AmeriCorps*State and National Recovery Reporting Guidelines
Revisions 12-22-09

AmeriCorps State and National recipients of American Recovery and Reinvestment Act (Recovery) funding are required to submit three types of reports.
1. Federal Financial Reports (FFR);
2. OMB Reporting at FederalReporting.gov; and
3. Progress Reports

This document provides an overview of the reporting requirements.

1. FEDERAL FINANCIAL REPORTS (FFR)

FFRs are submitted through eGrants on a quarterly basis for the entirety of the grant period. The upcoming due dates are:
- January 10, 2010
- April 10, 2010
- July 10, 2010
- October 10, 2010

Depending on the specific project period of the grant, additional reports may be needed.

A memo was distributed to grantees on July 9, 2009, which clarified the financial reporting requirements grantees must follow for Recovery Act grants and reminders of processes you must have in place to properly manage grant funds. That memo is located at:
http://www.americorps.gov/for_organizations/manage/commcenter_detail.asp?tbl_pr_id=1406

2. THE OMB REPORTING AT FEDERALREPORTING.GOV (as required under Section 1512 of the ARRA)

The data that you report at FederalReporting.gov will provide OMB, Congress, and the general public with important information on:
- Who is receiving Recovery Act dollars and in what amounts
- What projects or activities are being funded with Recovery Act dollars
- The completion status of such projects or activities and the impact on job creation and retention

The OMB reports are submitted at FederalReporting.gov on a quarterly basis. The FederalReporting.gov website was launched on August 17, 2009. If you have not registered with the site yet, you should do so immediately. The reporting system will be available on January 1st, 2010. The upcoming due dates are:
- January 10, 2010 (FederalReporting.gov will accept submissions through*January 15th.*)
- April 10, 2010
- July 10, 2010
- October 10, 2010

Depending on the specific project period of the grant, additional reports may be needed. If you have more than one Recovery grant (such as a formula and a competitive grant through your State Commission, or a National Direct and a Professional Corps grant) you must report on each grant separately.

The timeline for submitting and reviewing your reports is as follows:
1. REPORT
   - Days 1-10: **Submit Reports Online at FederalReporting.gov *** (*For the January report <u>only</u>, grantees will have until January 15th to submit their reports. This reflects the new deadline set by OMB.)

2. REVIEW (Comment Period)
   - Days 11-21: Prime Recipient Review. During this period, you will be able to make revisions to your data at federalreporting.gov.
   - Days 22-29: CNCS Review. CNCS will review your submission(s). If any changes are required, the report will be returned to you for revision. All revisions must be completed by the 29th.
3. RELEASE
   - Day 30: Data is released for public viewing on Recovery.gov.
   - Reports are locked. Data cannot be edited until the next reporting cycle.

Below is the list of the data elements that you will report to OMB at FederalReporting.gov. Included with each data element is guidance for how to complete the field and an example. Please contact your program or grants officer if you have questions regarding a particular field.

Prime Recipient Data Elements		
Data Element	**CNCS Instructions**	**Example**
Funding Agency Code	Enter 9577 to designate CNCS as the Funding Agency for your grant.	9577
Funding Agency Name	FederalReporting.gov will automatically populate this field based on the information you enter in the Funding Agency Code field.	Corporation for National & Community Service
Awarding Agency Code	Enter 9577 to designate CNCS as the Awarding Agency for your grant.	9577
Awarding Agency Name	FederalReporting.gov will automatically populate this field based on the information you enter in the Awarding Agency Code field.	Corporation for National & Community Service
Program Source Treasury Account Symbol (TAS)	Enter CNCS's Treasury Account Symbol (TAS): 95-2729-000. If you are reporting via Excel Spreadsheet or entering data directly into FederalReporting.gov, enter 95-2729 in the Program Source (TAS) field and leave the Sub Account Number for Program Source (TAS) field blank. There are no Program Source (TAS) subaccounts for CNCS Recovery grants.	95-2729-000
Award Number	Enter the award (grant) number found in the "Quick Reference Information" you received from the Corporation.	09RCHNE099
Order Number	**This data element does not apply to Grants or Cooperative Agreements.** If you see this field on your Excel spreadsheet, you are using the wrong template and must switch to the Excel spreadsheet for Grants and Loans. If you are reporting via XML submission, leave this field blank.	
Recipient DUNS Number	Enter your organization's Data Universal Numbering System (DUNS) number as listed in the Central Contract Registration (CCR) and reported to CNCS in your Recovery grant application. The DUNS number will be used to automatically pull organization data from the CCR into your report. **The 9-digit DUNS number is mandatory, but the 4-digit extension is optional and only applies in cases where CCR issues a 4-digit extender.** Your DUNS number can be found in the "Quick Reference Information" you received from the Corporation.	123456789
Parent DUNS Number	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	987654321
Recipient Type	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	2F - U.S. State Government
CFDA Number	Enter 94.006 for the CDFA Number.	94.006
Government Contracting Office Code	**This data element does not apply to Grants or Cooperative Agreements.** If you see this field on your Excel spreadsheet, you are using the wrong template and must switch to the Excel spreadsheet for Grants and Loans. If you are reporting via XML submission, leave this field blank.	
Government Contracting	**This data element does not apply to Grants or Cooperative**	

