**Short-Form Template**

**The following information is to be entered in the template for any federal or State programs for which a short-form compliance supplement is necessary. Be sure you write over or erase the corresponding letters.**

For Federal Programs:

1. Enter Assistance Listing (formerly CFDA) # of the federal program, i.e., 10.216. If the program does not have a ALN (CFDA) # then put NOALN. (The instance of no ALN (CFDA) # should not occur often.)
2. Enter the name of the federal program (grant/award) as it is shown at Beta.Sam.gov (<https://beta.sam.gov>) website.
3. 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.)
4. Enter the name of the federal awarding agency, i.e., U. S. Department of Health and Human Services.
5. List the federal laws and regulations that authorize the program and its requirements.
6. List the State statute that authorizes the program and its requirements.
7. Enter the name of the State Agency subgranting the federal award/grant.
8. Enter the Division of the State Agency subgranting the federal award/grant, if applicable.
9. Enter the name, phone number, and e-mail address of the State Agency contact person for the program and financial. (Include the area code)
10. This is the Short Form # assigned to the supplement. For new Short Form compliance supplement submission for a program, leave the number as X. A number will be assigned.

# For State Programs

1. 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.)
2. List the State statute that authorizes the program and its requirements.
3. Enter the name of the State Agency subgranting the federal award/grant.
4. Enter the Division of the State Agency subgranting the federal award/grant, if applicable.
5. Enter the name, phone number, and e-mail address of the State Agency contact person for the program and financial. (Include the area code)
6. This is the Short Form # assigned to the supplement. For new Short Form compliance supplement submission for a program, leave the number as X. A number will be assigned.

Scroll down to “First Page Footer”; Highlight the letter “**[J]**” or **“[F]”.** Enter the information as instructed above.