



**DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)**

STANDARD TERMS AND CONDITIONS

Has been replaced with the

**HHS GRANTS POLICY STATEMENT
(HHS GPS)**

www.acf.hhs.gov/grants/grants_resources.html



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

NOTICE TO ALL GRANT RECIPIENTS!

**SUBJECT: NEW PERFORMANCE PROGRESS
REPORTING REQUIREMENT**

Dear ACF Grant Recipient:

Beginning with FY 2009, ACF grantees will begin using the Standard Form-Performance Progress Report (SF-PPR) for required performance progress reports. The SF-PPR is the standard government-wide performance progress reporting format used by Federal agencies to collect performance information from recipients. Use of ACF's Office of Grants Management (OGM) version of the SF-PPR will begin for all awards (new and continuation) made by ACF in FY 2009. At a minimum, grantees will be required to submit the OGM version of the SF-PPR Coversheet and the SF-PPR Attachment B Program Indicators, which are specific to ACF Performance Progress Reports. Fillable versions of these forms are available at <http://www.acf.hhs.gov/grants/pdf/ACF-OGM-SF-PPR-Coversheet-AttachmentB.pdf>.

Some ACF programs may utilize reporting formats that differ from the new OGM SF-PPR; therefore, grantees should consult the published announcement and their award documents to determine the appropriate performance progress report requirement.

Attachments

**ACF PERFORMANCE PROGRESS REPORT
ACF-OGM SF-PPR Cover Page**

Administration for Children and Families
U.S. Department of Health and Human Services

		Page	of Pages
		<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
1. Federal Agency and Organization Element to Which Report is Submitted <input style="width: 100%; height: 80px;" type="text"/>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <input style="width: 100%; height: 80px;" type="text"/>	3a. DUNS <input style="width: 100%; height: 20px;" type="text"/>	
		3b. EIN <input style="width: 100%; height: 20px;" type="text"/>	
4. Recipient Organization (Name and complete address including zip code) <input style="width: 100%; height: 70px;" type="text"/>		5. Recipient Identifying Number or Account Number <input style="width: 100%; height: 20px;" type="text"/>	
		8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Project/Grant Period Start Date: <input style="width: 80px; height: 20px;" type="text"/> End Date: <input style="width: 80px; height: 20px;" type="text"/>	7. Reporting Period End Date <input style="width: 100%; height: 40px;" type="text"/>	9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other <i>If other, describe:</i> <input style="width: 100%; height: 20px;" type="text"/>	
10. Performance Narrative Leave this space blank and attach a performance narrative that responds to questions in Form ACF-OGM SF-PPR Attachment B.			
11. Other Attachments <i>(Attach other documents as needed or as instructed by the awarding Federal Agency)</i>			
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
12a. Typed or Printed Name and Title of Authorized Certifying Official <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> 12b. Signature of Authorized Certifying Official <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	12c. Telephone (area code-number-extension) <input style="width: 100%; height: 20px;" type="text"/> 12d. Email Address <input style="width: 100%; height: 20px;" type="text"/> 12e. Date Report Submitted <input style="width: 100%; height: 20px;" type="text"/>		
13. Agency Use Only			

ACF PERFORMANCE PROGRESS REPORT
ACF-OGM SF-PPR
COVER PAGE
Administration for Children and Families
U.S. Department of Health and Human Services

INSTRUCTIONS

Item	Data Elements	Instructions
1.	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2.	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a.	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b.	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4.	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5.	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6.	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7.	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8.	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9.	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
10.	Performance Narrative	Leave blank and complete Form ACF-OGM SF-PPR Attachment B
11.	Other Attachments	Attach other documents as needed or as instructed by the awarding Federal agency.

