



# Record Keeping and Reporting

2018 Title VI National Training and Technical Assistance  
Conference

Washington, DC

August 15, 2018

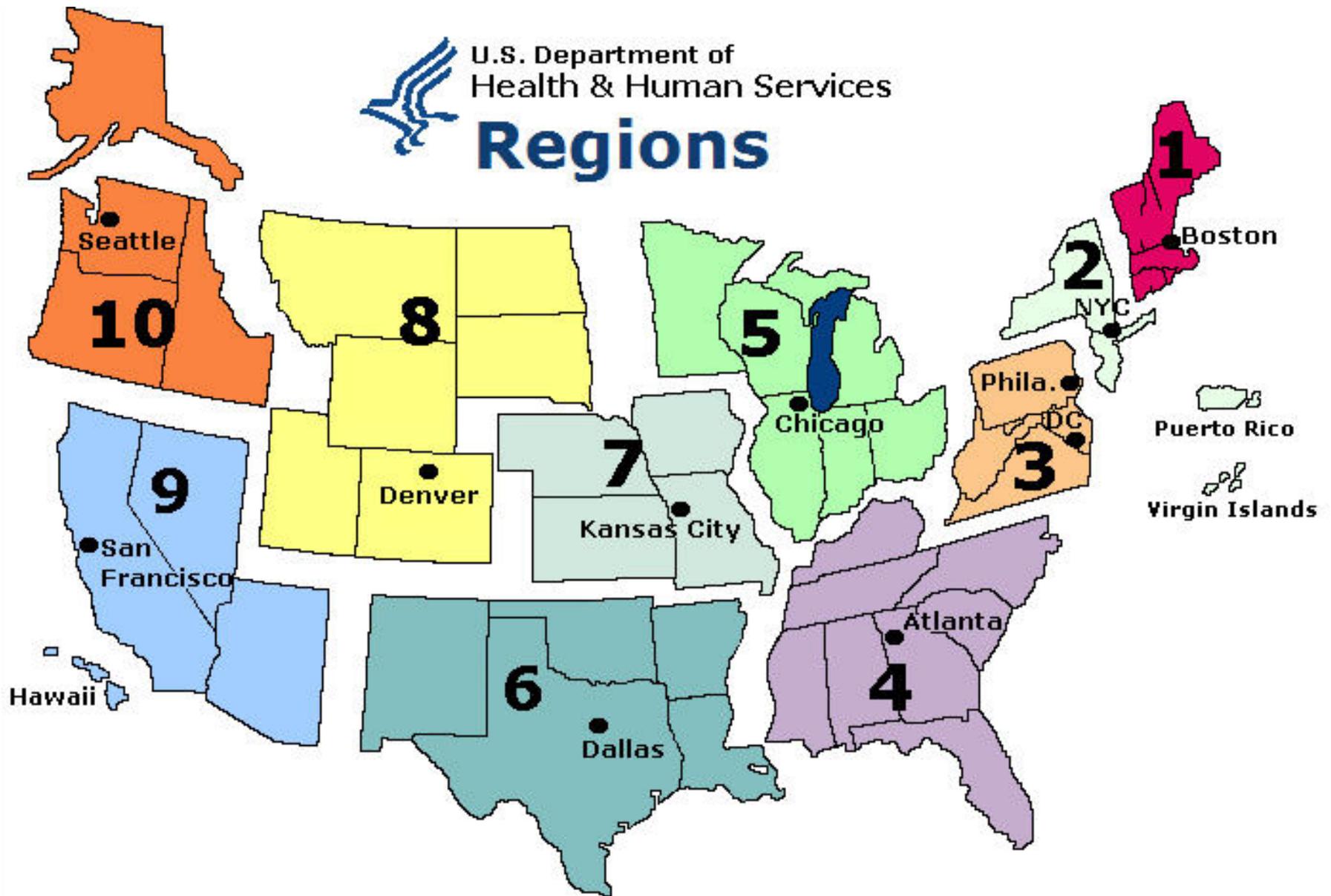






U.S. Department of  
Health & Human Services

# Regions



# 2017-2020 Title VI Grantees by Regions

Regions	Part A	Part C
I (CT, MA, ME, RI)	8	5
II (NY)	4	4
<b>Total Regions I &amp; II</b>	<b>12</b>	<b>9</b>
III	0	0
IV (AL, MS, NC, SC)	4	4
<b>Total Regions III &amp; IV</b>	<b>4</b>	<b>4</b>
V (MI, MN, WI)	28	24
VII (IA, KS, NE)	8	7
<b>Total Regions V &amp; VII</b>	<b>36</b>	<b>31</b>
VI (AR, LA, NM, OK, TX)	53	48
VIII (CO, MT, ND, SD, UT, WY)	24	20
<b>Total Regions VI &amp; VIII</b>	<b>77</b>	<b>68</b>
IX (AZ, CA, HI, NV))	60 Part A + 1 Part B	50
X (AK, ID, OR, WA)	80	75
<b>Total Regions IX &amp; X</b>	<b>141</b>	<b>125</b>
<b>Total Tribal Grantees</b>	<b>270</b>	<b>237</b>

# Tribal Eligibility Requirements For a Grant

- **Part A – Native American Program**
  - Federally recognized tribe; and
  - Represent at least 50 individuals who are 60 years of age or older; and
  - Demonstrate the ability to deliver supportive services, including nutritional services.
- **Part B – Native Hawaiian Program**
  - A public or non-profit private organization with the capacity to provide services for Native Hawaiians; and
  - Represent at least 50 individuals who are 60 years of age or older; and
  - Demonstrate the ability to deliver supportive services, including nutritional services.
- **Part C – Native American Caregiver Support Program**
  - Have an approved Part A or Part B application.

# Required Services

- **Parts A and B**
  - Nutrition services; and
  - Supportive Services (Information and Assistance).
- **Part C**
  - Information to caregivers about available services;
  - Assistance to caregivers in gaining access to the services;
  - Individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles;
  - Respite care to enable caregivers of a frail elders to be temporarily relieved from their caregiving responsibilities; and
  - Supplemental services, on a limited basis, for caregivers of frail elders to complement the care provided by caregivers.

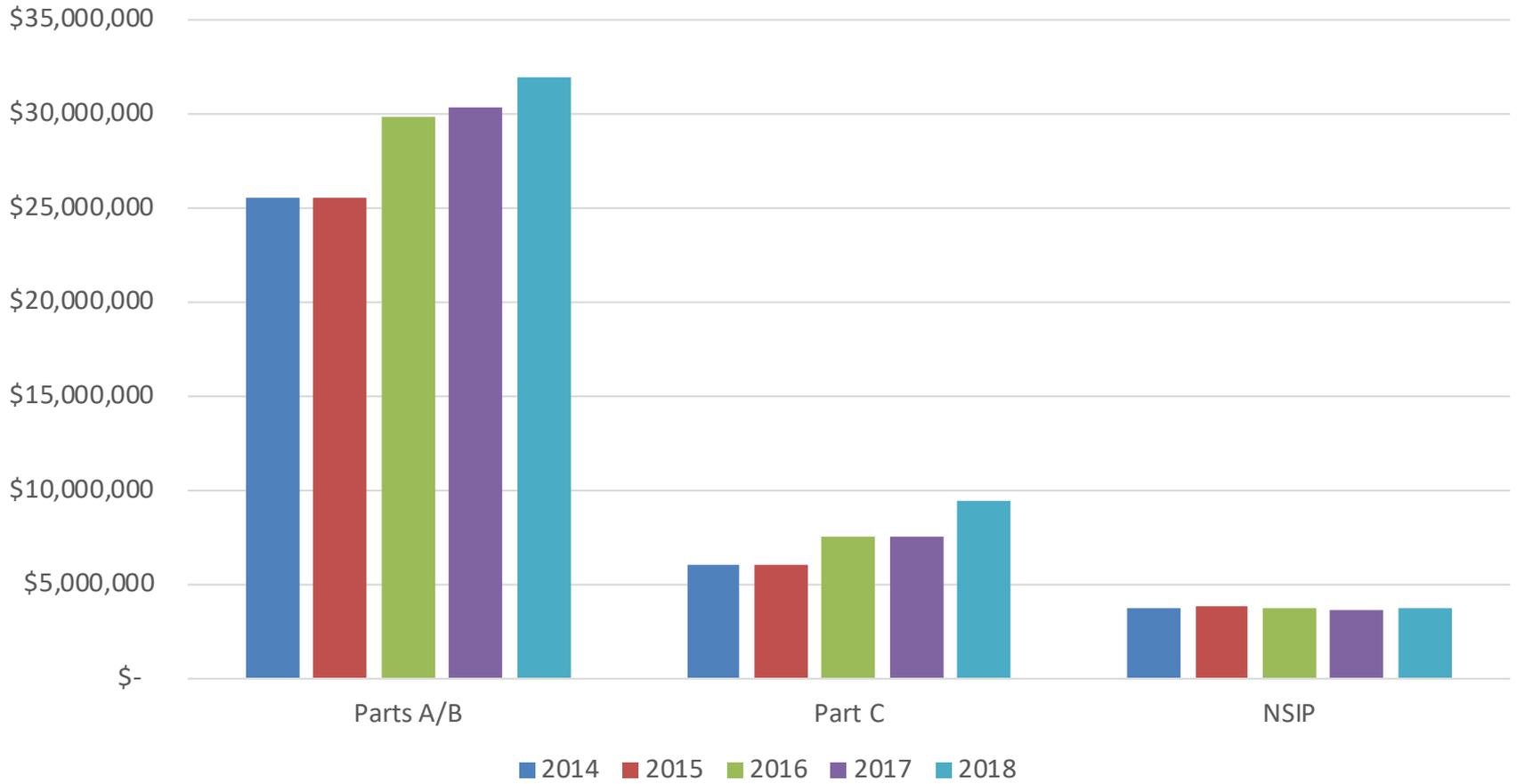
# How Awards are Determined?