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Prime Recipient Data Elements		
Data Element	**CNCS Instructions**	**Example**
Office Name	**Agreements.** If you see this field on your Excel spreadsheet, you are using the wrong template and must switch to the Excel spreadsheet for Grants and Loans. If you are reporting via XML submission, leave this field blank.	
Recipient Legal Name	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	Sample CNCS Grantee
Recipient DBA Name	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	
Recipient Address 1	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	123 State Street
Recipient Address 2	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	Suite 100
Recipient Address 3	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	
Recipient City	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	Lincoln
Recipient State	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	NE
Recipient Zip Code	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	11111-2222
Recipient Country	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	US
Recipient Congressional District	Enter your organization's congressional district. Use the congressional district code information provided in the "Quick Reference Information" you received from the Corporation. Note the following concerning Congressional District code: • For single-digit Congressional Districts, enter a "0" prior to the digit (e.g., "04") • "00" is a valid entry applicable to multiple states (e.g., Alaska, the District of Columbia) • Territories or Minor Outlying Islands, use "99"	01
Recipient Account Number	Enter any unique indentifying number that your organization assigns to the grant award. **This is an optional field.**	NE00124578
Final Report	Enter "yes" **only** if this is the final report for this grant; otherwise, enter "no."	No
Award Type	Select "Grant" for all grants and cooperative agreements.	Grant
Award Date	Enter the date on which your **initial** grant award (amendment #0) was signed. You will find the award date in the "Quick Reference Information" you received from the Corporation.. If you have received one or more amendments to your Recovery grant, **do not** enter the award date of any of these amendments; this field only applies to the original award.	4/29/2009
Award Description	Enter a brief description of the activities that are funded under your grant. If this grant funds multiple projects or activities, you should describe the general focus of the activities. This field is limited to 4000 characters.	AmeriCorps members focus on mentoring, housing assistance, and financial literacy activities.
Project Name or Project/Program Title	Enter the project name as entered on your application in eGrants. This field is limited to 256 characters.	Sample AmeriCorps Recovery Project
Quarterly Activities/Project Description	Enter a brief description of the expected outcomes of the activities funded under your Recovery grant. If your grant funds multiple projects or activities, you may describe the outcomes or results in broad terms. This field is limited to 2000 characters.	1,800 clients will receive employment and skills training and counseling from 24 AmeriCorps members.
Project Status	Enter your assessment of the completion status of the project(s) or activity(ies) under the grant. The assessment should be based on the performance of the project(s) to date. Please choose one of the following options: Not started; Less than 50% completed;	Less than 50% completed

