

**Title VI Webinar
April 11, 2018
2017 Title VI PPR**

Speaker: Fong Yee, Administration for Community Living

Operator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During the question-and-answer session, please press star 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now, I'd like to turn the meeting over to Tara Nokelby. Thank you. You may begin.

Tara Nokelby: Thank you. Good afternoon and thank you for joining us today. My name is Tara Nokelby, and I will be facilitating your webinar. Today's webinar will be on the 2017 Title VI PPR, the current format from our speaker Fong Yee with the Administration for Community Living. If time allows, there will be a question-and-answer session at the end of the presentation. At that time, you can press star 1 to open up your phone lines. This presentation will also be recorded and posted on OlderIndians at a later date. If you would like the presentation to be sent to you, please put your email address in the chat box on WebEx. And, at this time, I will turn it over to our speaker Fong.

Fong Yee: Thank you Tara. This is Fong Yee of ACL Region 9. I just want to make sure everybody is able to look at the PowerPoint on your screen. As Tara said, in case you need a copy of this PowerPoint, please put your email address in the chat box and then we will send it to you. Otherwise, you can wait until this recorded section and the PowerPoint document to be posted on the OlderIndians.acl.gov website. Now, we are going to slide number 2, and this is a map of the 2017 - 2020 Title VI grantees. They are altogether 269 Part A Title VI grantees, and then 1 Part B grantee, and 237 of Part C grantees. So, slide number 3 shows the total numbers of the regional offices who have all these grantees. So, altogether it's 270 Part A and 237 for Part C. Slide number 4 is "What is the eligibility requirements for the Title VI grant?" For Part A, the Native American program. So, your tribe must be federally recognized. You have to represent at least 50 individuals who are 60 years of age or older, and you have to demonstrate the ability to deliver supportive services, including nutrition services. The Part B is only for the Native Hawaiians and it is awarded to a public or non-profit private organization who has the capacity to provide services to the native Hawaiians and also represent at least 50 individuals who are 60 years of age or older, and also demonstrate the ability to deliver supportive services, including nutrition services. For the Part C, you have to have either Part A or Part B in order to be qualified to apply for the Part C grant.

The next slide shows what kind of services the Title VI grantees have to provide. For Parts A and B, you have to provide both nutrition services and supportive services. For the Part C, there are 5 categories that the grantees have to provide unless some of those categories or services are provided by the other organizations. For example, like a tribal organization, like provided by the IHS or by your clinic office or by your state unit on aging or the local area agency on aging. So, these 5 categories are Information Assistance, Training and Counseling, Support Groups, Respite Care, and Supplemental Services. I will talk about those in more detail in the coming slides.

Okay, so, now we are talking about slide number 7. Excuse me. I think I missed one slide. So, slide number 6. "How awards are determined." So, the Title VI Part A and Part C awards are based on the numbers of eligible elders in your service areas. For the [unintelligible] awards, they are based on three elements. For those who checked on my previous training, you know they are based on what we get from the Congress, the total appropriation for the [unintelligible]. Second, is the numbers of total meal counts submitted by the states and the tribal grantees. So, this will be a huge pot of meal counts. And the last element, and the third one, is the numbers of meal counts from your previous year's program performance report. And this is very important, and if you are on Tara's distribution list, you should have received acl/aoa weekly update and Cynthia wrote in last week's update that you have to pay close attention to the meal counts. If there is a variance, a difference more than 10% between your two-year meal count numbers, you have to find out the reason and you have to let ACL know why you have, for example, you have a big increase of your unduplicated elders participated in your program, but your meal counts dropped dramatically. So, you have to know the reason why because the meal counts are very important because it will determine your NFIP award in the coming year. So, I advise you to make sure your numbers are accurate and also your PPR is submitted timely.

Now, this one talks about the FY 2018 awards. So, you know the 2018 omnibus bill was signed March 23rd, 2018. However, after the bill is signed the funds do not come to ACL right away because we have to wait until the Office of Management and Budget to apportion the funds to HHS and then down to ACL. HHS is our parent department and it will come down to the ACL and the OMB, Office of Management and Budget has up to 30 days to do so. So, on April 1st we already released about 25% of the 2018 Title VI Part A, Part B, and Part C funds to our Title VI grantees. So, where is the remaining money? We are working as fast as we can, and we are going to release the money possibly in the next week.

