



Funded Partner Onboarding Training

Module 4

Grants Management

Learning Objectives



Module 1 - Understanding how the Aging Network delivers programs and services for older adults, caregivers, older relatives raising children and veterans

Module 2 - Understand programs and services offered in PSA 02 under the Older Americans Act

Module 3 - Understand how to access additional services for older adults, caregivers, older relatives raising children and veterans that are not part of the Older Americans Act

Module 4 - Understand grants management activities and processes essential to delivering Older Americans Act services

Module 5 - Understand fiscal procedures and processes required for Older Americans Act service delivery

Module 6 - Identify and utilize other training resources available for Older Americans Act and other aging network services

Grants Management

1. Grant Timelines & Requirements
2. Grant Reporting
3. Grant Monitoring



Grant Timelines & Requirements

AgeGuide Grants

III-B
Community
Based
Services

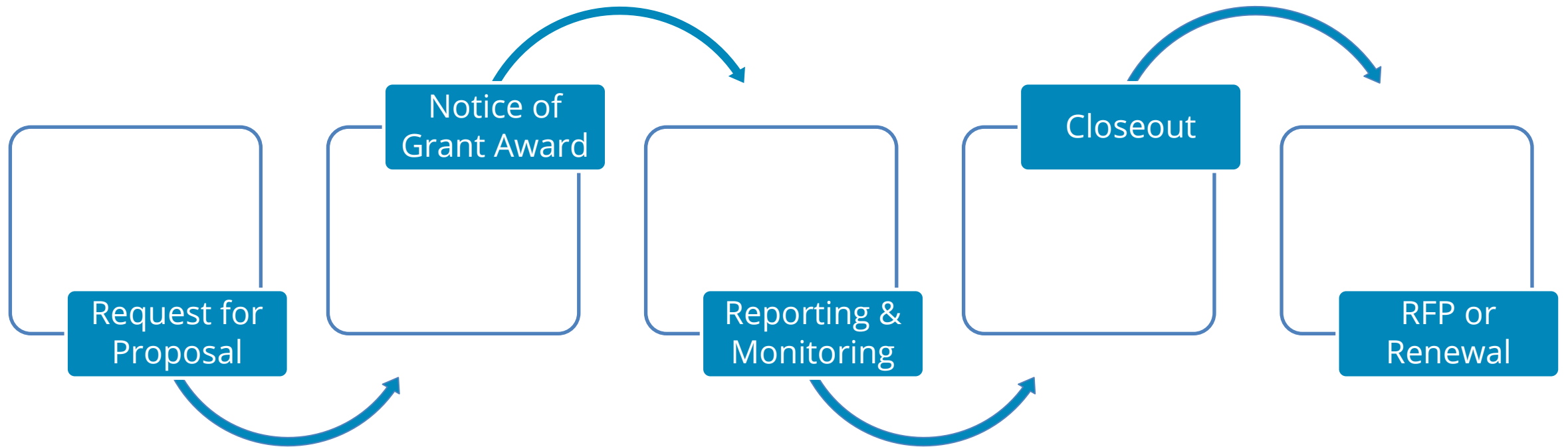
III-D Health
& Wellness

III-B&VII
Elder
Abuse
Prevention

III-C1 & C2
Nutrition
Services

III-E
Caregiver
Services

Funding Timeline



Requirements of the Grant

2CFR Compliance

- Must be in compliance with 2CFR 200 Uniform Administrative Requirements, which apply to all recipients of Federal funding

Financial Capacity

- Financial capacity deliver services for the duration of the agreement and between the time when service is provided and the time when reimbursement is received.

Fiscal Management

- Must maintain a cost allocation plan
- Must meet matching requirement
- Must identify all Federal awards received and expended and the Federal programs under which they were received.

