990.

Revised Reports

Grantees are required to submit revised reports to correct errors in a previous report or to reflect adjustments which resulted from audits, refunds or other activities.

Deadlines

Federal funds must be obligated not later than one year following the fiscal year in which they were awarded. Unobligated funds reported for the fourth quarter ending September 30 (end of the fiscal year) will be deobligated by the issuance of a negative grant award and returned to the U.S. Treasury. In addition, all obligations must be liquidated within two years of the close of the fiscal year in which the funds were awarded unless the requirement is waived in accordance with regulations.

Regional Offices

You are reminded that the Regional authority for the functions under the Developmental Disabilities Assistance and Bill of Rights Act has been expanded to all ten OHDS Regional Offices. Attached for your information is a listing of the ten Regional Administrators and the States for which they are responsible.

ATTACHMENTS:

Attachment A--Instructions for Preparation of the Form ADD-01, BSG Supplemental Form

Attachment B--SF-269 Long Form and ADD Instructions for Preparation

Attachment C--List of OHDS Regional Administrators

ACTION REQUIRED: Forward the signed original Form ADD-01 or SF-269 with two copies to the Regional Administrator, OHDS, at the appropriate HHS Regional Office.

EFFECTIVE DATE: This instruction becomes effective with the first full quarter after issuance.

SUPERSEDED MATERIAL: For Protection and Advocacy grantees ADD-PI-84-2, dated July 19, 1984; and for Basic Support Grantees ADD-PI-87-1, dated January 9, 1987.

INQUIRIES TO: Regional Administrators, OHDS
Regional Offices I - X

Deborah L. McFadden
Commissioner
Administration on Developmental Disabilities

COPY TO: Regional Administrators, OHDS
Regions I - X

ATTACHMENT A

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES
INSTRUCTIONS FOR ADD-01, FINANCIAL STATUS REPORT - FOR ADD BASIC STATE GRANTEES

State agencies receiving funds under the Developmental Disabilities Basic State Grants (BSG) program are required to report quarterly using the ADD-01 form. Instructions for completing that form are listed below.

State or Territory Name

Enter: The full official name of the State or Territory.

Funding/Grant Period

Enter: The beginning and ending dates of the current funding period.

Period Covered by this Report

Enter: Self-explanatory.

Final Report (Yes) (No)

Enter: Yes only if this is the final report.

Financial Status Data-matrix

Enter: Thirty values in the Financial Status Data-Matrix, and, if reporting Federal participation in Plan Administration, a value for the one cell immediately below the matrix. Guidance on reporting these values is given below.

The data-matrix rows correspond to Federal and recipient's shares of outlays, unliquidated obligations, and planned funding. The columns correspond to specific categories of expenses that must be monitored. All numbers entered in the data matrix must be integers.

Five of the six rows of the matrix, identified with an asterisk and labelled "i" "j" "l" "m" and "p" correspond to the rows in the SF-269 labeled "i" "j" "l" "m" and "p" in Item 10 (Transactions) in the following way: for each lettered row on the data matrix, the three right-most columns ("TOTAL PAM ACTIVITIES", "PLANNING COORDINATING & ADVOCACY", and "PLAN ADMINISTRATION" identified with double asterisks) add up to the right-most column (Cumulative) in the corresponding row of Item 10 on the SF-269.

For each of the five lettered rows with an asterisk in the data matrix, divide up the amount of total funding shown in the cumulative column of the corresponding row in the SF-269 into "PLAN ADMINISTRATION", "PLANNING COORDINATING & ADVOCACY", AND "TOTAL PAM ACTIVITIES." The funding in each row shown in the "TOTAL PAM ACTIVITIES" column is then further broken out into PAM projects in "NONPOVERTY AREAS" and in "POVERTY AREAS". Similarly divide up the total planned but not yet obligated State's share.

Categories into which the total funding in each row is to be broken:

> Priority Area & Mandate (PAM) Activities are those referenced in Section 122(b)(5)(D)(i) of the DD Act and including activities in the Federal priority area of employment, the other Federal priority areas, the State priority area if documented in the State Plan, the conduct of the mandated analyses specified in Section 122(b)(5)(B)(i-v), and the implementation of so called 1990 Report activities described in Section 122(b)(3) and Section 122(f).
>
> "PAM ACTIVITIES IN NONPOVERTY AREAS" AND "PAM ACTIVITIES IN POVERTY AREAS" correspond to the funding breakout by matching requirements in poverty areas and in nonpoverty areas designated in Section 103(a) of the DD Act.