We are moving on to the next slide. This shows the Part A funding of all the Title VI Part A grantees are funded based on the numbers of elders who are 60 and over in your service area. So, in this table, the last column shows the funding band roughly 25% of the 2018 funding level. So, it seems like a little bit less than the entire 2017 funding band. Yes, it looks like that, but we will wait until we have all the ducks in a row. Then, you will know what the total 2018 funding bands will be. And the next slide will tell you about the Part C funding bands and also the 2018 funding band is roughly about 25% of the funding level of 2018. But now we are going on to slide number 10. You will see that the date of release of this fund was April 1st, 2017 and the sequence number is 2017-1. That is the first notice of award for 2017. And you see the grant award number, usually you don't know what that stands for, so I break it down for you. So, you will see the first two digits is for the fiscal year, and the next two numbers are the award number. That is particular for you, and the XX stands for the abbreviation of your state. And if the last four digits are T6NS, that stands for the Part A service. T6CG is for your caregivers' program. NFIT is the nutrition services incentive program for tribes. And under that I have a box circled with the budget period and also the project period. This is a three-year project period starting April 1st, 2017 through March 31st, 2020. For the funding purposes, we break up these three years into three budget periods, and since this is the first year, so the budget period has the same period covered as your projects period. So, the other box is the EIN number. EIN number stands for employer identification number. If you look at your actual EIN number, it has only 9 digits. However, when we enter the grant awards into the payment management system it has 12 digits.

So, in order to be creative to fit into that 12-digit slot, we put a 1 in front of your actual EIN number and we put a A1--not the steak sauce okay--but this is just to make up the 12 digits as required in the payment management system. And the box below is award action. As I said, this is the first notice of award. So, this is the award for this action and the cumulative award is the same as the award for this action because this is the first award of the three-year project period. And then, on June 22nd, 2017 we released the remaining of the 2017 award. So, the sequence of this award is 2017-2. However, the award for the one dated June 22nd, 2017 was \$54,100. It was more than the previous April 1st award. It is a little bit more than that one. And the previous one plus this \$54,000 equals to cumulative grant from April 1st until June 22nd. The \$107,430 equals to your first award plus this current award.

And this year we have the same situation as past years because we did not receive the entire year budget. So, we only released about 25% of the 2018 award and the award was dated April 1st, 2018. The sequence is 2018-1, and now you can tell from the budget period instead of April 1st, 2017. Now, the budget period started April 1st, 2018 with the same ending date, March 31st, 2018. The 25% roughly level of 2018 award was \$26,512 for this particular grantee and the cumulative grant award to date was your sequence 2017-1, 2017-2 plus the 2018-1. So, this is your total cumulative award as of today. However, I know that some of the grantees would not look beyond the award number. But I strongly recommend you look at the terms and conditions and remarks below the awarding amount. So, I would like to bring attention to the terms and conditions. Item number 4, it already spells out that the program performance report, the PPR, is required and due annually. So, you just need your annual report from April 1st to March 31st next year. And they are due by June 30th. Please, don't be late. I cannot emphasize the timely submission of the accurate PPRs because that will affect your NSIP award next year. And item number 5 under Terms and Conditions talks about the SF425. SF425 stands for Standard Form 425. And that is across the board fiscal or financial status report, and they are due by July 30th of next year. So, now we are at the end of the first year, March 31st, 2017. So, your SF425's are due by July 30th, 2018. And then your 2018 425's, which will be due July 30th, 2019. Since this is considered as the supplemental award to the 2017 award, so when you submit your second and third year SF425's, you have to submit the cumulative 425's. That means all the expenditures should be cumulative. However, I want to emphasize again your PPR is only for 12 months starting from April 1 to March 31st next year because we use that number to the meal counts in the report to calculate your NSIP award.

And also, continuation of the notice of award and under remarks, number one. This already explains why the low level of your 2018 awards because this represents about 25% of your 2018 funding. And if you have any questions regarding your whole grant or your fiscal or you have anything that you would like to know about the Part A and Part B and Part C. So, you can contact the ACL regional staff. So, that notice of award on the second page before the signatures, we list who is responsible to help you on your program issues. That is Shelly, my colleague. She is responsible for Region 10. And the next one is your fiscal specialist who will answer the fiscal issues you may have. Since we have not released any 2017 NSIP money, so I used 2017 as a sample. So, I highlighted that the NSIP money is only used to purchase food. You cannot use for any other things. You cannot pay your staff. You cannot use it for anything, just to purchase food. And the NSIP meal counts also spelled out under Terms and Conditions number 8. You have to meet one third of the dietary reference intake and also this meal has to be provided to the

[unintelligible] as listed in the Older Americans Act. You cannot do [unintelligible]. The meal count cannot be [unintelligible]. And also, you have to provide the opportunities for your participants to make a voluntary contribution as well as the meal can only be reported once either by the state unit on aging or by the Title VI. You cannot be reporting those meal counts in both programs.