Systems for Tracking & Reporting

- Must have adequate systems to be able to track and report program expenses, matching share, and program income

Grant Budgets



Your plan
for spending
grant funds



How many
people you
plan to
serve



How many
units of
service you
plan to
deliver

Notice of Grant Award (NGA)

Starting point for understanding your
grant award

Funding Amount

Award Period

Projected Units

Projected Persons

Matching Commitment

AgeGuide Share

Special Conditions

Grant Assurances

*NGAs are based on the budget you
submitted

RECIPIENT PROVIDER NAME Street Address City, State, ZIP Phone Number UEI: ZZZ111QQQ222 (formerly DUNS) Award Contact Name: Judy Smith	AWARD INFORMATION Issue Date: 9/26/2022 Funding Period: 10/1/2022-9/30/2023 Budget Year: FFY2023 County: KANE Federal Awarding Agency: Health & Human Services	SIGNING PROCEDURE: This award document must be signed by the applicant agency's authorized representative. A copy of the document authorizing the above representative to sign this application must be on file in the applicant's office. Grant Award must be signed and submitted electronically.
--	--	--

AWARD DESCRIPTION: CFDA:	IIIB Counseling 93.044	IIIC1 Congregate Meals 93.045	IIID Health Promotion 93.043	IIIE Support Groups 93.052
APPROVED COSTS				
Personnel & Fringe	\$55,000	\$65,000	\$20,000	\$50,000
Travel	\$1,000	\$0	\$2,000	
Equipment & Supplies	\$3,000	\$2,000	\$1,000	\$3,000
Consultant/Contractual	\$0	\$1,000	\$0	\$0
Occupancy	\$15,000	\$5,000	\$5,000	\$10,000
Telecommunications	\$10,000	\$500	\$6,000	\$5,000
Training & Education	\$1,000	\$500	\$1,000	\$2,000
Miscellaneous Costs	\$5,000	\$8,000	\$3,000	
Food Costs (Nutrition Only)	\$0	\$40,000	\$0	\$0
Total Costs	\$90,000	\$122,000	\$38,000	\$70,000
COMPUTATION OF GRANT AWARD				
Total Cost (from above)	\$90,000	\$122,000	\$38,000	\$70,000
Less Project Income	\$1,000	\$10,000	\$1,000	\$1,000
NSIP	\$0	\$9,000	\$0	\$0
Net Cost	\$89,000	\$103,000	\$37,000	\$69,000
Non Federal Cash	\$10,000	\$12,450	\$0	\$6,900
Non Federal In Kind	\$5,000	\$3,000	\$0	\$0
Total Non Federal Share	\$15,000	\$15,450	\$0	\$6,900
Area Agency Share	\$74,000	\$87,550	\$37,000	\$62,100
Area Agency %	83.15%	85.00%	100.00%	90.00%
APPROVED UNITS & PERSONS				
Units	800	6000	500	5000
Persons	75	200	150	100

TERMS & CONDITIONS: The attached Certifications, Grant Conditions, Special Grant Conditions, and Grant Assurances are an integral component of this Notification.

BREACH OF GRANT AWARD REMEDIES: Failure of the GRANTEE to comply with the Conditions, Certifications, and Assurances, as well as those in the approved application for this Grant, if any, may result in suspension and/or termination of the GRANTEE by AgeGuide.

AUTHORIZED REPRESENTATIVE SIGNATURE: By signing below, I CERTIFY that I have read and understand the terms of this NOTIFICATION OF GRANT AWARD and that the GRANTEE and PROJECT will abide by them. I further CERTIFY that I am duly authorized to sign for this agency and that I have not been convicted of bribery or attempting to bribe an office or employee of the State of Illinois nor have I made an omission of such conduct which is a matter of record.