ACF PERFORMANCE PROGRESS REPORT
ACF-OGM SF-PPR Program Indicators – Attachment B
 Administration for Children and Families
 U.S. Department of Health and Human Services

1. Federal Agency and Organization Element to Which Report is Submitted <input type="text"/>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <input type="text"/>	Page <input type="text"/> of Page <input type="text"/>
		3a. DUNS <input type="text"/>
		3b. EIN <input type="text"/>

Program Indicators

(1) Item	(2) Activity Description	(3) Indicator	(4) Explanation
B-01	Major activities and accomplishments during this period	Leave Blank	Attach a description of these activities
B-02	Problems	Leave Blank	Attach a description of these activities
B-03	Significant findings and events	Leave Blank	Attach a description of these activities
B-04	Dissemination activities	Leave Blank	Attach a description of these activities
B-05	Other Activities	Leave Blank	Attach a description of these activities
B-06	Activities planned for next reporting period	Leave Blank	Attach a description of these activities

ACF PERFORMANCE PROGRESS REPORT
ACF-OGM SF-PPR Program Indicators -- Attachment B
 Administration for Children and Families
 U.S. Department of Health and Human Services
INSTRUCTIONS

Schedule

Submit the original progress report to the Office of Grants Management, Division of Discretionary Grants, and a copy to the Program Office. Reports are due 30 days after the end of the second and fourth quarters of the budget period (every six months), unless otherwise noted in the award documents.

A FINAL PERFORMANCE REPORT (PPR) IS DUE 90 DAYS AFTER THE PROJECT PERIOD END DATE.

(c)	Data Elements	Instructions
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30 and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
Program Indicators		
B-01(4)	Major activities and accomplishments during this period	Recommend use of project task charts from approved grant application and/ or project work plan with this section. Describe any draft/final products in this section. Use additional pages if needed.
B-02(4)	Problems	Describe any deviations or departures from the original project plan including actual/anticipated slippage in task completion dates, and special problems encountered or expected. Use this report section to advise Project Officer and Grants Management Specialist of assistance needs. Use additional pages if needed.
B-03(4)	Significant findings and events	(To be noted by project officer, or reported to regions, States, other agencies, Program Director/Commissioner, Assistant Secretary, Secretary, etc.) Use additional pages if needed.
B-04(4)	Dissemination activities	Briefly describe project related inquiries and information dissemination activities carried out over the reporting period. Itemize and include a copy of any newspaper, newsletter, magazine articles or other published materials considered relevant to project activities, or used for project information or public relations purposes. Use additional pages if needed.
B-05(4)	Other Activities	Briefly describe. Use additional pages if needed.
B-06(4)	Activities planned for next reporting period	Briefly describe. Use additional pages if needed.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0334, which expires on 06/30/2009. The time required to complete this information collection is estimated to average three (3) hours per response, including the time to review the instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have suggestions about the accuracy of the estimate, we would be happy to hear from you. You can email us at infocollection@acf.hhs.gov.





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

**Discretionary Program
FINANCIAL REPORTING REQUIREMENTS**

Standard Form 269 – Financial Status Report

The Financial Status Report (SF-269) is due 30 days after the end of the second and fourth quarters of the budget period (every six months). A fillable version of the form can be accessed at: <http://www.acf.hhs.gov/programs/ofs/grants/sf269.pdf>.

A final SF-269 is due 90 days after the end of the project period. The SF-269 and the Payment Management System (PMS) expenditures report for the reporting period must reconcile. For the report to be considered final, all unliquidated obligations must have been paid and \$0 entered on line 10(k) of the final SF-269.

All financial status reports must be signed by the recipient organization's financial officer or by a designated individual in the organization for which notification of such designation by an authorized official of the organization has been submitted to the Administration for Children and Families.

The Federal grant award number should be indicated on all reports.

Submit the original and two copies of the SF-269 to:

Mailing Address:

U.S. Department of Health and Human Services
Administration for Children and Families
Office of Grants Management
Division of Discretionary Grants
370 L'Enfant Promenade SW, 6th Floor
Washington, DC 20447

Delivery Address:

(commercial/private courier)
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Grants Management
Division of Discretionary Grants
901 D Street SW, 6th Floor
Washington, DC 20024

Failure to submit reports when due will be indicative of non-compliance with the Award Terms and Conditions.

