

**NWESD 189 Federal Grant Program Manager/Director  
Summary of Common Federal Requirements/Assurances Form**

|                         |  |  |
|-------------------------|--|--|
| <b>Fiscal Use Only:</b> | Date Received: _____<br>Date Reviewed: _____ | By Fiscal Staff: _____<br>By Fiscal Staff: _____ |
|-------------------------|--|--|

Please return completed form in to Fiscal within ten (10) days from receiving notice of the grant award.

**SECTION I: General Information**

**Federal Grant Name:** \_\_\_\_\_

**Federal Grantor Agency:** \_\_\_\_\_ **Indirect Cost Rate %:** \_\_\_\_\_

**CFDA # (XX.XXX):** \_\_\_\_\_ **iGrant ID #:** \_\_\_\_\_ **Award \$:** \_\_\_\_\_

**NWESD 189 Program # (PPSS):** \_\_\_\_\_ **Funding Period:** \_\_\_\_\_ *thru* \_\_\_\_\_

**Assigned to NWESD 189 Program Manager:** \_\_\_\_\_

Is grant passed thru a state agency (such as OSPI) rather than received directly from the federal granting agency? Yes   
No

**If Yes, State Agency Name:** \_\_\_\_\_ **and State Grant #** \_\_\_\_\_

**SECTION II: Types of Compliance Requirements per Uniform Grant Guidance 2 CFR 200**

The grant program manager/director is responsible for ensuring his/her grant meets all federal requirements and maintaining the related documentation. The following list is intended to aid the program manager/director in determining requirements, but should not be considered an all-inclusive list. Additional information regarding grant requirements is available on Online Communities ([OC](#)).

**A. Activities Allowed or Unallowed**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Do you understand you are responsible for knowing and assuring compliance related to: | <b>Yes</b>               | <b>No</b>                |
| 1. The types of activities allowed by the grant?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The types of activities prohibited by the grant?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Obtaining approval from the grantor for any changes to the scope of the project?   | <input type="checkbox"/> | <input type="checkbox"/> |

**B. Allowable Costs/Cost Principles**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Do you understand you are responsible for knowing and assuring compliance related to:   | <b>Yes</b>               | <b>No</b>                |
| 1. The "Basic Guidelines" for determining whether a cost is allowable under federal awards? (see 2 CFR 200 Subpart E Cost Principles)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The documentation requirements necessary to substantiate all costs charged to the program?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The allowability or unallowability of certain items/costs pursuant to 2 CFR 200 Subpart E Cost Principles?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Documenting any NWESD 189 staff salaries and benefits charged to the grant/program with <i>Time and Effort</i> records (example provided on the OC) to ensure appropriate charges? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any terms, conditions, limitations or exclusions specific to this federal award?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Assuring grant expenditures are consistent with policies, regulations and procedures that apply uniformly to both federal awards and other NWESD 189 programs?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Assuring grant expenditures are not included as a cost within any other NWESD 189 programs? (e.g., each cost may only be assigned to one program)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Assuring grant costs are reasonable and prudent? (e.g. meets market prices, considered ordinary and necessary)   | <input type="checkbox"/> | <input type="checkbox"/> |

**C. Cash Management**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| Will grant funds be received in advance of expenditures (draw down)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If No</i> (indicating grant funds will be requested as reimbursements after expenditures have been made), this section is not applicable.   |                          |                          |
| <i>If Yes</i> , do you understand you are responsible for:   |                          |                          |
| 1. Minimizing the time elapsing between the advance and expense?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Returning to the federal grantor interest income on any advanced amount in excess of \$500? (The Fiscal Department will assist you determine any amount that may need to be remitted) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Monitoring any grant funds passed through to other entities as sub-recipients, to ensure they conform to the same draw down standards?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Maintaining appropriate documentation?  | <input type="checkbox"/> | <input type="checkbox"/> |

**D. Davis-Bacon Act**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| Will there be any construction projects (construction, alteration or repair - including painting and decorating - of public buildings or public works) costing more than \$2,000?      | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If No</i> , this section is not applicable.   |                          |                          |
| <i>If Yes</i> , do you understand you are responsible for:   |                          |                          |
| 1. Including a clause in any construction contract requiring the contractor/subcontractor(s) to comply with the requirements of the <i>Davis-Bacon Act</i> and applicable regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assuring the contractor/subcontractor(s) pay prevailing wages as defined by the <i>Davis Bacon Act</i> ? (which may differ from Washington State prevailing wage requirements)      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Requiring the contractor/subcontractor(s) to submit weekly certified payroll statements which you review and maintain for prevailing wage compliance and documentation?             | <input type="checkbox"/> | <input type="checkbox"/> |

**E. Eligibility**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| Will individuals, groups of individuals and sub-recipients need to meet certain criteria (for example, qualify as low-income) to participate in the program? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If No</i> , this section is not applicable.   |                          |                          |
| <i>If Yes</i> , briefly describe the criteria _____  |                          |                          |
| <i>If Yes</i> , do you understand you are responsible for:   |                          |                          |
| 1. Assuring the individuals, groups of individuals and sub-recipients that participate in the grant program meet all criteria established in the grant?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Maintaining verifiable documentation to confirm the selected individuals, groups of individuals and sub-recipients met the eligibility requirements?      | <input type="checkbox"/> | <input type="checkbox"/> |