- Title VI Part A and Part C awards are based on numbers of eligible elders in your service areas.
- NSIP awards are based on:
  1. Federal appropriations, and
  2. Numbers of total meal counts submitted by states and tribal grantees, and
  3. Numbers of meal counts from tribe's previous year's Program Performance Report.

## Title VI Awards: 2014-2018

	2014	2015	2016	2017	2018
<b>Part A/B</b>	\$25,538,883	\$25,526,394	\$29,773,242	\$30,272,931	\$31,923,872
<b>Part C</b>	\$6,038,882	\$6,015,922	\$7,474,517	\$7,478,530	\$9,372,923
<b>NSIP</b>	\$3,727,434	\$3,844,457	\$3,734,285	\$3,650,440	\$3,742,922
<b>Total</b>	<b>\$35,305,199</b>	<b>\$35,386,773</b>	<b>\$40,982,044</b>	<b>\$41,401,901</b>	<b>\$45,039,717</b>

# 2014-2018 Title VI Awards





	Awards	PMS expenditures	% of award	PMS drawdown	% of award
Part A/B	\$62,196,803	\$32,149,032.92	51.69%	\$32,889,967.22	52.88%
Part C	\$16,724,343	\$6,737,154.74	40.28%	\$6,760,567.06	40.42%
NSIP	\$7,433,164	\$3,472,091.86	46.71%	\$3,771,403.29	50.74%
2017 MIPPA	\$270,000	\$91,790.99	34.00%	\$84,246.61	31.20%
2016 MIPPA	\$264,000	\$192,505.63	72.92%	\$186,818.95	70.76%

## Part A Funding Bands

# of Eligible Elders	2017	2018
50-100	\$73,990	\$77,950
101-200	\$83,960	\$88,440
201-300	\$95,340	\$100,430
301-400	\$107,430	\$113,170
401-500	\$118,820	\$125,170
501-1500	\$137,640	\$144,990
1501+	\$180,720	\$190,380
Largest	\$181,831	\$191,612

## Part C Funding Bands

# of Eligible Elders	2017	2018
50-100	\$13,820	\$16,940
101-200	\$20,730	\$25,420
201-300	\$27,460	\$33,890
301-400	\$34,550	\$42,370
401-500	\$41,470	\$50,850
501-1500	\$48,380	\$59,310
1501+	\$55,280	\$67,800
Largest	\$56,560	\$69,253



Notice of Award

**Older Americans Act Title VI, Part A – Grants for Native Americans**

**17:** Fiscal year  
**01:** Award number  
**XX:** State  
**T6NS:** Title VI Nutrition Services  
**T6CG:** Title VI Caregiver  
**NSIT:** Nutrition Services  
Incentive Program for Tribe

**Grantee:**  
Chairperson

**Date:**  
April 1, 2017

**Grant No.:** 1701XXT6NS **Seq. No.:** 2017 / 1

**Award Instrument:** Grant

**Budget Period:** 04/01/2017 – 03/31/2020

**Project Period:** 04/01/2017 – 03/31/2020

**Award Authority:** P.L. 114-144

1-XXXXXXXX-A1

**EIN:**

**DUNS:**

CFDA Program Title	Award This Action	Cumulative Grant Award to Date	Appropriation	Object Class Code
93.047: Grants for Native Americans	\$53,330	\$53,330	75-7-0142	41.15
<b>Total</b>	<b>\$53,330</b>	<b>\$53,330</b>		



Notice of Award

**Older Americans Act Title VI, Part A – Grants for Native Americans**

**Grantee:**  
Chairperson

**Date:**  
June 22, 2017

**Grant No.:** **Seq. No.: 2017 / 2**  
**Award Instrument:** Grant  
**Budget Period:** 04/01/2017 – 03/31/2020  
**Project Period:** 04/01/2017 – 03/31/2020

**Award Authority:** P.L. 114-144

**EIN:**  
**DUNS:**

Award on 6/22/17

Cumulative award =  
\$53,330 + \$54,100

CFDA Program Title	Award This Action	Cumulative Grant Award to Date	Appropriation	Object Class Code
93.047: Grants for Native Americans	\$54,100	\$107,430	75-7-0142	41.15
<b>Total</b>	<b>\$54,100</b>	<b>\$107,430</b>		



Notice of Award

Older Americans Act Title VI, Part A – Grants for Native Americans

Grantee:  
Chairperson

Date:  
April 1, 2018

Grant No.: Seq. No.: 2018 / 1

Award Instrument: Grant

Budget Period: 04/01/2018 – 03/31/2020  
Project Period: 04/01/2017 – 03/31/2020

Award Authority: P.L. 114-144

EIN:  
DUNS:

~25% of 2018 award

Cumulative award =  
\$107,430 (2017  
award) + \$26,512  
(partial 2018  
award)

CFDA Program Title	Award This Action	Cumulative Grant Award to Date	App
93.047: Grants for Native Americans	\$26,512	\$133,942	75
Total	\$26,512	\$133,942	

**Don't stop here – continue to Terms and Conditions**



Notice of Award

**Older Americans Act Title VI, Part A – Grants for Native Americans**

**Grantee:**

Chairperson  
Aleutian Pribilof Islands Association, Inc.  
1131 East International Airport Road  
Anchorage, AK 99518-1408

**Date:**

June 14, 2018

**Grant No.:**

**Seq. No. 2018 / 2**

**Award Instrument:** Grant

**Budget Period:** 04/01/2018 – 03/31/2020

**Project Period:** 04/01/2017 – 03/31/2020

**Award Authority:** P.L. 114-144

**EIN:**

**DUNS:**

Remaining  
2018 award

Cumulative 2017 and  
2018 awards

CFDA Program Title	Award This Action	Cumulative Grant Award to Date	Appropriation	Object Class Code
93.047: Grants for Native Americans	\$86,658	\$220,600	75-8-0142	41.15
<b>Total</b>	<b>\$86,658</b>	<b>\$220,600</b>		

**Don't stop here – continue to Terms and Conditions**

# Notice of Award (Continued)

## Terms and Conditions:

1. The terms and conditions of this Notice of Award and other requirements have the following order of precedence: (1) the Older Americans Act of 1965, as amended through P.L. 114-144, Enacted April 19, 2016; (2) other applicable Federal statutes and their implementing regulations; (3) program regulations; and (4) terms and conditions of award.
2. By requesting or receiving funds under this award, the recipient assures that it will carry out the project/program described in its approved application and will comply with the terms and conditions and other requirements of this award.
3. This grant is subject to the requirements of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards under 45 CFR Part 75. These requirements and additional terms and conditions that are applicable to this award can be found on the ACL website: <https://www.acl.gov/grants/managing-grant> including the following:
  - Federal Awardee Performance and Integrity Information System (FAPIIS)
  - HHS Grants Policy Statement, Part II
  - Trafficking Victims Protection Act
  - Federal Funding Accountability and Transparency Act (FFATA)
  - SAM / DUNS Requirements
  - Consolidated Appropriations Act, 2017, Pub. L. 115-31, signed into law on May 5, 2017
4. A Program Performance Report (PPR) is due annually. The annual report covers the period beginning April 1st and ending March 31st and is due within 90 days of March 31st (**June 30th**).
5. This grant action is issued as a supplemental award to the Fiscal Year 2017 grant and is effective April 1, 2018. The supplemental funds cannot be obligated before April 1, 2018. If there is an unobligated balance at the end of 3/31/2018 (from your FY2017 award), you are required to identify the unobligated amount on line 10.h. of the SF-425 and provide or attach a brief explanation as denoted in "Box 12. Remarks" near the bottom of the SF-425. The first annual SF-425 report is due by **July 30, 2018**. The second annual SF-425 report (covers the period beginning April 1, 2017 and ending March 31, 2019) shall reflect cumulative expenditures and is due by **July 30, 2019**.