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	Prime Recipient Data Elements	
Data Element	**CNCS Instructions**	**Example**
	Completed 50% or more; Fully Completed. *(If the grant funds multiple activities, provide your best estimate for **all** projects and activities.)*	
Activity Code (NTEE-NPC)	Enter at least one, but no more than ten, description code(s) from those listed on the National Center for Charitable Statistics at: http://nccsdataweb.urban.org/PubApps/nteeSearch.php?gQry=all&codeType=NTEE. You are required to enter the description codes. You may also add "population codes" and "common codes" if you choose to further describe your project. The "population codes" and "common codes" are located at the end of the list of description codes. Choose the codes that best describe the primary activity(ies) of your Recovery project. The description codes are grouped in general topic categories. Choose codes from among the following categories: • Education • Environment • Health Care • Mental Health/Substance Abuse • Crime & Legal • Employment • Housing • Public Safety/Disaster Services • Youth Development • Human Services • Community Development/Business & Industry • Philanthropy, Voluntarism & Grantmaking	624229, 624310, L03.04
Activity Description	FederalReporting.gov will automatically populate this data based on activity code(s) selected in the previous field.	Other Community Housing Services, Vocational Rehabilitation Services, Weatherization
Number of Jobs	**Follow these instructions if you received <u>only</u> an Expansion Grant. Report only on staff and members created or retained by Recovery funds.** 1. Calculate the aggregate number of full-time equivalent (FTE) staff positions funded in whole or part by the recovery grant for the reporting quarter which just ended. This includes (a) new staff employed during the quarter; and (b) staff employed or retained in previous quarter(s) who worked all or part of the current quarter. Use the following calculation to convert staff time into FTEs: *Total number of Recovery Act-funded hours worked within the reporting quarter ÷ Quarterly hours in a full-time schedule.* 2. Determine the aggregate number of AmeriCorps member MSYs serving during the quarter. This includes (a) new members enrolled during the quarter; (b) members enrolled in previous quarter(s) who continued serving in the current quarter; and (c) members who exited during the quarter and completed 15% or more of their term of service. DO NOT include any members who exited during the quarter and served less than 15% of their term. To calculate the number of MSYs serving, determine (a) the number of filled positions for each slot type; (b) subtract any members who exited in previous quarters; (c) subtract any members who exited in the current quarter who	**Example for Expansion Grant:** Through a Recovery expansion grant, the grantee is able to retain 2 half-time staff positions which they would calculate as 1 FTE. The grantee enrolls 200 new quarter-time AmeriCorps members in this quarter, which equates to 52.91 MSYs. The grantee would report these staff and AmeriCorps members together as 53.91 jobs.

Prime Recipient Data Elements		
Data Element	**CNCS Instructions**	**Example**
	served less than 15% of their term;(d) convert the remaining slots into an MSY amount following our standard conversion factors. 3. Add these two numbers together and enter the total in this field. **Follow these instructions if you received <u>only</u> a Match Replacement Grant:** **(Note: Because the match replacement funds are being added to an existing award, you must report the total number of jobs retained as a result of the Recovery funds in proportion to the amount of match replacement funds received.)** 1. Divide the amount of match replacement funds awarded by the current operating budget (non-Recovery funds + Recovery funds). You will use this factor to calculate the portion of member and staff positions retained with the Recovery match replacement funds. 2. Calculate the aggregate number of full-time equivalent (FTE) staff positions in your <u>non-Recovery</u> grant. Use the following calculation to convert staff time into FTEs: *Total number of Recovery Act-funded hours worked within the reporting quarter ÷ Quarterly hours in a full-time schedule.* 3. Calculate the aggregate number of AmeriCorps member MSYs enrolled in your <u>non-Recovery</u> grant. Use the enrolled MSYs data in the My AmeriCorps Portal. 4. Add these two numbers together to get a total number of jobs for the grant. 5. Multiply the total number of jobs (in step #4) by the factor from step #1. Enter this amount as the total number of jobs retained as a result of match replacement funds. **Follow these instructions if you received <u>both</u> an Expansion grant and Match Replacement Funds:** 1. Calculate the number of staff positions and AmeriCorps member positions created and/or retained with Expansion funds by applying the Expansion grant guidance above. 2. Calculate the number of staff positions and AmeriCorps member positions retained with match replacement funds by applying the Match Replacement guidance above. 3. Add the two numbers from steps #1 and #2 together and enter the total in this field.	**Example for Match Replacement Grant:** The grantee has an existing AmeriCorps grant with a total project budget (CNCS share + Grantee share) of $100,000. The grantee received a $10,000 match replacement grant in order to retain 2 half-time staff positions (1 FTE) and 200 quarter-time AmeriCorps members (52.91 MSYs) for a total of 53.91 jobs. Since the number of jobs retained is proportional to the amount of match replacement funds received, the grantee multiplies 53.91 by 10% which equals 5.391 jobs retained. **Example for grantees who received both Expansion and Match Replacement** : The grantee received a Recovery grant to place 50 new full-time AmeriCorps members. Included in the grant, was $25,000 in match replacement funds to retain 75 full-time members enrolled in the grantee's non-Recovery grant. When the match replacement funds are added to the non-Recovery grant, the total operating budget (CNCS