"TOTAL PAM ACTIVITIES" equals the sum of "PROJECTS IN NONPOVERTY AREAS" and "PROJECTS IN POVERTY AREAS".

"PLANNING COORDINATING & ADVOCACY" funding is provided for in Section 122(b)(5)(D)(ii) of the DD Act but does not include funding for administration of the plan.

"PLAN ADMINISTRATION" funding is provided for in Section 122(b)(5)(D)(ii) and Section 122(d) of the DD Act, the latter specifies a special matching requirement as well as limits on the amount of federal funds expended.

Immediately below the financial status data matrix is a line with a single entry for reporting the amount of State funding for provision of Plan Administration in the previous fiscal year. This is to be reported only if Federal participation in funding Plan Administration is anticipated for the current year. Note that if Federal funding was used in Plan Administration in the previous fiscal year, then the total State share reported with that fiscal year should agree with the "State Expenditures" reported here.

Compliance

Enter: Calculated values for the six compliance parameters listed. The respective Compliance Worksheets may be used as guidance to how the parameters are to be calculated and how the Federal Government will evaluate the State's compliance.

On the left are spaces for six Compliance Parameters to be calculated and reported, reflecting compliance with requirements of the DD Act and the State Plan. Immediately to the right of the spaces are the names of the Compliance Parameters and then a condensed version of their calculation. On the far right are compliance limits. If a Compliance Parameter fails to fall within stated limits, an explanation for the deviation must be attached.

Authorized Certifying Official (at the bottom of the form)

Enter: Signature, typed or printed name, typed or printed title, and date. The same signature, name, title, and date must appear here as on the SF-269, Item 13.

OMB-0980-0212
Expires: 03/31/93

FINANCIAL STATUS REPORT -- ITEM # 10 BSG SUPPLEMENTAL FORM — Form ADD-01
Department of Health and Human Services, Office of Human Development Services,
Administration on Developmental Disabilities

State or Territory Name: _____

Project/Grant Period: FROM: _____ TO: _____

Period Covered by Report: FROM: _____ TO: _____ Final Report: ☐ YES ☐ NO

	PRIORITY AREA & MANDATE (PAM) ACTIVITIES			NON-PAM ACTIVITIES	
	PAM ACTIVITIES IN NONPOVERTY AREAS ****	PAM ACTIVITIES IN POVERTY AREAS ****	TOTAL PAM ACTIVITIES **	PLANNING COORDINATING & ADVOCACY **	PLAN ADMINISTRATION **
i. * Total recipient's share of net outlays:					
j. * Federal share of net outlays:					
l. * Recipient's share of unliquidated obligations:					
m. * Federal share of unliquidated obligations:					
p. * Unobligated balance of federal funds (Planned):					
Unobligated but planned recipient's share:					
++ State Expenditures from previous fiscal year for plan administration (only if reporting federal partic.)!					

* - These rows correspond to the same lettered rows on the SF 269.
** - In each lettered row on this form, the sum of these columns (PAM activities plus non-PAM activities) must equal the cumulative column (column III) in the corresponding rows in the SF 269.
**** - In each row, the sum of these columns (nonpoverty plus poverty) equals the Total PAM Activities column.

Compliance: If any of the following don't meet the limits, attach an explanation. See Compliance Worksheets for assistance.

- o _____ = % PAM-Federal = 100 X (PAM-Federal) / (Total-Federal) = 65% or more.
- o _____ = % Nonpoverty-Match = 100 X (State-Share-Nonpoverty-Projects) / (Total-Funding-Nonpoverty-Projects) = 25% or more.
- o _____ = % Poverty-Match = 100 X (State-Share-Poverty-Projects) / (Total-Funding-Poverty-Projects) = 10% or more.
- o _____ = % Plan-Admin-Match = 100 X (State-Share-Plan-Admin) / (Total-Funding-Plan-Admin) = 50% or more.
- o _____ = Maximum-Federal-Plan-Admin = the lesser of $50,000 or 5% of Total-Federal = Federal-Share-Plan-Admin or more.
- o _____ = State-Plan-Admin-Increase =(State-share-Plan-Admin) - (Prev-Fiscal-Year-State-Share-Plan-Admin)= zero or more.

Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award document.

Authorized Certifying Official: Signature: _____ Date: _____

Name Typed: _____ Title Typed: _____

TIME IT TAKES TO COMPLETE THIS FORM

The information collected through this form is authorized under 45 CFR Part 74. The burden for this collection of information is estimated to average 4.33 hours per response, including time for reading the instructions, gathering and maintaining the necessary data, and completing and submitting this overall information collection. If you have comments or suggestions on this estimate, or on any other aspect of improving this form, write to the Office of Human Development Services, OPPL, Attention: Reports Clearance Officer, Room 326-F, HHH Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0980-0212), Washington, D.C. 20503.

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES
INSTRUCTIONS FOR THE SF-269 LONG FORM
FINANCIAL STATUS REPORT

ITEM 1 Federal Agency and Organizational Element To Which Report is Submitted

ENTER: Administration on Developmental Disabilities, OHDS/HHS

ITEM 2 Federal Grant or Other Identifying Number Assigned by Federal Agency

This information is located on the bottom of grant award letter under "Obligation Data." The numbers to be used are: the Department's number for accounting purposes (document number); the appropriation number; and the Common Accounting Number (CAN) of the Developmental Disabilities Program for the fiscal year of the grant award.

ENTER: Document Number/Appropriation Number/Common Accounting Number

(It should be noted: This information changes from year to year.)

Example: FY 1990 Protection and Advocacy for Alabama would be:
01-9001-ALPA01 (Document Number)
7501636 (Appropriation Number)
01994901 (Common Accounting Number)

ITEM 3 Recipient Organization (Name and Complete Address, including ZIP Code)

ENTER: Grantee Name and complete mailing address, including ZIP code.

(Should be the same as that on the grant award, unless grantee has moved and made appropriate "change of address" notification to Regional Office and Central Office.)

ITEM 4 Employer Identification Number

Employer Identification Number (EIN) is a twelve digit number, originally assigned to the agency by the Internal Revenue Service (IRS) and entered in the Department's Central Registry. This number appears on the grant award under the heading of "IRS Vender Code (EIN)."

ENTER: Employer Identification Number

Example: 1 999 999 999 Al

ITEM 5 Recipient Account Number or Identifying Number

Payee Identification Number (PIN) is the number assigned to the grantee by the Departmental Payment Management System (PMS).

ENTER: Payee Identification Number

Example: 9999

ITEM 6 Final Report - Check Box (Yes) (No)

ENTER: YES -- Indicates FINAL report for that fiscal year; or

NO -- Indicates QUARTERLY report.

ITEM 7 Basis -- Check Box (Cash) (Accrual)

ENTER: CASH -- or

ACCRUAL --

ITEM 8 Project/Grant Period (From) (To)

ENTER: FROM: Month, Day, and year of the beginning of the grant award period (beginning of the Federal fiscal year).

TO: Month, day, and year of the grant award period (the end of the Federal fiscal year).

Example: For funds awarded in FY 1990:
FROM: October 1, 1989
TO: September 30, 1990

ITEM 9 Period Covered by This Report (From) (To)

Enter: The beginning month, day, and year and the ending month, day, and year for the Federal quarter for which this report is prepared. The Federal Quarters are:

1st Quarter - October 1 to December 31;
2nd Quarter - January 1 to March 31;
3rd Quarter - April 1 to June 30; and
4th Quarter - July 1 to September 30.

ITEM 10 Transactions (a. - t.)

Enter: Financial Status data as instructed on the back of the SF-269.

Note: Make sure that Columns I and II add to equal column III.

ITEM 11 Indirect Expense

Enter: Indirect expense data as instructed on the back of the SF-269.

ITEM 12 Remarks

Enter: Any supplemental data in this section and continue on an attached sheet if necessary. If program income is earned during the reporting period, describe the source(s) of the income or how the income was earned.

ITEM 13 Certification

Each SF-269 submitted must contain the signature of the authorizing official with printed name and title, date report submitted, and telephone number of the authorizing official.