# Notice of Award (Continued)

## Remarks:

1. This Title VI grant award has been approved for the current budget period in the amount shown above. This award represents FY 2018 annual funding. The future years' balance will be awarded at a later date subject to the availability of ACL funds.
2. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. **When requesting payment from PMS, please use your P account login and reference the sub-account code [Grant No. listed above] for payment.** Instructions regarding payments can be obtained at <https://pms.psc.gov/training/pms-user-guide.html#Request>, or contact your [PSC Account Liaison](#); 1-877-614-5533; PMSSupport@psc.gov.
3. Federal Cash Reporting: On the SF-425 form, lines 10 a through c are reported on a quarterly calendar year basis (for the periods ending 12/31, 3/31, 6/30, 9/30) at the HHS Departmental Payment Management System (PMS). PMS website is located at: <https://pms.psc.gov>. Reconciliation of advances and disbursements is required for each quarter and the report must be completed within 30 days of the end of each quarter (i.e., by 1/30, 4/30, 7/30, 10/30). This reporting requirement is separate from completing the entire SF-425 as denoted in the financial reporting term.

## ACL Contact Information:

### ACL Program Specialist

Name: Shelly Zylstra

Telephone: (206) 615-2299

E-mail: [rachelle.zylstra@acl.hhs.gov](mailto:rachelle.zylstra@acl.hhs.gov)

### ACL Fiscal Specialist

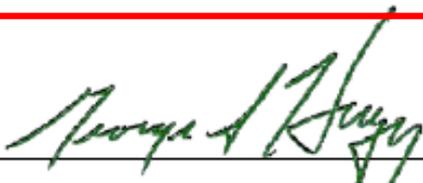
Name: Fong Yee

Telephone: (415) 437-8784

E-mail: [fong.yee@acl.hhs.gov](mailto:fong.yee@acl.hhs.gov)



ACL Authorizing Official



Funds Certifying Official



ACL Grants Officer

# 2018 NSIP Notice of Award

## Terms and Conditions:

7. NSIP provides additional funding to States, Territories and eligible Tribal organizations that is used exclusively **to purchase food**, not meal preparation and may not be used to pay for other nutrition-related services such as nutrition education or for state or local administrative costs.
8. NSIP Performance requirements:
  - a. A meal reported for the Nutrition Services Incentive Program (NSIP) is required to meet the Older Americans Act (OAA) nutrition requirements of complying with the most recent *Dietary Guidelines for Americans* and having a nutrient content that meets one third of the Dietary Reference Intakes.
  - b. A meal reported for NSIP is to be served to individuals who meet the service criteria in the OAA and regulations, including not being means-tested for participation and being provided the opportunity to voluntarily contribute to the cost of service.
  - c. A meal can only be reported once, either by State Units on Aging on the State Program Report or by Indian Tribal Organizations on the Program Performance Report.
  - d. Reports for the NSIP are to meet the timelines and data quality standards established by the Administration on Aging.



# **Report Data Units and Definitions**

# Record Keeping

## LIST OF UNDUPLICATED COUNT

Keep track on a regular basis an unduplicated list of the names of eligible participants who receive supportive services (e.g., transportation, information, and referral). A participant's name will only go on the list one time each year. Start the list April 1 and end the list March 31st. Each program must keep a separate unduplicated list for congregate, home delivered, and supportive services. A name can go on more than one list but can only appear once on each list.

1.	33.	65.
2.	34.	66.
3.	35.	67.
4.	36.	68.
5.	37.	69.
6.	38.	70.
7.	39.	71.
8.	40.	72.
9.	41.	73.
10.	42.	74.
11.	43.	75.
12.	44.	76.
13.	45.	77.
14.	46.	78.
15.	47.	79.
16.	48.	80.
17.	49.	81.

Sample  
from  
Title VI  
Resource  
Manual

## Daily Services Log

<u>SENIOR PROGRAM</u>	
Participant Names	
Date: _____	
Congregate Meals	MEALS
Home Delivered Meals	ACCESS
Information/Referral	
Outreach	
Transportation	
Legal Assistance	LEGAL
Homemaker	IN-HOME
Home Health Aid	
Chore	
Telephoning	
Visiting	
Family Support	
Ombudsman	OMBUDSMAN
Advocacy	ALL OTHER SERVICES
Assessment	
Counseling	
Cultural	
Education	
Escort	
Income Support	
Interpretation	
Translation	
Letter writing/Reading	
Physical Fitness	
Recreation	
Shopping	
Volunteers	
Cash	

Sample from Title VI Resource Manual



# **Part A and Part B**

# Report Data Units and Definitions

An **Eligible** Person is:

- An Indian elder
- A spouse of an Indian elder
- Individuals providing volunteer services for the Title VI program
- Non-elderly Person with disabilities person who reside at home with and accompany an elder to the meal, or who reside in housing facilities occupied primarily by the elder

# Report Data Units and Definitions (Continued)

Part A & Part B	Unit of Service
<p><b>Congregate Meal:</b> A meal provided to an eligible person at a nutrition site, senior center, or other congregate/group setting for the grant year April 1 to March 31. The meal meets all the requirements of OAA.</p>	1 Meal
<p><b>Home-Delivered Meal:</b> A meal provided to an eligible person in their place of residence for the grant year April 1 to March 31. The meal meets all the requirements of OAA.</p>	1 Meal
<p><b>Nutrition Education:</b> A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or nutrition-related health information and instruction to participants, caregivers, or both participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.</p>	1 Hour
<p><b>Nutrition Counseling:</b> Provides individualized advice and guidance to individuals who are at nutritional risk. Counseling is performed by a registered dietitian or other health professional to address options and methods for improving nutrition status.</p>	1 Hour

# Report Data Units and Definitions (Continued)

Part A & Part B	Unit of Service
<p><b>Information/Referral:</b> A service that:</p> <ul style="list-style-type: none"> <li>✓ provides individuals with information on services available within the communities;</li> <li>✓ links individuals to the services and opportunities that are available within the communities;</li> <li>✓ to the maximum extent practicable, establishes adequate follow-up procedures.</li> </ul>	1 Contact
<p><b>Outreach:</b> Conduct public outreach activities and provide information directed at individuals and groups to encourage potential elders or their caregivers to use existing services and benefits, i.e. booth at health fair, public announcements, public presentations, newsletter, etc.</p>	1 Event

# Report Data Units and Definitions (Continued)

Part A & Part B	Unit of Service
<p><b>Case Management:</b> Activities include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.</p>	1 Hour
<p><b>Transportation:</b> Transportation from one location to another. Does not include any other activity.</p>	1 One Way Trip
<p><b>Legal Services:</b> Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.</p>	1 Hour
<p><b>Homemaker Services:</b> Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.</p>	1 Hour

# Report Data Units and Definitions (Continued)

Part A & Part B	Unit of Service
<p><b>Personal Care/Home Health Aid Service:</b> Providing assistance with</p> <ul style="list-style-type: none"> <li>• eating, dressing, and bathing, toileting, transferring in and out of bed/chair or walking.</li> <li>• health related tasks such as checking blood pressure and blood glucose and assistance with personal care.</li> <li>• cleaning and maintaining the house, managing money, preparing meals.</li> </ul>	1 Hour
<p><b>Chore Service:</b> Performance of heavy household tasks provided in a person’s home. Tasks may include yard work or sidewalk maintenance in addition to heavy housework; such as heavy cleaning, yard work, snow shoveling, minor home repair, wood chopping, hauling water, and other heavy-duty activities which the Elder is unable to handle on their own and which do not require the services of a trained homemaker or other specialist.</p>	1 Hour