Prime Recipient Data Elements		
Data Element	**CNCS Instructions**	**Example**
		share and Grantee share) was revised to $500,000.
		To calculate the number of AmeriCorps MSYs created and retained with Recovery funds, the grantee first determines the MSY value for the members serving in the expansion grant during the reporting quarter. If the grantee 30 full-time AmeriCorps members serving, then it will report 30 MSYs.
		Next, the grantee calculates the share of match replacement funds in the non-Recovery grant by dividing $25,000 by the current operating budget of $500,000 ($25,000 ÷ $500,000 = 5%). The grantee then multiples this percentage by the MSY value for the 75 full-time non-Recovery members. 75 MSYs x 5% = 3.75. This is the MSY value for the non-Recovery members being retained with match replacement funds.
		The grantee then adds the number of non-Recovery MSYs retained (3.75) to the number of Recovery MSYs serving (30) and reports 33.75 as the number of jobs created/retained for this grant.
Description of Jobs Created	Use the language below to describe jobs created and/or retained during the reporting quarter. **You must use this standard language when entering information in this field. This language has been cleared with OMB to ensure AmeriCorps programs clearly distinguish between staff member (employees) and AmeriCorps members:** "Due to Recovery funding, we created and/or retained (number of FTEs as calculated above) employee FTEs and (number of MSYs created and retained as calculated above) AmeriCorps Member Service Years (MSYs). While AmeriCorps members are not considered employees, they are providing the services described in the project description section."	Due to Recovery funding, we created and/or retained 1 employee FTE and 52.91 AmeriCorps Member Service Years (MSYs). While AmeriCorps members are not considered employees, they are providing the services described in the project description section.

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Prime Recipient Data Elements		
Data Element	**CNCS Instructions**	**Example**
Amount of Award	Enter the total CNCS funding amount as it appears on your Notice of Grant Award.	250000
Total Federal Amount ARRA Funds Received/Invoiced	Enter the total amount of CNCS Recovery funds which you have drawn from your account at the HHS/Payment Management System through the end of the current reporting period. This amount is cumulative.	71234
Total Federal Amount of ARRA Expenditure	Enter the amount of CNCS Recovery funds that you have expended on this grant through the end of the current reporting period. This amount is cumulative and should match what you report on the Federal Financial Report (FFR) for the same reporting period.	75412
Total Federal ARRA Infrastructure Expenditure	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Purpose and Rationale	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact Name	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact Street Address 1	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact Street Address 2	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact Street Address 3	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact City	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact State	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact Zip Code + 4	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact Email	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact Phone	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Infrastructure Contact Extn	**Leave this field blank.** The section on infrastructure investments (e.g., constructing a highway, rebuilding a bridge, etc.) does not apply to CNCS Recovery recipients.	
Primary Place of Performance - Street Address 1	Enter the street address that corresponds to your grant's primary place of performance. If the activities under your grant will take place in multiple locations, enter your organization's primary address.	456 Park Lane
Primary Place of Performance - Street Address 2	Enter the street address that corresponds to your grant's primary place of performance. If the activities under your grant will take place in multiple locations, enter your organization's primary address.	Suite 45
Primary Place of Performance - State	Enter the state that corresponds to your grant's primary place of performance. If the activities under your grant will take place in multiple states, enter the state in which your organization's primary address is located.	NE

