Federal Program Template

The following information is to be entered in the template for the federal programs' compliance supplements found in Section B of the State's Compliance Supplement. Be sure you write over or erase the corresponding letters.

A. Enter CFDA # of the federal program, i.e., 10.216. If the program does not have a CFDA #   then put NOCFDA. (The instance of no CFDA # should not occur often.)

B. Enter the name of the federal program (grant/award) as it is shown at Beta.Sam.gov (https://beta.sam.gov) website.

C. Enter the name/pseudonym the State Agency has assigned to the federal grant/award. (If State Agency uses the same name as the federal program then repeat that name.)

D. Enter the name of the federal awarding agency, i.e., U. S. Department of Health and Human Services.

E. List the federal laws and regulations that authorize the program and its requirements.

F. List the State statute that authorizes the program and its requirements.

G. Enter the name of the State Agency subgranting the federal award/grant.

H. Enter the Division of the State Agency subgranting the federal award/grant, if applicable.

I. Enter the name, phone number, and e-mail address of the State Agency contact person for the program and financial. (Include the area code)

J. Enter information on how confirmation for the amount provided to a subrecipient may be obtain (where to send confirmation letters). Please provide the following information, if to be mailed:

>
> Name
> State Agency
> Mailing Address

K. Enter CFDA # of the federal program, i.e., 10.216. If the program does not have a CFDA # then put NOCFDA. (The instance of no CFDA # should not occur often.). See example for positioning. The instructions for "[C] & [K]." apply to the first page of the supplement and all subsequent pages.

Subsequent Pages:

See **[C]** and **[K]** above.

III. Compliance Requirements matrix: Indicate by a "Y" or "N" for the Type of Compliance Requirements that apply to the program on the matrix provided. If the program is included in Part 2 of the OMB Compliance Supplement, then the federal agency has determined what Type of Compliance Requirements apply. A State Agency can add a Type of Compliance Requirement to the program, if applicable, but cannot change the requirement, if it is not applicable at the local level.

If there is no program listed in Part 2, then the State Agency must determine the Type of Compliance Requirements that apply at the local level.

For State Agencies that have issued a Crosscutting supplement, if the program is applicable to the requirements in the Crosscutting supplement, place a "Y" on the matrix. (A Crosscutting Supplement is currently issued only by DHHS-DSS, DHHS-DMHDDSAS, and DPI. The FederalTemplate-CC programs.docx should be used).

Compliance Requirements A – N: Under each Type of Compliance Requirement listed, prepare for the local auditor, the requirements that are applicable   If the federal agency has indicated a Y" in Part 2, but the requirements are not passed to the local level, then note "not applicable at local level" under the Type. If the Type has an "N" on the matrix, the type can either be removed or noted as "not applicable."