# Report Data Units and Definitions (Continued)

Part A & Part B	Unit of Service
<p><b>Visiting:</b> Includes going to see an Elder to reduce social isolation, wellness check (a visual check of an Elder to see if they need anything), to comfort or help in reading or writing a letter, etc. This may include visiting in a personal home or a facility such as nursing homes or assisted living facilities.</p>	1 Contact
<p><b>Telephoning:</b> Includes phoning in order to provide comfort or check on the Elder.</p>	1 Contact
<p><b>Family Support:</b> Providing services to family members who care for an elder such as counseling or discussing the elder's situation.</p>	1 Contact
<p><b>Ombudsman:</b> Investigating and resolving complaints made by or for older Indians residing in long-term care facilities; provide information about problems of resident older Indians. The service is to be provided by state-certified Long Term Care Ombudsman.</p>	1 Contact

# Report Data Units and Definitions (Continued)

Part A & Part B	Unit of Service
<p><b>Health Promotion and Wellness:</b> Activities conducted to improve the mental and physical health of elders, including walking groups, exercise classes, other types of recreation, and health education classes on health care.</p>	<p>1 Hour (per person for group activity)</p>
<p><b>Others:</b></p> <ul style="list-style-type: none"> <li>• <u>Assessment</u>: Collecting necessary information about a client to determine need and/or eligibility for a service. Information collected may include demographics, health status, financial status, etc. and may also include routine tests such as blood pressure, hearing, vision, etc.</li> <li>• <u>Escort Service</u>: Accompanying and personally assisting a client to obtain a service.</li> <li>• <u>Public Information</u>: Writing, reproducing and mailing a program newsletter; writing a newspaper column; or providing a radio/television interview.</li> </ul>	<p>1 Contact</p> <p>1 Contact</p> <p>1 Hour of preparation</p>



# Part C



# Report Data Units and Definitions

## Caregiver:

- An adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual. “Informal” means that the care is not provided as part of a public or private formal service program for which the caregiver receives payment.

**Grandparent or other older relative caregiver of a child** – A grandparent, step grandparent or other relative of a child by blood or marriage, who is 55 years of age or older and:

- lives with the child;
- is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- may either have a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

# Report Data Units and Definitions (Continued)

Part C	Unit of Service
<p><b>Information:</b> A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public, i.e. a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event.</p>	1 Activity
<p><b>Access Assistance:</b> A service that</p> <ul style="list-style-type: none"> <li>✓ provides the individual with current information on opportunities and services available within their communities, including information relating to assistive technology;</li> <li>✓ assesses the problems and capacities of the individual;</li> <li>✓ links the individual to the opportunities and services that are available;</li> <li>✓ ensures that the individual receives the services needed and are aware of the opportunities available to them, by establishing adequate follow-up procedures; and</li> <li>✓ serves the entire community of older individuals.</li> </ul>	1 Contact

# Report Data Units and Definitions (Continued)

Part C	Unit of Service
<p><b>Counseling:</b> Support caregivers to assist them in making decisions and solving problems relating to their caregiver roles. Counselors are degreed service providers, trained to work with older adults and families to address complex problems related to caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).</p>	1 Hour
<p><b>Support Group:</b> A service that is led by an individual, moderator, or professional to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system.</p> <ul style="list-style-type: none"> <li>✓ Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online.</li> <li>✓ Caregiver support groups would not include caregiver education/training group, or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator.</li> </ul>	1 Hour (per person in attendance)

# Report Data Units and Definitions (Continued)

Part C	Unit of Service
<p><b>Caregiving Training:</b> A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line; and be provided in individual or group settings.</p>	1 Hour
<p><b>Supplemental Service:</b> A service provided on a limited basis, to caregivers, such as Elders, children, adults with disabilities, Alzheimer's, to complement the care provided by caregivers. Examples of supplemental services include but are not limited to a lending closet, chair lifts, emergency response systems, incontinence supplies, home modifications (such as putting in hand rails or ramps), school supplies, etc.</p>	1 Person

# Report Data Units and Definitions (Continued)

Part C	Unit of Service
<p><b>Respite:</b> Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes:</p> <ul style="list-style-type: none"><li>✓ In-home respite (personal care, homemaker, and other in-home respite);</li><li>✓ Respite provided by attendance of the care recipient at a senior center or other nonresidential program;</li><li>✓ Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps.</li></ul> <p><b>NOTE:</b> Respite care is for caregiver only.</p>	1 Hour



# **Program Performance Reports (PPRs)**

# Reporting Timeline

## Program Performance Reports

### Part A/B and Part C

- Due annually
- Budget period:  
April 1 – March 31
- Due date: June 30



# Report Submission

- Grantees are encouraged to complete and submit reports online. If you need help to access the online system, contact Cecelia Aldridge (202-795-7293 or [cecelia.aldridge@acl.hhs.gov](mailto:cecelia.aldridge@acl.hhs.gov)), Lacey Vaughan (312-938-9856 or [lacey.vaughan@acl.hhs.gov](mailto:lacey.vaughan@acl.hhs.gov)), or ACL regional office staff.
- Contact ACL regional office if you forget your ID or password.
- If you cannot complete reports online, you can send scanned hard copies as email attachment or fax to ACL regional office.

# Request for Access to Online Reporting System

Email Cecelia Aldridge ([cecelia.aldridge@acl.hhs.gov](mailto:cecelia.aldridge@acl.hhs.gov))  
to:

- Remove current online profile(s); and/or
- Request new online access with following information:

User Name:

Title:

Address:

City:

State:

ZIP:

Phone:

Fax:

EIN: *(listed on Notice of Award)*

Grant Number: *(listed on Notice of Award)*

**Title VI Reports**

U.S. Department of Health & Human Services

Login | Create Profile

**Site Requirements:**

**Acceptable Browsers**

- Internet Explorer 5.0 or greater
- Netscape Navigator 6.0 or greater
- Mozilla Firefox 3.0 or greater

**Login to Title VI Reports**

Using the menus above, please Create a Profile (if you have not already done so) in order to login to the site. Otherwise enter in your Login and Password to begin using the system.

**Login**

Login :

Password :

[https://apps.acl.gov/aoa-tvi/title\\_vi/Login/Login\\_Tribe.asp](https://apps.acl.gov/aoa-tvi/title_vi/Login/Login_Tribe.asp)

- Javascript must be enabled on your browser. Click [here](#) to find out how to enable Javascript on your browser.

This reporting system accepts 2017 reports ended 3/31/17.

# When you first log in...

U.S. Department of Health & Human Services

## Report Summary

The following reports are available for you to work with. Select a report to work with or click the submit button if the forms in that report have all been completed

**Legend**

Report Status	
P	Report Pending
W	Report Waived
E	Report Being Edited by Organization
S	Report Submitted; Waiting for Regional Approval
A	Report Approved

**Actions**

[Submit](#) Submit a Report

**Reports**

+ Name of your tribe

Click on the “+” sign to see your reports

Grant Number	Report Ending		Year	Forms	Work On	Submitted By	Last Action	By	Action
<b>269 Reports</b>									
	3/31/2006	A	2005	3/3	[icon]	--	A	tduffin	
	3/31/2007	A	2006	3/3	[icon]	--	A	tduffin	
	3/31/2008	A	2007	3/3	[icon]	--	A	tduffin	
	3/31/2009	A	2008	3/3	[icon]	--	A	tduffin	
	3/31/2010	A	2009	3/3	[icon]	--	A	tduffin	
<b>425 Reports</b>									
	3/31/2011	A	2010	3/3	[icon]	--	A	tduffin	
	3/31/2012	A	2011	3/3	[icon]	--	A	tduffin	
	3/31/2013	A	2012	3/3	[icon]	--	A	tduffin	
	3/31/2014	A	2013	3/3	[icon]	--	A	fyee	
	3/31/2015	A	2014	3/3	[icon]	--	A	fyee	
	3/31/2016	A	2015	3/3	[icon]	--	A	fyee	
	3/31/2017	A	2016	3/3	[icon]	--	A	fyee	
	3/31/2018	P	2017	0/3	[icon]	--	U	--	
<b>PPR Reports</b>									
	3/31/2006	A	2005	2/2	[icon]	--	A	ncannon	
	3/31/2007	A	2006	2/2	[icon]	--	A	partc	
	3/31/2008	A	2007	2/2	[icon]	--	A	partc	
	3/31/2009	A	2008	2/2	[icon]	--	A	partc	
	3/31/2010	A	2009	2/2	[icon]	--	A	partc	
	3/31/2011	A	2010	2/2	[icon]	--	A	partc	
	3/31/2012	A	2011	2/2	[icon]	--	A	partc	
	3/31/2013	A	2012	2/2	[icon]	--	A	partc	
	3/31/2014	A	2013	2/2	[icon]	--	A	partc	
	3/31/2015	A	2014	2/2	[icon]	--	A	szylstra	
	3/31/2016	A	2015	2/2	[icon]	--	A	szylstra	
	3/31/2017	A	2016	2/2	[icon]	--	A	Szylstra	
	3/31/2018	P	2017	0/2	[icon]	--	U	--	

You will see only PPR or SF425 repots depends on your profile.