Name	Date	Marla Fronczak, Chief Executive Officer	Date
PROVIDER NAME		AgeGuide Northeastern Illinois	

Matching Share

Match Requirements:

III-B: 15%

III-C: 15%

III-D: 0%

III-E: 10%

VII: 0%

SHAP/MIPPA: 0%

Matching Share May Consist of:

Non-Federal Cash (Local Cash)

In-Kind

Matching Share

Matching requirements must be met to earn the full Award

AgeGuide pays only the percentage of the total program expenses reported

Example:

Grantee Share: 15%

AgeGuide Share: 85%

Total Program Expenses: \$1,000

AgeGuide pays: \$850

Grantee Responsibility: \$150

Non-Federal Cash

Cash that the funded partner contributes to the program

May consist of:

- Donations received by your agency
- Grant or other funds from a non-federal source

Restrictions:

- Cannot be federally sourced
 - Example: Cannot be ARPA funds received from different grantor
- Cannot be reported as match to another federal grant (double-matching)
- Must be verifiable from grantee's records

Reference: 2CFR 200.306 Cost sharing or matching

In-Kind

Non-cash contributions to the program

May consist of:

- Goods or services donated by a 3rd party (ex: donated space)
- Volunteer time

Restrictions:

- Must be a 3rd party donation
 - Example: staff of your agency cannot donate their time to the grant
- Must be included in the budget
- Must be verifiable from grantee's records
 - Volunteers must keep timesheets, signed by volunteer and supervisor
- Cost must be valued not to exceed the market rate

Reference: 2CFR 200.306 Cost sharing or matching

Program Income

Older Americans Act requirement: recipients of services must be given the opportunity to donate to the cost of the program

Donations are OPTIONAL

Must be put back into the program

Does not count toward Matching Share

Must be verifiable

Reference: 2CFR 200.307 Program Income

The background features a solid orange color with two large, overlapping, semi-transparent green shapes. A thin, solid blue line curves across the upper right portion of the image.

Grant Reporting

Reporting

**Funded Partner
Reports**



**AgeGuide Regional
Reports**



IDoA State Reports



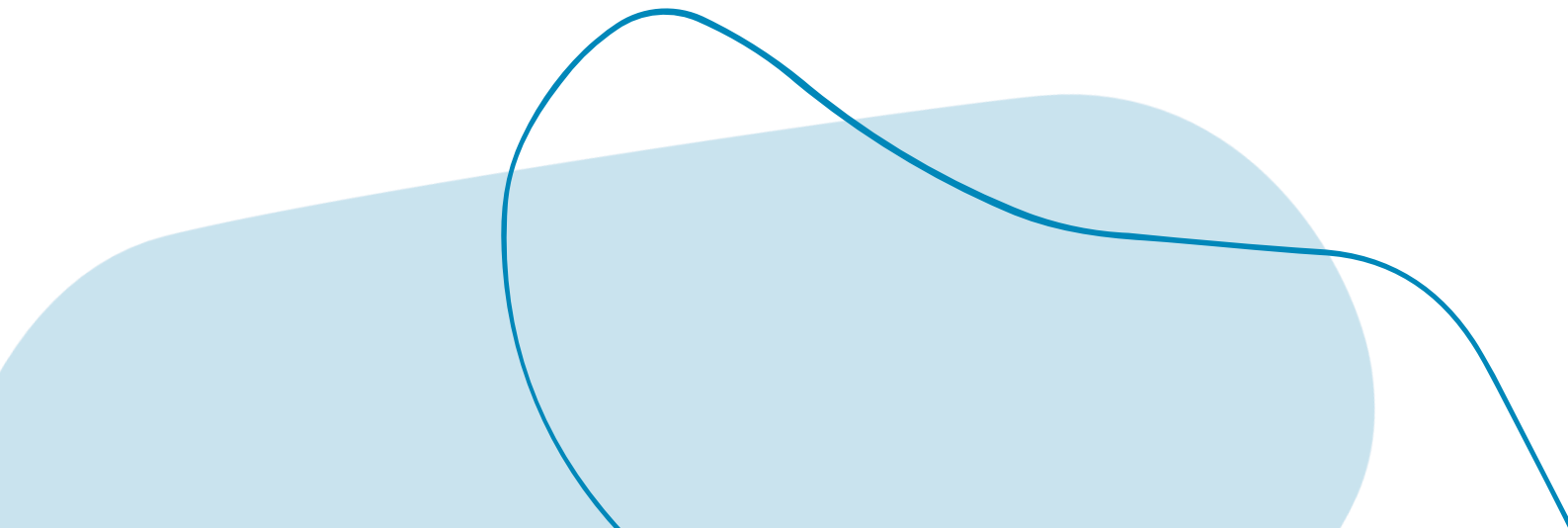
Federal ACL Reports



Grant Reporting

Report	Frequency
Quarterly Program Performance Report	4 per year
Closeout Report	3 months after end of grant period
Demographic Report	1 per year
Audit Report	1 per year
AgingIS Entries	Ongoing/Monthly
Special Reports	As required