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		8. Period Covered by this Report From: (Month, Day, Year)	
To: (Month, Day, Year)					
10. Transactions:					
		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					0.00
b. Refunds, rebates, etc.					0.00
c. Program income used in accordance with the deduction alternative					0.00
d. Net outlays (Line a, less the sum of lines b and c)		0.00	0.00		0.00
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions					0.00
f. Other Federal awards authorized to be used to match this award					0.00
g. Program income used in accordance with the matching or cost sharing alternative					0.00
h. All other recipient outlays not shown on lines e, f or g					0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00		0.00
j. Federal share of net outlays (line d less line i)		0.00	0.00		0.00
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)					0.00
o. Total Federal funds authorized for this funding period					
p. Unobligated balance of Federal funds (Line o minus line n)					0.00
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)					0.00
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> 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 September 2, 2008	

FINANCIAL STATUS REPORT

(Long Form)

Public reporting burden for this collection of information is estimated to average 30 minutes 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 the 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 (0346-0039), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.

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	Item	Entry
1, 2 and 3.	Self-explanatory.	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.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.	10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
5.	Space reserved for an account number or other identifying number assigned by the recipient.	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.
6.	Check yes only if this is the last report for the period shown in item 8.	10d.	e, f, g, h, i and j. Self-explanatory.
7.	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.
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."	10l.	Self-explanatory.
9.	Self-explanatory.	10m.	On the final report, line 10m must also be zero.
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 ii 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.	10n.	o, p, q, r, s and t. Self-explanatory.
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 and 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.	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.

INSTRUCTIONS FOR REQUESTING PAYMENT FOR FEDERAL FUNDS

This award will be paid through the Department of Health and Human Services' Division of Payment Management (DPM), operating under the Program Support Center (PSC). The DPM provides automated grant payment and cash management services for the entire Federal government. DPM operates the centralized payment system, Payment Management System (PMS), and acts as a liaison between the Administration for Children and Families to resolve any discrepancies. For additional information, please visit the DPM website at www.dpm.psc.gov.

If this is your first award paid through the DPM, it is recommended that you review the website. The New Recipient section provides basic information and addresses both funding and reporting requirements necessary for receiving awarded funds. It is mandatory that all new recipients complete and send to DPM a Direct Deposit Sign-Up Form (SF-1199A). The form can be printed from DPMS's website or obtained from your local financial institution.

The DPM operates in a completely electronic environment; therefore, paper payment requests and Treasury checks are no longer used. All requests and payments are made electronically. DPM utilizes two funding request systems, Cashline and Smartlink II. Grantees are provided instructions by DPM on the procedures and Federal requirements necessary to receiving funding.

Cashline allows grantees to dial directly into a "voice response" computer via a touch tone telephone. Smartlink II allows grantees to request funding via computer and may be accessed through the Internet. Smartlink II's most notable advantage over Cashline is the grantee's ability to inquire into account balances.

Regardless of the method used to initiate a payment request, funds are electronically deposited into the designated bank account the next business day. Under both systems, funds can be requested as frequently as disbursements are made by your organization. Since funds are available on the next business day, Federal regulation prohibits payments in excess of your immediate disbursement needs.

The payment method for State agencies shall be consistent with Treasury/State CMIA agreements or default procedures codified under 31 CFR Part 205.

Questions regarding payment of Federal funds can be answered through the DPM website and/or by contacting DPM directly.



ADMINISTRATION FOR CHILDREN AND FAMILIES

AWARD TERM AND CONDITION

**THIS AWARD IS SUBJECT TO REQUIREMENTS OF SECTION 106(g) OF
THE TRAFFICKING VICTIMS PROTECTION ACT OF 2000, AS AMENDED
(22 U.S.C. 7104)**

TRAFFICKING IN PERSONS

a. Provisions applicable to a recipient that is a private entity.

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—

- I. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
- II. Procure a commercial sex act during the period of time that the award is in effect; or
- III. Use forced labor in the performance of the award or subawards under the award.

2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

- I. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
- II. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—

A. Associated with performance under this award;
or

B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Government wide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376.

b. **Provision applicable to a recipient other than a private entity.** We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—

i. Associated with performance under this award; or

ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Government wide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376

c. **Provisions applicable to any recipient.**

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.

2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:

- i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
 - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. **Definitions.** For purposes of this award term:

1. "Employee" means either:

- i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
- ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3. "Private entity":

- i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

ii. Includes:

A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).

B. A for-profit organization.

4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)