425 Reports

PPR Reports

Reports ended 3/13/17 are ready for editing and submission

# Part A: PPR



**Report Details Instructions:**

1. This page shows you the forms that make up this grant report. You may either View or Edit the report by clicking on the links under the 'Actions' column.
2. Select an action (ie: View/Print, Edit Report) to continue.
3. If you have completed each of the forms that make up this grant report you will see a 'Submit Report' button below. When you are ready you can click this button to submit your grant report.

**Report Information**

Organization Name :

Grant Number :

Address :

City :

State :

Zip Code :

Type : PPR

Filled out by ACL

**Forms to Complete This Report**

When ALL reports are completed please be sure to click the **Submit Report** button below.

Form	Actions	Completed	Has ?	Part	Description
T6CG	<a href="#">View</a> / <a href="#">Edit</a>	<input type="checkbox"/>	Has ? <input type="checkbox"/> Date : <input type="text"/> mm/dd/yyyy	Part C	Title VI grantees are required to submit the Program Progress Reports annually.
T6NS	<a href="#">View</a> / <a href="#">Edit</a>	<input type="checkbox"/>	Has ? <input type="checkbox"/> Date : <input type="text"/> mm/dd/yyyy	Part A/B	Title VI grantees are required to submit the Program Progress Reports annually.

Update Has Report Status

**General Information**

Organization Name	
Grant Number	
Address	
City	
State	
Zip Code	
Type :	PPR
Report For the Year :	2017

Generated by ACL

**Section A: Staffing Information**

* a.	Full time Staff	
* b.	Part Time Staff	
Total Staff :		0

This field will be auto-filled after lines a and b are completed

**Section B: Nutrition Services**

**UNDUPLICATED:** each person gets counted only one time each year in each categories regardless of how many services they receive during the year

**\* 1. Congregate Meals**

a. UNDUPLICATED NUMBER of eligible persons who received one or more congregate meals :

b. TOTAL NUMBER of congregate meals served :

1 meal

**\* 2. Home-Delivered Meals**

a. UNDUPLICATED NUMBER of eligible persons who received one or more home-delivered meals :

b. TOTAL NUMBER of home-delivered meals served :

1 meal

**\* 3. Other Nutrition Services**

a. Nutrition Education :

1 hour

b. Nutrition Counseling :

1 hour

**NOTE:** This includes spouses; individuals providing volunteer services during meal hours non-elderly handicapped or disabled who reside at home with and accompany elderly people, or who reside in housing facilities occupied primarily by the elderly.

**Section C: Supportive Services**

**UNDUPLICATED:** each person gets counted only one time each year in each categories regardless of how many services they receive during the year

* 1.	<b>Supportive Services</b>		
a.	UNDUPLICATED NUMBER of eligible Indians who received one or more of the supportive services below.	<input type="text"/>	
* 2.	<b>TOTAL NUMBER OF UNITS OF SERVICE in the following categories :</b>		
			Units
	<b>ACCESS SERVICES</b>		
a.	Information Referral	<input type="text"/>	1 contact
b.	Outreach	<input type="text"/>	1 event
c.	Case Management	<input type="text"/>	1 hour
d.	Transportation	<input type="text"/>	1 one-way trip
	<b>LEGAL SERVICES</b>		
a.	Legal Assistance	<input type="text"/>	1 contact
	<b>IN HOME SERVICES</b>		
a.	Homemaker Service	<input type="text"/>	1 hour
b.	Home Health Aid Service	<input type="text"/>	1 hour
c.	Chore	<input type="text"/>	1 hour
d.	Visiting	<input type="text"/>	1 contact
e.	Telephoning	<input type="text"/>	1 contact
f.	Family Support	<input type="text"/>	1 contact

**OMBUDSMAN SERVICES**

a. Ombudsman Services

1 contact (services performed by Long Term Care Ombudsman certified by state)

**HEALTH PROMOTION AND WELLNESS**

a. Health Promotion and Wellness

1 hour (per person for group activity)

**ALL OTHERS**

a. All Others

Assessment: 1 contact  
Escort service: 1 contact  
Public information: 1 hour prepare  
Interpreting/translating: 1 contact

**Additional Remarks & Contact Information**

Remarks

Enter remarks here

# Part C: PPR



View/Print PPR | Part C Report

[Back](#)

General Information	
Organization Name :	
Grant Number :	
Address :	
City :	
State :	
Zip Code :	
Type :	PPR
Report For the Year :	2017

Generated by ACL

Section A: Staffing Information	
* a. Full time Staff	
* b. Part Time Staff	
Total Staff :	0

This field will be auto-filled after lines a and b are completed

## Section B: Caregiver Support Services

Enter the UNDUPLICATED NUMBER of eligible Indians who received each category of support services in the "Unduplicated Number" column. Enter the TOTAL NUMBER of units of services provided from all sources of funds (excluding Title III) in the "Total Number" column.

Category	Unduplicated Number	Total Number	
* a. Information about available services	<input type="text"/>	<input type="text"/>	→ One activity
* b. Assistance in gaining access to available services	<input type="text"/>	<input type="text"/>	→ One contact
* c. <b>Caregiver Services</b>			
a) Individual Counseling	<input type="text"/>	<input type="text"/>	→ One hour
b) Support Groups	<input type="text"/>	<input type="text"/>	→ One hour
c) Caregiver Training	<input type="text"/>	<input type="text"/>	→ One hour
d) Lending Closet	<input type="text"/>	<input type="text"/>	→ One item
e) Other	<input type="text"/>	<input type="text"/>	
* d. Respite	<input type="text"/>	<input type="text"/>	→ One hour

**Section C: Coordination Activities:**

\* Briefly describe your coordination activities in providing supportive services for caregivers :

**Section D: Standards & Quality Assurance:**

\* Briefly describe the standards and quality assurance mechanisms you are using :

**Additional Remarks & Contact Information**

Remarks

Enter narratives here up to 3,000 keystrokes

Enter any remark here

### 13. Certification

\* Report Completed By :

\* Phone Number :

Email :

Date Report Submitted :

Enter contact name, phone number and email of the person who filled out the report.

Press this button if you wish to save your work on the report but have not completed it yet.

Save Report

Save the report for future review/edit

If you have completed the report press this button.

Complete Report

Click here if this report is completed and is ready for submission

***After all reports are completed, click "Submit" button***

**Report Details Instructions:**

1. This page shows you the forms that make up this grant report. You may either View or Edit the report by clicking on the links under the 'Actions' column.
2. Select an action (ie: View/Print, Edit Report) to continue.
3. If you have completed each of the forms that make up this grant report you will see a 'Submit Report' button below. When you are ready you can click this button to submit your grant report.

Please choose from the following available report options below.

**Report Information**

Organization Name :

Grant Number :

Address :

City :

State :

Zip Code :

Type :

**Forms to Complete This Report**

When ALL reports are completed please be sure to click the **Submit Report** button below.

Form	Actions	Completed	Has ?	Part	Description
T6CG	<a href="#">View</a> / <a href="#">Edit</a>	<input checked="" type="checkbox"/>	Has ? <input checked="" type="checkbox"/> Date : <input type="text" value="7/28/2016"/> mm/dd/yyyy	Part C	Title VI grantees are required to submit the Program Progress Reports annually.
T6NS	<a href="#">View</a> / <a href="#">Edit</a>	<input checked="" type="checkbox"/>	Has ? <input checked="" type="checkbox"/> Date : <input type="text" value="7/28/2016"/> mm/dd/yyyy	Part A/B	Title VI grantees are required to submit the Program Progress Reports annually.