Okay now, we are going to the boring part, which is the reports [unintelligible] and definitions. Now, first of all, we are talking about Part A and Part B. First of all, we will talk about what is an eligible person. That person has to be an Indian elder, the spouse of an Indian elder who can be of any age. The spouse need not to be 60 and over, any individuals who provide voluntary services for the Title VI program and also the non-elderly person with disability who resides at home with the elder and accompanies the elder to the meal site or for the home-delivered meals that non-elderly person with disabilities will live in the housing facilities primarily occupied by the elder. Okay, so, in the past I just show like two slides with very simple purpose that, for example, the congregant meal. What is considered one meal? Now, I would like you to pay attention to this more-detailed definition of the unit of a service. Definition of service. It will take me some time to go over all this. So, what is considered as congregant meal? A meal provided to an eligible person--so, we already talked about who is eligible in the previous slide--at a nutrition site, senior center, or other congregant group setting for the grant year April 1 to March 31st. And again, the meal has to meet all the requirements of the Older Americans Act. So, one meal is considered as one unit of service. Home-delivered meals is also one meal as one service, but those meals must be provided to an elderly, eligible person in their place of residence for the grant period April 1 to March 31. So, Nutrition Education is one hour considered as one unit of service. What is Nutrition Education? So, this is to promote better health by providing accurate and culturally-sensitive nutrition, physical fitness or nutrition-related information and instruction to participants, caregivers, or both in a group or individual setting overseen by a dietitian--that is the key word--or individual of comparable expertise. Nutrition counseling one hour is considered as one unit of service and that counseling is to provide individualized advice and guidance to individuals who are at nutrition risk. And this counseling service is also performed by a registered dietitian or other health professional to address options and methods for improving nutrition status.

Okay, this is to continue on the report data, units, and definitions. So, information and referral. One contact is one unit of service. And what is information and referral? That is a service that provides individuals with information of available services within the communities. Also, link the individual to that service or opportunities as well as, if possible, you establish follow-up procedures to see if the person has been referred and received the required services or not. Outreach, one event is one unit of service. So, outreach is to conduct public outreach activities and provide information directed at individuals and groups to encourage potential elders or caregivers to use the available services and benefits that already exist, and that can be held at the booth, at the health fair, public announcements, public presentations, newsletters, etc.

So, what is case management? Case management [unintelligible] include assessing needs, developing care plans, and authorize and coordinate services among providers and also provide follow-up and re-assessment as needed. So, one hour of case management is one unit of service. Transportation is to transport the participants from one location to another that does not include

any other activity. And one one-way trip is considered as one unit of service. And there are questions in the past in case you are transporting three participants and that is considered as three one-way trips. So, legal services. Legal services include legal advice, counseling, and representation by an attorney, very serious business, or other person acting under the supervision of an attorney. One hour of legal service equals to one unit of service. Homemaking services are to assist the elders, like prepare meals at home, to do some grocery shopping or shopping for personal items, managing money just assist them to write a check and then pay bills, use the telephone, or doing light housework. And one hour of this light work is considered as one unit. Personal care and home health aide service, and this is to provide assistance with eating, dressing, bathing, toileting, transferring in and out of bed, chair, or walking, and also provide some very simple task like checking the blood pressure or checking the blood sugar, and assistance with personal care, as well as cleaning and maintaining the house, managing money, preparing meals, etc. This almost similar to the homemaking services, but this is more health related. And one hour equals one unit of service. Chore service. This is doing some heavy lifting work, including doing yard work or sidewalk maintenance, etc., etc. And this activity does not need someone of a trained homemaker or other specialist to do what the elders cannot perform because it is too heavy for them to chop the wood or do mowing of the lawn, etc. One hour considered as one unit of service. So, visiting is for the workers to go check on the elder, to chat with them so to reduce dysfunctional isolation and do a wellness check to see if the elder needs anything or to comfort or help in reading or writing a letter, etc. And this may include visiting a person at home or at nursing home setting or assisted living facility. So, one contact is one unit of service. Telephoning, that is to call to check on the elders or to comfort the elder, so one contact is one unit of service. Family support is to comfort the family members or check on the family members who care for the elder and go over or discuss the elder's situation. One contact is one unit of service. Ombudsman, and understand that's not too many tribal grantees have nursing home or other institutional facilities in your tribal land, so this service is to investigate and resolve complaints made by or for the older Indians residing in those long-term care facilities. However, that ombudsman service must be performed by someone who is certified by the state. I usually don't see any tribe put down any unit of service in your report. So, one contact is one unit of service.