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0039	Page	of pages

3. Recipient Organization (Name and complete address, including ZIP code)

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays *(Line a, less the sum of lines b and c)*			
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			
f. Other Federal awards authorized to be used to match this award			
g. Program income used in accordance with the matching or cost sharing alternative			
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*			
j. Federal share of net outlays (line d less line i)			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total federal share (sum of lines j and m)			
o. Total federal funds authorized for this funding period			
p. Unobligated balance of federal funds *(Line o minus line n)*			
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized *(Sum of lines q, r and s)*			

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

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

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted

FINANCIAL STATUS REPORT

(Long Form)

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry
1, 2 and 3.	Self-explanatory.
4.	Enter the employer identification number assigned by the U.S. Internal Revenue Service.
5.	Space reserved for an account number or other identifying number assigned by the recipient.
6.	Check *yes* only if this is the last report for the period shown in item 8.
7.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."
9.	Self-explanatory.
10.	The purpose of columns, I, II and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report *in the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
10b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
10d, e, f, g, h, i and j.	Self-explanatory.
10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10k that have been included on lines 10a and 10j. On the final report, line 10k must be zero.
10l.	Self-explanatory.
10m.	On the final report, line 10m must also be zero.
10n,	o, p, q, r, s and t. Self-explanatory.
11a.	Self-explanatory.
11b.	Enter the indirect cost rate in effect during the reporting period.
11c.	Enter the amount of the base against which the rate was applied.
11d.	Enter the total amount of indirect costs charged during the report period.
11e.	Enter the Federal share of the amount in 11d.
Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

U.S. GOVERNMENT PRINTING OFFICE: 1990 O—861-294

ATTACHMENT C

REGIONAL ADMINISTRATORS, OHDS

Region & State	Telephone Number	Name and Title
REGION I STATES: CT, ME, MA, NH, RI, VT	FTS 8-835-1101 COM 617-565-1101	Mr. A. Kenton Williams Regional Administrator, HDS John F. Kennedy Federal Building, Rm. 400 Boston, Massachusetts 02203-0001
REGION II STATES: NY, NJ, PR, VI	FTS 8-264-3472 COM 212-264-3472	Mr. Thomas DePippo Regional Administrator, HDS 26 Federal Plaza, Rm. 4149 New York, New York 10278-0022
REGION III STATES: DE, MD, PA, VA, WV, DC	FTS 8-596-0351 COM 215-596-5028 FAX 596-5028	Mr. Richard Spitzborg Regional Administrator, HDS 3535 Market Street P.O. Box 13716 Philadelphia, Pennsylvania 19104-2209
REGION IV STATES: AL, FL, GA, KY, MS, NC, SC, TN	FTS 8-242-2398 COM 404-221-2398	Ms. Nell Ryan Regional Administrator, HDS 101 Marietta Tower, STE 903 Atlanta, Georgia 30323-0001
REGION V STATES: IL, IN, MI, MN, OH, WI	FTS 8-353-8322 COM 312-353-8322	Ms. Kay K. Willmoth Regional Administrator, HDS 105 West Adams St., 21st Floor Chicago, Illinois 60603-6201
REGION VI STATES: AR, LA, NM, OK, TX	FTS 8-729-4540 COM 214-767-4540	Mr. Marvin Layne Regional Administrator, HDS 1200 Main Tower Building. Rm. 1050 Dallas, Texas 75202-4309

REGIONAL ADMINISTRATORS, OHDS

Region & State	Telephone Number	Name and Title
REGION VII STATES: IA, KS, MO, NE	FTS 8-867-3981 COM 816-426-3981	Ms. Linda Carson Regional Administrator, HDS 601 East 12th Street Federal Building, Rm. 384 Kansas City, Missouri 64106-2898
REGION VIII STATES: CO, MT, ND, SD, UT, WY	FTS 8-564-2622 COM 303-844-2622	Mr. David Chapa Regional Administrator, HDS Federal Office Building, Rm. 1194 1961 Stout Street Denver, Colorado 80294-1185
REGION IX STATES: AZ, CA, HI, NV, GU, TTPI AM. SAMOA	FTS 8-556-7800 COM 415-536-7800 FAX 556-3046	Mr. Roy Fleischer Regional Administrator, HDS 50 United Nations Plaza, Rm. 450 San Francisco, California 94102-4988
REGION X STATES: AK, ID, OR, WA	FTS 8-399-2430 COM 206-442-2430	Mr. Edward Singler Regional Administrator, HDS 2201 6th Avenue Blanchard Plaza / RX 30 Seattle, Washington 98121-1832