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Prime Recipient Data Elements		
Data Element	**CNCS Instructions**	**Example**
Primary Place of Performance - Country	Enter US.	US
Primary Place of Performance - Zip Code + 4	Enter the zip code (include the 4-digit extender) that corresponds to your grant's primary place of performance. If the activities under your grant will take place in multiple locations, enter the zip code for your organization's primary address.	555554444
Primary Place of Performance - City	Enter the city that corresponds to your grant's primary place of performance. If the activities under your grant will take place in multiple locations, enter the city in which your organization's primary address is located.	Omaha
Primary Place of Performance - Congressional District	Enter the congressional district that corresponds to your grant's primary place of performance. If the activities under your grant will take place in multiple locations, use the congressional district code information provided in the "Quick Reference Information" you received from the Corporation. If you don't know the congressional district, enter your zip code at http://www.house.gov/zip/ZIP2Rep.html, and the site will match your zip code to the appropriate congressional district. Note the following concerning Congressional District code: • For single-digit Congressional Districts, enter a "0" prior to the digit (e.g., "04") • "00" is a valid entry applicable to multiple states (e.g., Alaska, the District of Columbia) • Territories or Minor Outlying Islands, use "99"	02

Prime Recipient Indication of Reporting Applicability	**Enter "No" <u>unless</u> your organization meets the following criteria:**
	
	 1. In the preceding fiscal year, your organization received
	    a. 80% or more of its annual gross revenues from federal contracts, subcontracts, loans, grants, subgrants, and cooperative agreements; and
	    b. $25,000,000 or more in annual gross revenues from federal contracts, subcontracts, loans, grants, subgrants, and cooperative agreements; and
	 2. The public does not have access to information about the compensation of the senior executives of the organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986 [26 USC § 6104].
	
	 If your organization meets all the criteria, then you must answer "Yes" and enter information in the following fields on the five most highly compensated officers at your organization.
		Yes

Prime Recipient Highly Compensated Names (5)	If you entered "Yes" in the Prime Recipient Indication of Reporting Applicability field, then you must enter the names of the five most highly compensated officers of your organization for the calendar year in which the Recovery award is awarded. **If you entered "No" in the Prime Recipient Indication of Reporting Applicability field, then you can leave this field blank.**	Mickey Mouse, Minnie Mouse, Donald Duck, Daisy Duck, Scrooge McDuck
Prime Recipient Highly Compensated Compensation (5)	If you entered "Yes" in the Prime Recipient Indication of Reporting Applicability field, then you must enter the total compensation for each of the five most highly compensated officers of your organization. **If you entered "No" in the Prime Recipient Indication of Reporting Applicability field, then you can leave this field blank.** Use the following guidance to calculate the total compensation:	100000.00, 125000.00, 89145.86, 92875.45, 135412.00

Prime Recipient Data Elements		
Data Element	**CNCS Instructions**	**Example**
	"Total compensation" means the cash and noncash dollar value earned by the executive during the (sub)recipient's past fiscal year of the following (for more information see 17 CFR 229.402(c)(2)): (i). Salary and bonus. (ii). Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with FAS 123R.(iii). Earnings for services under non-equity incentive plans. Does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees. (iv). Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.(v). Above-market earnings on deferred compensation which are not tax- qualified. (vi). Other compensation. For example, severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property if the value for the executive exceeds $10,000.	
Total Number of Sub-Awards to Individuals	**Leave this field blank.** This section does not apply to CNCS Recovery recipients.	
Total Amount of Sub-Awards to Individuals	**Leave this field blank.** This section does not apply to CNCS Recovery recipients.	
Total Number of Payments to Vendors Less than $25,000/Award	Enter the total number of payments to vendors where each vendor receives less than $25,000 per contract in this reporting period. (No single award can exceed $24,999 or information on the vendor must be submitted individually.)	1
Total Amount of Payments to Vendors Less than $25,000/Award	Enter the total (aggregate) dollar value of all payments to vendors receiving less than $25,000 per contract in this reporting period.	15000
Total Number of Sub-Awards Less than $25,000/Award	Enter the total number of sub-awards where the total amount for each award is less than $25,000. (No single award can exceed $24,999 or information on the subrecipient must be submitted individually.)	2
Total Amount of Sub-Awards Less than $25,000/Award	Enter the total (aggregate) dollar value for all sub-awards where the individual amount for each award is less than $25,000.	45000