Click here to submit completed reports

## Server Error

### **404 - File or directory not found.**

The resource you are looking for might have been removed, had its name changed, or is temporarily unavailable.

**What is this?  
Did my reports go through online?  
Should I worry about it?**



# Problems with PPRs

- ❑ Timeliness of submission
- ❑ Accuracy of data: numbers are
  - ~ Not reasonable: i.e. more elders than service provided.
  - ~ Not accurate: huge spike or decrease of participants and/or units of service provided with no explanation:
    - NOTE:** If your number of clients or your total meals served varies more than 10% between 2015 and 2016, call ACL regional staff.
  - ~ Not comparable to application.
  - ~ Missing.

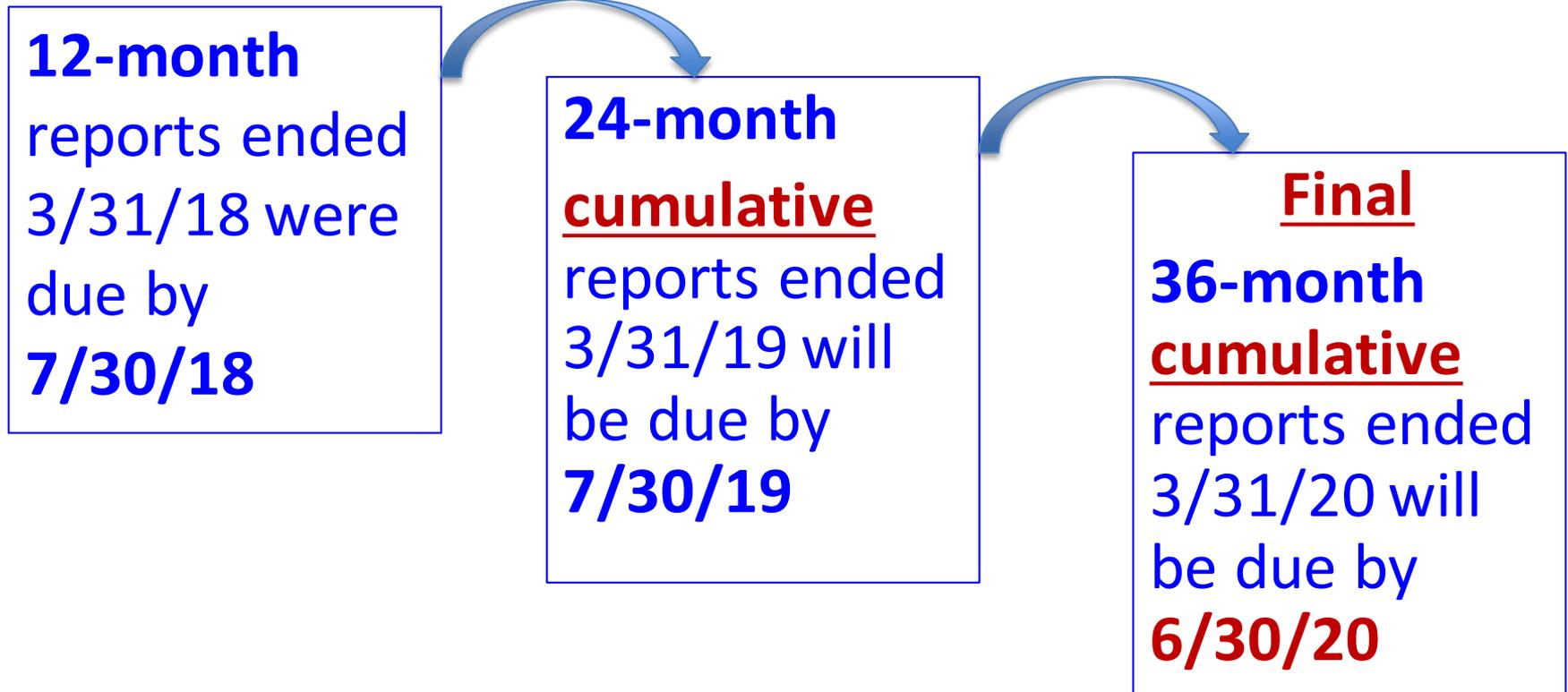
# SF425



# Reporting Timeline

## Financial Status Report

Separate Federal Financial Reports (SF-425s) for Parts A, B, C and NSIP are due annually.



# Allowable Costs

- Accounting services
- Advisory councils
- Audit services
- Budgeting
- Building lease
- Communication
- Compensation for personnel services
- Employee fringe benefits
- Maintenance and repair
- Material and supplies
- Printing and reproduction
- Procurement services
- Taxes
- Training and education
- Transportation
- Travel

# Unallowable Costs

- Advertising
- Bad debts
- Donation to charity organizations
- Entertainment
- Fines and penalties
- Indirect cost for NSIP grant
- Interest and other financial cost
- Lobbying expenses and financial cost
- Under-recovery of costs under grant agreements

Legend

Report Status

<b>P</b>	Report Pending
<b>W</b>	Report Waived
<b>E</b>	Report Being Edited by Organization
<b>S</b>	Report Submitted; Waiting for Regional Approval
<b>A</b>	Report Approved

Actions

**Submit** Submit a Report

You will see only PPR or SF425 reports depending on setup of your profile.

Reports

Name of your tribe

Upper Skagit Indian Tribe

Grant Number	Report Ending		Year	Forms Completed	Work On	Action
<b>269 Reports</b>						
<b>Grant numbers</b>	3/31/2006	<b>A</b>	2005	3/3		
	3/31/2007	<b>A</b>	2006	3/3		
	3/31/2008	<b>A</b>	2007	3/3		
	3/31/2009	<b>A</b>	2008	3/3		
	3/31/2010	<b>A</b>	2009	3/3		
<b>425 Reports</b>						
<b>Grant numbers</b>	3/31/2011	<b>A</b>	2010	3/3		
	3/31/2012	<b>A</b>	2011	3/3		
	3/31/2013	<b>A</b>	2012	3/3		
	3/31/2014	<b>A</b>	2013	3/3		
	3/31/2015	<b>A</b>	2014	3/3		
	3/31/2016	<b>S</b>	2015	3/3		

S: reports are submitted

**Report Details Instructions:**

1. This page shows you the forms that make up this grant report. You may either View or Edit the report by clicking on the links under the 'Actions' column.
2. Select an action (ie: View/Print, Edit Report) to continue.
3. If you have completed each of the forms that make up this grant report you will see a 'Submit Report' button below. When you are ready you can click this button to submit your grant report.

**Report Information**

Organization Name :

Grant Number :

Address :

City :

State :

Zip Code :

Type : 425

Generated by ACL

**Forms to Complete This Report**

When ALL reports are completed please be sure to click the **Submit Report** button below.

Form	Actions	Completed	Has ?	Part	Description
NSIP	<a href="#">View</a> / <a href="#">Edit</a>	<input type="checkbox"/>	Has ? <input type="checkbox"/> Date : <input type="text"/> mm/dd/yyyy	NSIP	As of March 1, 2011, Title VI grantees will use the Federal Financial Reports (SF-425) for annual expenditure reporting.
T6CG	<a href="#">View</a> / <a href="#">Edit</a>	<input type="checkbox"/>	Has ? <input type="checkbox"/> Date : <input type="text"/> mm/dd/yyyy	Part C	As of March 1, 2011, Title VI grantees will use the Federal Financial Reports (SF-425) for annual expenditure reporting.
T6NS	<a href="#">View</a> / <a href="#">Edit</a>	<input type="checkbox"/>	Has ? <input type="checkbox"/> Date : <input type="text"/> mm/dd/yyyy	Part A/B	As of March 1, 2011, Title VI grantees will use the Federal Financial Reports (SF-425) for annual expenditure reporting.

Update Has Report Status

**Sections 1-9: General Information**

1.	Fed Agency/Organization That Report is Submitted To	U.S. Administration on Aging	
2.	Federal Grant Number		
3.	Recipient Organization		
4.	DUNS Number		
4.	Employer Identification Number		
5.	Recipient Account Number or Identifying Number		
6.	Final Report	425	
7.	Basis	<input checked="" type="radio"/> Cash	<input type="radio"/> Accrual
8.	Report For Year	2015	

Event though this amount is generated by system, please compare this cumulative amount with Notices of Awards - make correction if needed.

Enter cumulative federal share of expenditures (direct and indirect expenses). Do not include any tribal funds or program income.