Okay. So, health promotion and wellness. So, this includes activities to improve the mental and fiscal health of elders, including walk in groups, exercise classes, other types of recreation and health education classes on healthcare. So, if that is a group activity, that is one hour per person. If you just do one-on-one and then that is one hour. And others, this is only some activities that you might provide, like assessment--that is, you collect necessary information about a client to determine what the needs the client would or if they are eligible for a service. So, you collect this information and then do maybe a follow-up as well, and that is one contact is one unit of service. Escort service is one contact to accompany and personally assist a client to obtain a service, like go with them to the Social Security office to apply for Social Security benefits or obtain other information. Public information. This is in writing, reproducing, and mailing a program newsletter, writing a newspaper column, or provide a radio/television interview. So, email us so that we can watch you on TV, okay? So, one hour of preparation in one unit of service.

Sorry, I have to read all this because I do not want to make any error on this reading. So, Part C. Now, this is the definition for a caregiver. So, that is--please remember for our program--the

caregiver is an informal provider of in-home and community care to an older individual. And informal means that person will not get any payment, that they just provide services and care for the elders. And parents or other older relative caregiver of a child is a grandparent, step-grandparent or other relative of a child, by blood or marriage. And that grandparent or older relative caregiver must be 55 years or older and live with the child, and if the primary caregiver of the child, as well as may either have a legal relationship to the child, like a legal custodian or guardian, and is raising the child informally. Now, this is a more-detailed definition of the five categories that we talked about. The information this is also similar to the Part A, Part B definition. Information is public and media activity that will provide information to the caregivers about available services and that can be done in person, active presentation to the public, like in a booth, exhibits at a fair, conference, do a webinar just like what I'm doing or some other public event. So, one activity is one unit of service.

Assistant and similar to the Part A. This service is to provide the individual with information that there are available services in their community and help the caregivers to assess the problems of the individual, link the individual to available services and make sure to have a follow-up procedure that the elders or the caregivers receive the services as needs. And this is one contact as one unit of service. And counseling. This is to support the caregivers so that they can make the decisions and also resolve the problems related to their caregiver roles. And counselors are--okay, very important--degreed service providers trained to work with older adults and families to address complex problems related to caregivers' roles. And this can be provided to the individuals building their support groups, as well as the caregiver's training. So, one hour of counseling is one unit of service. The support group. This is led by an individual, a moderator, or professional to facilitate caregivers to discuss their common experiences and concerns and to develop a mutual support system and usually the support groups are held at a regular scheduled basis and may be conducted in-person, over the phone, or online. And the support group would not include caregiver education or training group because this is only to support. This is not training at all. Or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator. So, one hour per person in attendance of the support group.

Caregivers training. And this one is to provide family caregivers with instructions to improve the knowledge and performance of specific skills relating to their caregiving roles and responsibilities. And the skills may include activities related to health, nutrition, and financial management, providing personal care and communicating with healthcare providers and other family members. And this is one hour equals to one unit of service. And it can be conducted in person, online, or you can provide it in individual or in a group setting. And supplemental service. And this service can only be provided on a limited basis to caregivers, such as elders, children, adults. But the disabilities [unintelligible] etc. For example, for the supplemental services included, but not limited to lending closets, chair lifts, emergency response systems, incontinuous supplies, home modification, school supplies, etc. So, one person is one unit of service.

We have lots of questions raised about respite. And respite means services to offer temporary and substitute supports or living arrangements for care recipients in order to provide a brief period of relief, of rest for the caregivers. Again, this is for the caregivers only, and the respite care can include in-home respite. So, that means someone will come to help to do personal care,

homemaking, and other in-home respite so the caregivers can have some time to rest. And also respite can be provided to place the elders at a senior center or other residential program, as well as place the elders at an institutional setting, such as a nursing home for a short period of time as a respite service to the caregiver. And for the grandparents caring for grandkids, the summer camps. Please make a note, respite care is for caregivers only. It's very, very important. And we will go over in more detail next week during the FS425 what's allowable, what is not.