Subrecipient Data Elements (receiving $25,000 or more in Recovery Act funds)		
Data Element	**CNCS Instructions**	**Example**
Subrecipient DUNS Number	Enter the subrecipient's Data Universal Numbering System (DUNS) number as listed in the Central Contract Registration (CCR) and reported to CNCS in your Recovery grant application. The DUNS number will be used to automatically pull organization data from the CCR into your report. **The 9-digit DUNS number is mandatory, but the 4-digit extension is optional and only applies in cases where CCR issues a 4-digit extender.**	567891234
Subaward Number	For AmeriCorps*State grants, enter the grant number assigned by eGrants to the subrecipient. For AmeriCorps*National and all other grants, enter the grant number assigned by the prime grantee.	09RCHNE0990001
Subrecipient Legal Name	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	Sample Subgrantee
Subrecipient DBA Name	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	
Subrecipient Address 1	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	456 Main Street
Subrecipient Address 2	FederalReporting.gov will automatically populate this data based on	

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Subrecipient Data Elements (receiving $25,000 or more in Recovery Act funds)		
Data Element	**CNCS Instructions**	**Example**
	data previously entered in the CCR.	
Subrecipient Address 3	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	
Subrecipient City	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	Omaha
Subrecipient State	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	NE
Subrecipient Zip Code + 4	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	555556666
Subrecipient Country	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	US
Subrecipient Congressional District	Enter the Congressional district that corresponds to the subrecipient's address. If you don't know the congressional district, enter the zip code at http://www.house.gov/zip/ZIP2Rep.html, and the site will match the zip code to the appropriate congressional district. 　　Note the following concerning Congressional District code: • For single-digit Congressional Districts, enter a "0" prior to the digit (e.g., "04") • "00" is a valid entry applicable to multiple states (e.g., Alaska, the District of Columbia) • Territories or Minor Outlying Islands, use "99"	02
Subrecipient Type	FederalReporting.gov will automatically populate this data based on data previously entered in the CCR.	Non-Profit
Amount of Subaward	Enter the amount anticipated of CNCS funds to be awarded to the subgrantee by the end of the grant. For State Commission subgrantees, this amount should match the total CNCS share from the approved subapplicant budget in eGrants.	100000
Total Subaward Funds Disbursed	Enter the total amount of CNCS funds (cash) disbursed to the subgrantee as of the end of the current reporting period. This amount is cumulative.	26745
Subaward Date	Enter the date on which you issued the subaward to the subgrantee.	6/12/2009
Subrecipient Primary Place of Performance - Street Address 1	Enter the street address that corresponds to the subgrant's primary place of performance. If the activities under your grant will take place in multiple locations, enter the organization's primary address.	456 Main Street
Subrecipient Primary Place of Performance - Street Address 2	Enter the street address that corresponds to the subgrant's primary place of performance. If the activities under your grant will take place in multiple locations, enter the organization's primary address.	
Subrecipient Primary Place of Performance - State	Enter the state that corresponds to the subgrant's primary place of performance. If the activities under the subgrant will take place in multiple states, enter the state in which the organization's primary address is located.	NE
Subrecipient Primary Place of Performance - Country	Enter US.	US
Subrecipient Primary Place of Performance - Zip Code + 4	Enter the zip code (include the 4-digit extender) that corresponds to the subgrant's primary place of performance. If the activities under the subgrant will take place in multiple locations, enter the zip code for the organization's primary address.	555556666
Subrecipient Primary Place of Performance - City	Enter the city that corresponds to the subgrant's primary place of performance. If the activities under the subgrant will take place in multiple locations, enter the city in which the organization's primary address is located.	Omaha
Subrecipient Primary Place of Performance - Congressional District	Enter the congressional district that corresponds to the subgrant's primary place of performance. If the activities under the subgrant will take place in multiple locations, enter the congressional district in which the organization's primary address is located.	02

Subrecipient Data Elements (receiving $25,000 or more in Recovery Act funds)		
Data Element	CNCS Instructions	Example
	If you don't know the congressional district, enter the zip code at http://www.house.gov/zip/ZIP2Rep.html, and the site will match the zip code to the appropriate congressional district. Note the following concerning Congressional District code: • For single-digit Congressional Districts, enter a "0" prior to the digit (e.g., "04") • "00" is a valid entry applicable to multiple states (e.g., Alaska, the District of Columbia) • Territories or Minor Outlying Islands, use "99"	