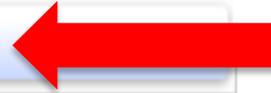
No match requirement for Title VI grants but feel free to enter tribal funds on 10j.

Program income and voluntary contributions are used to expand Title VI programs and must be fully expended in final report.

**Sections 10: Transactions (cumulative for the project period)**

Federal Expenditures and Unobligated Balance:		Totals
d.	Total Federal funds authorized	14130.00
e.	Federal share of expenditures	0.00
f.	Federal share of unliquidated obligations.	0.00
g.	Total Federal share (line e + f)	0.00
h.	Unobligated balance of Federal Funds (line d - g)	14130.00
Recipient Share:		
i.	Total recipient share required	0.00
j.	Recipient share of expenditures	0.00
k.	Remaining recipient share to be provided (line i - j)	0.00
Program Income:		
l.	Total Federal program income earned	0.00
m.	Program Income Expended in Accordance With the Deduction Alternative	0.00
n.	Program Income Expended in Accordance with the Addition Alternative	0.00
o.	Unexpended program income (line l - ((line m or line n))	0.00

**Section 11: Indirect Expenses (Not applicable for the NSIP grant)**



a.	Type of Rate	Provisional <input type="radio"/>
		Predetermined <input type="radio"/>
		Final <input type="radio"/>
		Fixed <input type="radio"/>
b.	Rate	<input type="text"/> %
c.	Period From/To	From: <input type="text"/> To: <input type="text"/>
d.	Base	<input type="text"/>
e.	Amount Charged (b x d)	<input type="text"/>
f.	Federal Share	<input type="text"/>

**No indirect cost is allowed for NSIP grant**

If you have more than one approved Indirect Cost Plan for the duration of 3-year project period, enter Itemized rate, period, base and amount charged under "Remark."

**12. Remarks**

### 13. Certification

\* Report Completed By :

\* Phone Number :

Email :

Enter contact name, phone number and email

Date Report Submitted :

Press this button if you wish to save your work on the report but have not completed it yet.

Save Report

Save the report for future review/edit

If you have completed the report press this button.

Complete Report

Click here if this report is completed and is ready for submission

***After all reports are completed, click "Submit" button***

**Report Details Instructions:**

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Please choose from the following available report options below.

**Report Information**

Organization Name :

Grant Number :

Address :

City :

State :

Zip Code :

Type :

**Forms to Complete This Report**

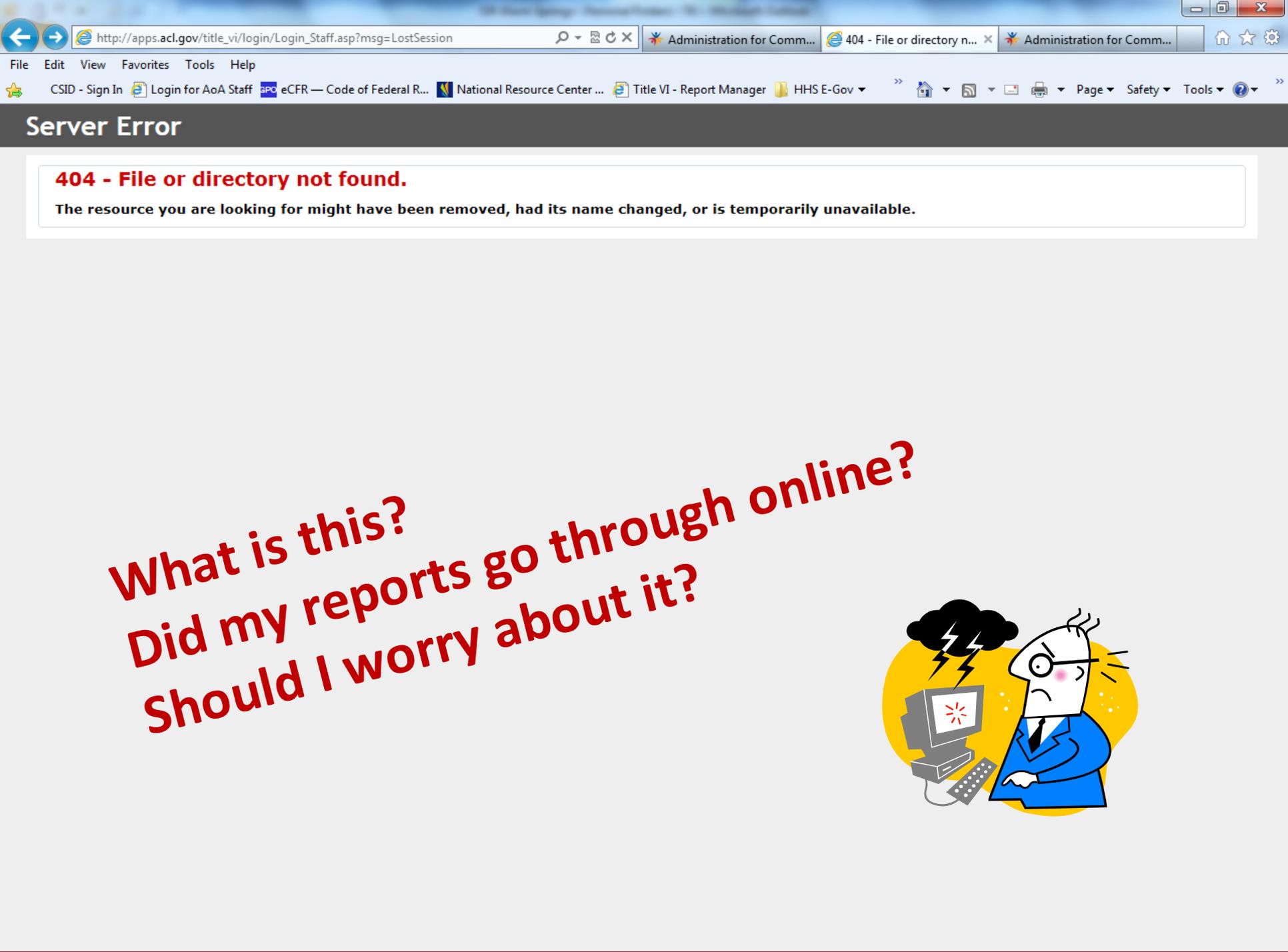
When ALL reports are completed please be sure to click the **Submit Report** button below.

Form	Actions	Completed	Has ?	Part	Description
T6CG	<a href="#">View</a> / <a href="#">Edit</a>	<input checked="" type="checkbox"/>	Has ? <input checked="" type="checkbox"/> Date : <input type="text" value="7/28/2016"/> mm/dd/yyyy	Part C	Title VI grantees are required to submit the Program Progress Reports annually.
T6NS	<a href="#">View</a> / <a href="#">Edit</a>	<input checked="" type="checkbox"/>	Has ? <input checked="" type="checkbox"/> Date : <input type="text" value="7/28/2016"/> mm/dd/yyyy	Part A/B	Title VI grantees are required to submit the Program Progress Reports annually.

Update Has Report Status

**Submit Report**

Click here to submit completed reports



## Server Error

**404 - File or directory not found.**  
The resource you are looking for might have been removed, had its name changed, or is temporarily unavailable.