Okay. So, now let us go on to the Program Performance Report. I have only 15 minutes left. So, I have to rush. For the reporting timeline. I already emphasized that the reports, the accurate reports was correct meal counts, okay, are counted for 12 months from April 1 until March 31st next year, and they are due annually. And the due date is June 30th. Please follow the due date. Make sure you submit it timely with accurate reports. And for the report submission, we strongly recommend our grantees to submit the reports online. If you need help, if you like you are new to the program or your tribe never had any access to our online reporting system, contact my colleague Cecelia Aldridge and Lacey Vaughan of our D.C. office and Chicago office. They can help you to set up the profile. However, keep in mind ACL only allows two access, one is to complete and submit PPRs and one to complete and submit financial reports. Your tribe can assign one person to do both or have two different staff performing different roles. However, we cannot grant a third access. So, you have to let us know which staff you want to remove in order for us to create a new profile and then your new staff would have access to our reporting system. So, in case you forget your id or password to that online reporting system, contact the ACL regional staff. Also, you cannot complete reports online because you don't have access or for whatever reason, you are welcome to complete a paper report and then scan it, send to the regional staff or fax to us. We will be able to enter those reports online on your behalf. So, this is the online reporting system link, and also the report is open for submission of the 2017 reports ended March 31st. Oh, gee. I made a mistake. The reports end March 31st, 2018 here. My apologies. So, once you log in, you will come to this page and, again, what I am going to present for the PPRs are based on the current format because the new format has to go through the approval process by the Office of Management and Budget, and it might take some time to be up and running. So, once you get onto this main page, it will show the name of your tribe and then once you click on the sign, then you will be able to see the reports. However, I want to bring your attention to the reports status. There are 5 status indications. One is the report is pending. That means no one has ever entered a report to look at it. [unintelligible] is reports waved. This does not apply. We will not grant any approvals to waive report submission. E, once you go into your report, you put in some data and you decided, "No, I will save this report because I'm not quite sure about the other numbers." So, the status will change to E. That means you added it, but it's not complete. And S stands for report submitted and waiting for ACL approval. And A is report approved. For the last two status indications, the S and A, submitted and approved, once you see your report are in those two status indications, that means you are unable to make any change to the report you submitted.

So, once you click on the plus sign to see a report, it depends on your profile set up. You will either see SF425 report or PPR. If you are that fortunate guy or girl, then you will see both. You see those are two P status pending because this is the 2017 report ended March 31st, 2018. So, this grantee did not go into the report to look at it or enter any number. But that's why it shows P, pending for action. So, now let us move on to PPR for Part A. Make sure you choose the edit

button. Otherwise, you can enter numbers, but you cannot save if you choose the view button. So, once you go in, some information already generated for you. And what if considered as full-time staff, that is for a staff who works 35 hours per week or more. That is considered as full time. And anyone who works less than 35 hours per week, that person is considered as part-time. Right here again, we emphasize the importance of your understanding of how to count the unduplicated numbers of participants, and those persons, even though they receive like one meal per year at the congregant site, that person is considered as one. However, that person comes to eat two hundred times at your congregant site, that person still counts as one because it is the same person and regardless of how many meals that person receives in one year, he is still Mr. A, one person. And same as the home-delivered meals. We also highlighted here to tell you what is the eligibility, explanation of what it is the unduplicated count of that person. And I'm not going through all this because we already went through each unit of services in more details. If you understand me, now we are going on to the Part C, which is the PPR. And this is the same situation as Part A. Again, make sure you click edit instead of view button. So, here again unduplicated number. That is the number of participants. So, we got lists of how many services that person received under each category in one year. That person can still be counted as one for that year.