Subrecipient Indication of Reporting Applicability	**Enter "No" <u>unless</u> your organization meets the following criteria**:
	
	 1. In the preceding fiscal year, your organization received
	   a. 80% or more of its annual gross revenues from federal contracts, subcontracts, loans, grants, subgrants, and cooperative agreements; and
	   b. $25,000,000 or more in annual gross revenues from federal contracts, subcontracts, loans, grants, subgrants, and cooperative agreements; and
	 2. The public does not have access to information about the compensation of the senior executives of the organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986 [26 USC § 6104].
	
	 If your organization meets all the criteria, then you must answer "Yes" and enter information in the following fields on the five most highly compensated officers at your organization.
		No

Subrecipient Highly Compensated Names (5)	If you entered "Yes" in the Prime Recipient Indication of Reporting Applicability field, then you must enter the names of the five most highly compensated officers of your organization for the calendar year in which the Recovery award is awarded. **If you entered "No" in the Prime Recipient Indication of Reporting Applicability field, then you can leave this field blank.**	
Subrecipient Highly Compensated Compensation (5)	If you entered "Yes" in the Prime Recipient Indication of Reporting Applicability field, then you must enter the total compensation for each of the five most highly compensated officers of your organization. **If you entered "No" in the Prime Recipient Indication of Reporting Applicability field, then you can leave this field blank.** Use the following guidance to calculate the total compensation: "Total compensation" means the cash and noncash dollar value earned by the executive during the (sub)recipient's past fiscal year of the following (for more information see 17 CFR 229.402(c)(2)): (i). Salary and bonus. (ii). Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with FAS 123R.(iii). Earnings for services under non-equity incentive plans. Does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees. (iv). Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.(v). Above-market earnings on deferred compensation which are not tax-qualified. (vi). Other compensation. For example, severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property if the value for the executive	

Subrecipient Data Elements (receiving $25,000 or more in Recovery Act funds)		
Data Element	**CNCS Instructions**	**Example**
	exceeds $10,000.	

Vendor Data Elements (receiving $25,000 or more in Recovery Act funds)		
Data Element	**CNCS Instructions**	**Example**
Award Number - Prime Recipient Vendor	Enter the award or other identifying number that you assigned to the vendor. **Complete this field only if you are submitting Prime Recipient vendor information.**	987654
Award Number - Subrecipient Vendor	Enter the award or other identifying number that the subrecipient assigned to the vendor. **Complete this field only if you are submitting Subrecipient vendor information.**	
Vendor DUNS Number	Enter the vendor's Data Universal Numbering System (DUNS) number as listed in the Central Contract Registration (CCR). **The 9-digit DUNS number is mandatory, but the 4-digit extension is optional and only applies in cases where CCR issues a 4-digit extender.**	789012345
Vendor HQ Zip Code + 4	Enter the zip code for the vendor's headquarters or primary address.	12345
Vendor Name	Enter the vendor's name.	M&M Industries
Product and Service Description	Enter a description of the product or service that the vendor provided. **This field is optional if you are reporting Subrecipient vendor information.**	Member Service Gear
Payment Amount	Enter the amount of ARRA funds invoiced to the vendor. **This field is optional if you are reporting Subrecipient vendor information.**	26125

3. PROGRESS REPORTING

In addition to the quarterly FFRs and the quarterly OMB reporting on FederalReporting.gov, you must submit quarterly reports to CNCS on your progress toward meeting your Recovery performance measure targets. The upcoming due dates are:

> January 30, 2010
> April 30, 2010
> July 30, 2010
> October 30, 2010

Depending on the specific project period of the grant, additional reports may be needed.

You will use the customized ARRA Progress Report spreadsheets which you receive from the Corporation to record your performance in mid-January. You will submit the completed spreadsheets to your Program Officer.

Grantees who received **only** match replacement funds are not required to submit progress reports. Grantees who received **only** match replacement funds are still required to submit the quarterly FFR and quarterly OMB reports to FederalReporting.gov.