Quarterly Program Performance Report

- Program expenses
 - Program income
 - In-kind
 - Non-federal cash
 - Units served
 - Persons served (unduplicated)
 - Explanation of variance (if required)
- 

Connecting Grant Activities



Quarterly Report

FINANCIAL REPORT BY QUARTER						YTD
	1st QTR	2nd QTR	3rd QTR	4th QTR	CLOSE OUT	TOTALS
NON-FEDERAL CASH RECEIVED (MATCHING FUNDS)						0
PROGRAM INCOME RECEIVED						0
IN-KIND RECEIVED						0
NSIP (Nutrition Grantees Only)						0
GRANT EXPENDITURES by QUARTER (NO INKIND)						0

PROGRAM PERFORMANCE REPORT YTD BY QUARTER	1st Quarter	2nd Quarter	3rd Quarter	4thQuarter	CLOSE OUT	PROJECTION
	10/1/2022- 12/31/2022	10/1/2022- 3/31/2023	10/1/2022- 6/30/2023	10/1/2022- 9/30/2023		
YTD UNDUPLICATED PERSONS SERVED					0	
YTD UNITS SERVED					0	

**Grant Expenditures = AgeGuide Share + Funded Partner Share.
It's the TOTAL PROGRAM EXPENSES, not just AgeGuide's share.**

AgeGuide Share Calculation

Total Expenses Reported
+ In-Kind Reported

TOTAL PROGRAM EXPENSES

Total Program Expenses
- Program Income
- Nutrition Services Incentive Program

NET EXPENSES

Net Expenses x AgeGuide Percent = AGEGUIDE SHARE
Net Expenses x Match Percent = FUNDED PARTNER SHARE

Demographic Report

Age

- Under 60
- 60 +
- 75+

Gender Identity

- Male
- Female
- Other

Household Status

- Living Alone
- Living with Others

Poverty

- At or Below Poverty Line

Ethnicity

- Hispanic
- Not Hispanic

Race

- White
- Black/African American
- American Indian/Alaska Native
- Asian/Asian American
- Race Unknown
- Race Other

Grant Reporting

DOs & DON'Ts:

- **DO** report on time or request an extension if you need it
- **DON'T** just submit late
- **DO** double check for accuracy
- **DON'T** leave any fields blank
- **DO** email report submissions and questions to:
reports@ageguide.org

The background features a solid orange color with two large, overlapping, semi-transparent green shapes. A thin, bright blue line curves across the upper right portion of the image.

Grant Monitoring

What is Monitoring?



Progress

Agency is making progress towards grant objectives



Compliance

Agency complies with standards and regulations



Responsibility

Funds are being used responsibly.

Monitoring



Site Visits / Desk Reviews



Reviewing fiscal reports



Reviewing program reports



Reviewing progress toward objectives



Audit reviews



Meetings

Site Monitoring

1. Review program information
2. Review documentation of information submitted on quarterly reports
3. Review fiscal processes and procedures

Site Monitoring Process

1. Opening Letter

- Sent prior to monitoring
- Includes:
 - List of pre-monitoring documents to be completed prior to the visit
 - List of items to have available at the visit

2. Document Review

- Grantee must provide requested documents
- Follow-up questions/additional documentation may be requested

3. Exit interview

- AgeGuide will meet with you to discuss concerns/findings

4. Closing Letter

- Closes out the monitoring, or
- Details any findings/needed remedies



AgeGuide + Funded Partner = Partnership