

American Recovery & Reinvestment Act
 State of Alabama
October 2009 Monthly Update Form

PLEASE NOTE:

The fields below have been pre-populated with the information submitted in last month's Monthly Update Form.
You must complete a form for each and every grant that your agency intends to apply for and/or receive.

Data reporting range: 2/18/09 to 10/31/09

Agency/Institution: Governor's Office of Faith-Based and Community Initiatives

Date of Submission: 11-6-2009

The amounts entered below should represent cumulative totals for the life of the Recovery Act program/grant.

1) Grant Name	Strengthening Communities Fund Is this grant/program subject to Section 1512 Reporting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' and <u>you have been awarded</u> this grant, you must fill out the <i>Internal Section 1512 ARRA Reporting Form</i> that follows.
2) CFDA Number:	93.711
3) Grant Narrative Description:	Statewide capacity buildign for non-profit (faith-based and community) agencies engaged in providing health and human serivces
4) Status of Application:	Approved
5) Which type of recipient are you?	Prime Recipient <i>If sub-recipient is chosen, type the name of the Prime Recipient below and indicate if you are a delegated or non-delegated sub-recipient:</i>
6) Application Date:	July 7, 2009
7) Award Date:	9/30/2009
8) Status of Expenditures:	N/A
9) Actual # of Jobs Created/Retained:	1 FTE retained
10) Description of Types of Actual Jobs Created / Retained:	Program Manager
11) ¹ARRA Funds Awarded:	\$250,000
12) ²ARRA Funds Available to date:	\$250,000
13) ³ARRA Funds Expended:	\$0 - the first funds will be drawn down in November 2009
14) Performance Metric 1 (if applicable)	N/A <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?
15) Performance Metric 2 (if applicable)	N/A <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?
16) Performance Metric 3 (if applicable)	N/A <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?

¹Amount Awarded - the total amount of ARRA Funds that your agency/institution is expecting to receive over the life of the grant/program.

²Amount Available - the total current amount of ARRA funds you have received or that is available to your agency/institution at the time of this report. For instance, you may have been awarded a total of \$1,500,000 dollars but may have only received \$50,000.

³Amounted Expended - total amount of ARRA Funds spent on ARRA projects.

17) Administration of grant/program	Per grant guidance work plan will be within 60 days of grant award (9/30/2009) Competitive RFP will be issued for technical assistance and training providers
Other Information Details	You may type any other comments, questions, etc. here.

Agency information verified by: Lisa Castaldo

Submit this form to: AlabamaStimulus@finance.alabama.gov


By: **November 10, 2009**



For questions, please call 334.353.2026.

American Recovery & Reinvestment Act
State of Alabama
Internal Section 1512 ARRA Reporting Form

This form will be sent monthly as an addition to the Update Form (page 1) and will serve as internal documentation for your agency, the Finance Department, and the Governor’s Office. Upon initial receipt, agencies/institutions are asked to complete only questions that are applicable at this time. The remaining questions will be answered as new reporting information is provided. Once all of the information has been provided, agencies/institutions will be required to update this form only if their reporting information changes. Agencies/institutions must complete this form for each and every grant that your agency/institution acts as a prime or delegated sub-recipient.

****The information entered below should represent an accurate description of your plans for reporting. This document will be sent on a monthly basis along with the Monthly Update Form for review and/or necessary revisions. ****

<p>1) If your agency serves as a prime recipient, has your agency registered in the Central Contractor Registration (CCR) database and further acquired a D-U-N-S number? Registration with www.FederalReporting.gov will require this information.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No D-U-N-S Number 124325460</p>
<p>2) Has your agency registered on www.FederalReporting.gov?</p>	<p>Type answer here.</p>
<p>3) Which format will your agency/institution use to submit reports to www.FederalReporting.gov?</p>	<p><input checked="" type="checkbox"/> Online Data Entry form provided on the website <input type="checkbox"/> Excel Spreadsheet available for download from the website <input type="checkbox"/> Custom software system extract in XML (Extensible Markup Language)</p>
<p>4) Who will be your agency’s reporting official designated to enter information to www.FederalReporting.gov. If you have multiple designated officials, how will you eliminate multiple reporting for the same Grant/Program?</p>	<p><input checked="" type="checkbox"/> Single Point of data entry for this Grant/Program Lisa Castaldo <input type="checkbox"/> Multiple Officials reporting Grant/Program information </p>
<p>5) Who will be your agency’s data quality review official designated to review the data submitted by your agency? This designee will be required to review information submitted by delegated Sub-recipients.</p>	<p>Donna Long</p>
<p>6) Who will be your agency’s data corrections official responsible for making corrections to submitted information during the Data Quality Review Phase? (Data Quality Review phase for agencies will be from the 11th day to the 21^{rst} day after the end of each quarter. Only errors flagged by federal agencies will be unlocked</p>	<p>Lisa Castaldo</p>

for corrections from the 22 nd -29 th).	
7) How will you capture your Sub-recipient or Vendor data elements that will be reported to your agency?	Monthly reports .
8) Will any sub-grant under this Grant/Program be for an amount less than \$25,000 which would require aggregate reporting? Do you have a reporting mechanism in place for aggregate reporting?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9) Have you or do you plan to delegate any reporting requirements to a Sub-recipient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10) What agencies/institutions will serve as delegated Sub-recipients and which format will your delegated Sub-recipients submit reports to www.FederalReporting.gov?	N/A Click here to select which format. Type other comments here.
11) Please provide the name(s) and contact number(s) for the delegated Sub-recipient's reporting official(s) designated to enter information to www.FederalReporting.gov.	
12) Please provide the name(s) and contact number(s) for the delegated Sub-recipient's data quality review official(s) designated to review and correct information in www.FederalReporting.gov .	
13) Have your agency's delegated Sub-recipients registered on www.FederalReporting.gov?	Type answer here.
14) After corrected information is posted to www.Recovery.gov by the federal agency, how will your agency ensure the timely update of its own recovery page?	Donna Long updates Recovery page on www.ServeAlabama.gov