**What is this?  
Did my reports go through online?  
Should I worry about it?**

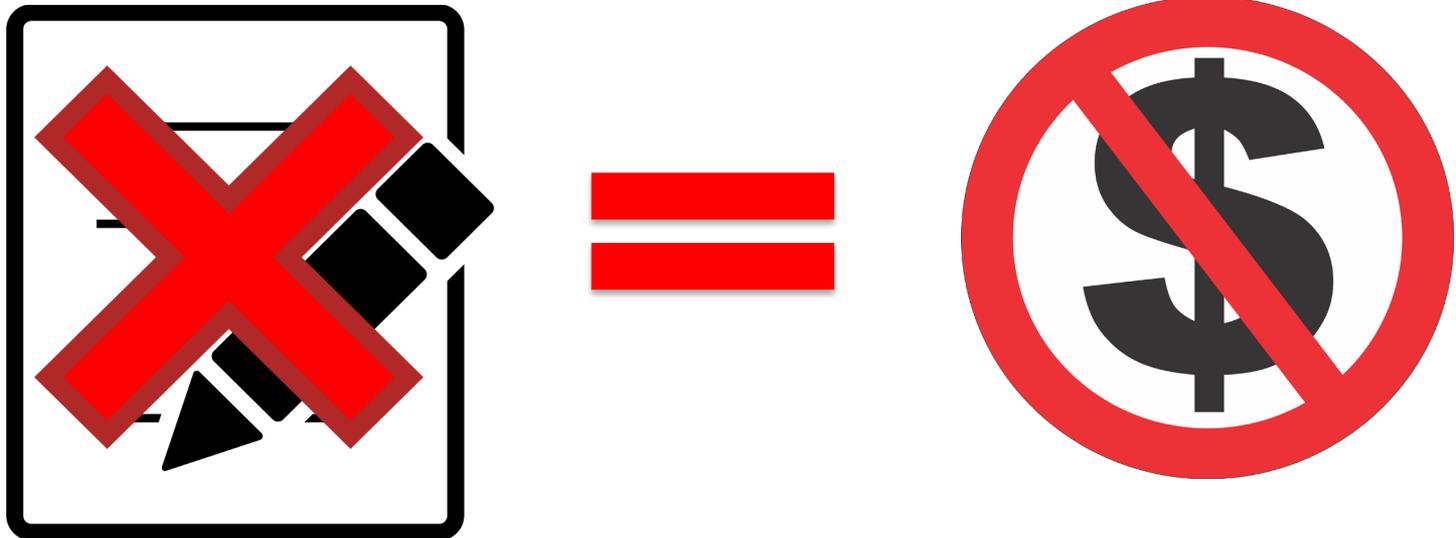


# Common Errors – Financial Reports

- SF425s for 2<sup>nd</sup> and 3<sup>rd</sup> years are not cumulative as instructed in Notice of Award
- Indirect cost is charged against NSIP award (see Terms and Conditions #10 in 2015 Notice of Award)
- Final AoA SF425 and Payment Management System (PMS) reports do not match
- Reports are late or missing

# Consequence of Delinquent Reports

- Reduction in NSIP award
- Suspension of grant awards



# Payment Management System (PMS)



# Welcome

Payment Management System (PMS) is a one-stop shop for grant recipients. PSC is committed to improving the quality of our solutions for our customers. Please note, our Web address has changed to <https://pms.psc.gov>.

[Learn More About Us](#) >

**New look: <https://pms.psc.gov>**

### Secure PMS Login

Username:

Password:

I agree to the [Government terms of use](#)

[Reset Password](#) | [Operating Hours](#) | [Request Access](#)

## Grant Recipients

The Payment Management System (PMS) is a tool to help grant recipients draw down funds and file the Federal Financial Report (FFR). Primary responsibilities include: Executing awards; Maintaining minimum federal cash on hand by requesting funds from the Payment Management System only for immediate disbursement (3 business days) and reimbursement unless otherwise specified in your Notice of Award; Reporting cash disbursements to the Payment Management System and Maintaining your accounting records.



[Find your PMS Liaison Accountant](#)



[Request Access to PMS](#)



[Change User Access](#)

**SYSTEM CRITICAL!**

---

**4/4/2018 - System Maintenance**  
 The Payment Management System will be unavailable on Saturday April 8, 2018 for system maintenance. We apologize for any inconvenience this may cause.

**BUSINESS INFORMATION**

# Payment Management System (PMS)

- PMS is a full service centralized grants payment and cash management system. The system is fully automated to receive payment requests, edit them for accuracy and content, transmit the payment to either the Federal Reserve Bank or the U.S. Treasury for deposit into the grantee's bank account, and record the payment transactions and corresponding disbursements to the appropriate account(s).
- Helpdesk: 1-877-614-5533 (Monday to Friday: 7A – 9P Eastern Time except Federal holidays).
- ACL does not own or maintain PMS.

# Soon-to-Expire 2013 Awards

[1/3/2018 - CANCELLATION: 2013 Fixed Year Funds Will Cancel on September 30, 2018](#)

Awards funded using a 2013 fixed appropriation will cancel on September 30, 2018. Undrawn award funding issued from 2013 fixed appropriation account funds will no longer be available for program expenditures, obligations or payment requests in the Payment Management System.

## What Should You Do for 2013 Closeout?

- You might receive email notification from ACL Regional Office regarding 2013 grant discrepancies between PMS drawdown with expenditure reported in ACL SF425 and PMS Cash Transaction Report.
- Review all expiring award documents in your PMS account to ensure that all disbursements have been reported on FFR-Cash Transaction Report.
  - Request funds from PMS if your expenditure is more than current drawdown; or
  - Return excessive drawdown if your drawdown is more than reported expenditure.
- Your last opportunity to report disbursements on the 2013 fixed appropriation awards is September 30, 2018 FFR Cash Transaction Report.
- Your prompt action is needed!

# PMS Drawdown Process

- HHS/Program Support Center (PSC) implemented a policy starting 8/1/2013 on the payments to grantees based on OMB and Congressional interest in unliquidated and unobligated funds being returned to the U.S. Treasury as soon as possible.
- PMS defined an “expired award” 90 days after the program end date as noted in the PMS system. Any draws made after this 90-day period has to be approved by the Grants Office.
- Due to this process, grantees would expect a 24 to 48 hours delay drawing from an “expired award.”

# ACL and PMS Financial Reports

ACL	PMS
<b>Annual</b> SF425s are due on 7/30; final 3-year SF425s are due on 6/30	<b>Quarter</b> FCTRs are due on 4/30, 7/31, 10/31 and 12/31
Final ACL SF425 should match PMS Federal Cash Transaction Report (FCTR) and drawdown	PMS expenditures and drawdown should match final ACL SF425
Completed SF425s can be submitted to: <ul style="list-style-type: none"><li>• <a href="https://apps.acl.gov/aoa-tvi/title_vi/Login/Login_Tribe.asp">https://apps.acl.gov/aoa-tvi/title_vi/Login/Login_Tribe.asp</a>;</li><li>or</li><li>• As email attachment to ACL regional staff</li></ul>	Online submission to: <a href="https://pms.psc.gov/">https://pms.psc.gov/</a>



## Reminders

- Have you submitted 2017 reports ended 3/31/18?
  - PPRs: due by 6/30/18
  - SF425s: due by 7/30/18
- Do you know 2018 MIPPA grant application will be cutoff by 11:59 p.m. Eastern Time on Friday, 8/17/18? If you haven't done so, there is still time to submit your application to [MIPPA.grants@acl.hhs.gov](mailto:MIPPA.grants@acl.hhs.gov).

# Resources

- <https://www.acl.gov>
- <https://olderindians.acl.gov>
- <https://pms.psc.gov>



## ***It Takes A Village!***

- Keep constant communication between Title VI director/staff and fiscal staff
  - Know status of your grant awards and expenditure
  - Funds are drawn from PMS; and, quarterly FCTRs are submitted to PMS timely
  - Ensure all awards are fully spent by end of 3-year project period
  - Submit both PPR and SF425 timely
- Keep in touch with your ACL Program Specialist and/or ACL Fiscal Specialist

# ACL Regional Contacts (Continued)

Project Officer	Fiscal Specialist	# of Grants
<b>Rhonda Schwartz (CT, MA, ME, RI, NY)</b> Email: <a href="mailto:rhonda.schwartz@acl.hhs.gov">rhonda.schwartz@acl.hhs.gov</a> Phone: 617-565-1165	<b>Damian Francis</b> Email: <a href="mailto:Damian.Francis@acl.hhs.gov">Damian.Francis@acl.hhs.gov</a> Phone: 212-264-4343	12 Part A 9 Part C 12 NSIP
<b>Joyce Robinson-Wright (AL, MS, NC, SC)</b> Email: <a href="mailto:joyce.robinson-wright@acl.hhs.gov">joyce.robinson-wright@acl.hhs.gov</a> Phone: 404-562-7594	<b>Dorothy Smith</b> Email: <a href="mailto:dorothy.smith@acl.hhs.gov">dorothy.smith@acl.hhs.gov</a> Phone: 404-562-7595	4 Part A 4 Part C 4 NSIP
<b>Lacey Boven (IA, KS, MI, MN, MO, NE, WI)</b> Email: <a href="mailto:lacey.boven@acl.hhs.gov">lacey.boven@acl.hhs.gov</a> Phone: 312-938-9856	<b>Alice Kelsey</b> Email: <a href="mailto:alice.kelsey@acl.hhs.gov">alice.kelsey@acl.hhs.gov</a> Phone: 312-938-9860	36 Part A 31 Part C 36 NSIP
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