And for this sections C and D, you are going to put down some explanation, but do not make it very long because it can only accommodate up to 3,000 keystrokes as of now. If you have anything to talk to us, enter in the remark here. And also, for your Part A PPR, if you have a variance of your meal counts more than 10%, you can also put it down in your Part A remark telling us why there is such a big variance. Okay, so, number 13 is certification. This one is for you to put down not your tribal chair's contact information. We would like to know if we have any questions, whom we can contact. When we call the tribal chair, he might say, "Huh, what are you talking about?" So, just put down the person who completed this report and has knowledge of the numbers and can answer our questions if needed. And down here there are two buttons. One is save report. That means you are not sure if you are finished or not. You might want to double check the numbers you submitted, so you just click save reports, so you can go back to revise it, update it at a later date. And complete report. You say, "What the heck. I'm done. I'm so tired of completing this report. I will just say complete." And then once you are done, click complete report. And now, you will see check marks here saying completed. Both reports are completed and then, all of a sudden, there is a submit report button show up, so you can click and submit the report and the status will change from E to S. That means you submitted the report. So, once you click submit, it might come up to this. What is this? Oh, no. Did my reports go through? I spent an hour doing this. Sorry, this says the timeout signal. So, whenever you do your report, make sure you save. You click the save button like every 10-15 minutes so at least if it comes there to this, you at least save some data. You don't have to start from scratch.

Okay, so this is the problem with your PPRs. Reports are late, the numbers are incorrect. They are not reasonable. Let's say you have 10 elders, but you provided 10,000 meals in one year. We will say, "How? Is that reasonable?" And, "Not accurate." You have reduced elders. Some elders moved out. But all of a sudden your meal counts jumped maybe double. So, we will ask you why. And again, the note here is if you find out that your number of clients or your total meals served varied more than 10% between 2015 and 2016, call ACL regional office, put a remark in your PPR remark box, so we will have it as a documentation. We would rather have you put it in

that remark in your own wording. And also, the numbers are not comparable to your application and numbers are missing. So, you may say what the heck, okay. I don't want to submit reports. So, in case your reports are delinquent, and we cannot include your meal counts in the NSIP calculation, your NSIP award might be reduced. And also, we can suspend your grant awards. No reports equals no money.

Okay so since time is running out. I don't have time to talk about the payment management system. But I just want to talk to you briefly that PMS is going to close out the 2013 accounts, so maybe in the past few weeks you received emails from ACL regional staff telling you there are discrepancies between your PMS [unintelligible] PMS expenditure and also ACL reports. So, please don't ignore it. Work with the financial office to meet, revise the reports to PMS, to return overdrawn or you can still draw the funds down if your expenditures are more than your drawdown. Again, the last day for you to take action is September 30th. Once PMS closes all the 2013 accounts by that day, then sorry. If you overdraw the funds, then PMS will withhold that amount from your future awards. Please, take action. So, PMS drawdown process it has been implemented since August 2013 and if you run into any issues, contact the ACL regional staff. So, again this is the slide I would like to emphasize. ACL and PMS are two different entities under US Department of Health and Human Services. We have our own reporting requirements and we do not share reports. So, these are the resources, that is the ACL.gov website which you can find the Older Americans Act and other information, olderindians.acl.gov list, the Title VI resource menu. I strongly recommend you download that, do not print because it has more than 200 pages. You just save it on your desktop and then refer to it from time to time. It has from A to Z, everything you know about running the Title VI programs. And the last one is the payment management system website that your fiscal people may be very interested in knowing it.

It takes a village because we know that the Title VI directors and the tribal finance office may not communicate, but please make a change. You reach out to them to make sure you understand where the Title VI money is. Have you fully spent the money? How much is left? Or anything. Make sure you know the status of your funds because that is your program. Also, submit your report timely and make sure all the funds are spent by the end of the three-year project period. If you have any questions, contact us. We can be the bad guy. We can talk to your finance office if needed to. This is a map of our HHS regional offices and this is the regional contacts. The phone numbers are like the main number, and if you would like to contact each of us, this is a slide with all the project offices, the fiscal specialist, with their names, their email addresses, and the phone numbers. That is my last slide. However, I would like to do a commercial because I will be doing another webinar and that one will mainly concentrate, focus on completing the FS425 that is the financial reports. And I will also talk about what am I saying, also also... So, I will talk about the allowable and unallowable costs. So, please invite your fiscal people to sit on the call and Tara will send out the webinar information. Please share. And I strongly recommend that you and your financial people sit on that call. So, Tara, I am done. And I am 3 minutes over. My apologies.

Tara: No worries. Thank you so much, Fong. And like Fong said, I will be sending out a notification right after we get off this call for next week's webinar. So, thank you so much, Fong. Thank you everyone for signing in, and we hope you will sign in next week as well.

Unidentified speaker: Thank you very much. Bye, bye.

Operator: Thank you. This does conclude today's conference. You may disconnect at this time.