**F. Equipment and Real Property Management (2 CFR 200 Subpart D)**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 1. Will any piece of equipment costing \$5,000 or more be purchased with grant funds?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If No</i> , this portion of the section is not applicable.   |                          |                          |
| <i>If Yes</i> , do you understand you are responsible for:  |                          |                          |
| a. Assuring any equipment is used in the program for which it was acquired, or when appropriate, other programs supported with federal funds?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Assuring any equipment may not be used in competition with private companies to earn program income?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Assuring any equipment is inventoried and noted as purchased with federal funds?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Assuring that any equipment no longer needed for the grant program with a fair market value greater than \$5,000, is sold with the federal grantor having a right to a proportionate (percentage) amount of the current fair market value? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Determining and documenting a compelling reason for any purchase of major equipment near the end of the grant award related to the purpose of the grant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will any real property be purchased with grant funds?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If No</i> , this portion of the section is not applicable.   |                          |                          |
| <i>If Yes</i> , work with the Asst. Superintendent of Finance and Compliance to determine any requirements.   |                          |                          |

**G. Matching, Level of Effort, Earmarking (2 CFR 200.306)**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| Does the grant require matching? <i>If Yes</i> , what is the matching requirement?               | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the grant require level of effort? <i>If Yes</i> , what is the level of effort requirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the grant require earmarking? <i>If Yes</i> , what is the earmarking requirement?           | <input type="checkbox"/> | <input type="checkbox"/> |

*If No to ALL three questions*, this section is not applicable.

*If Yes to ANY of the three questions*, do you understand you are responsible for:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Identifying and monitoring compliance with grant requirements?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Maintaining appropriate documentation to verify compliance with these requirements that validate source, value, and compliance with allowable costs/cost principles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Assuring these requirements are not met with costs borne by or used as match for another federal grant?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Assuring the match provided is consistent with description in the approved grant award?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Understanding and complying with the requirements of certain types of match, including but not limited to, third party in-kind and donated time?                     | <input type="checkbox"/> | <input type="checkbox"/> |

**H. Period of Availability of Federal Funds**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Do you understand you are responsible for:  |                          |                          |
| a. Assuring that all charges to the grant are "obligated" (as defined by 34 CFR 75.707 & 76.707) within the funding period and paid within ninety (90) days after the end of the funding period? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Securing specific authorization of any pre-award costs by the federal grantor?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the grant a federal award received via a State agency <u>and</u> the funding determined by the State on the basis of a formula?  | <input type="checkbox"/> | <input type="checkbox"/> |

*If Yes*, do you understand the date the application was submitted to the State in the "substantially approval" form is likely the date that obligations may begin?

**I. Procurement and Suspension and Debarment**

Do you understand you are responsible for:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Assuring all purchases comply with the federal competitive procurement requirements outlined by NWESD 189 Policy 6220 and described with various federal funding scenarios on the OC?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assuring compliance with <i>Suspension and Debarment</i> requirements for any federally funded transaction (or series of payments to the same vendor) expected to exceed \$25,000 (NWESD 189 typically collects a certification or adds a clause to the contract with the vendor)? | <input type="checkbox"/> | <input type="checkbox"/> |

**J. Program Income (2 CFR Subpart D 200.307)**

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| Does the grant allow the generation of program income (income generated by the expenditure of grant funds)? | <input type="checkbox"/> | <input type="checkbox"/> |

*If No*, this section is not applicable.

*If Yes*, do you understand you are responsible for:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Determining whether the grant specifically allows the program income to be added to the grant budget or deducted from outlays or used to meet matching requirements (unless specifically allowed, the program income must be used to reduce the federal funds committed to the project)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assuring program income is correctly identified, recorded and used in accordance with grant requirements?  | <input type="checkbox"/> | <input type="checkbox"/> |

**K. Real Property Acquisition/Relocation Assistance Subpart D 2 CFR 200.311**

**Yes      No**

Does the grant provide for real property acquisition?      

**If No**, this section is not applicable.

**If Yes**, please work with the Assistant Superintendent of Finance and Compliance to ensure compliance.

**L. Reporting Subpart D 2 CFR 200.327-328**

Does the grant have requirements for:

**Yes      No**

1. Financial reports?      

2. Performance reports?      

3. Special Reports?      

**If Yes**, for any of the above, have you identified the reports and their deadlines?      

**If No**, meet with Assistant Superintendent of Finance and Compliance, as reports are commonly expected.

**M. Sub-recipient Monitoring Subpart D 2 CFR 200-330**

**Yes      No**

Does the grant allow sub-awards to sub-recipients?      

**If No**, this section is not applicable.

**If Yes**, will sub-awards be made?      

**If No**, this section is not applicable.

**If Yes**, do you understand you are responsible for:

1. Providing sub-recipient(s), prior to award, written federal information? (CFDA title and #, award name, name of federal agency and compliance requirements)      

2. Monitoring any sub-recipient(s) use of the federal funds for compliance with grant requirements, including documentation for audit purposes?      

3. Ensuring any sub-recipient expending \$750,000 or more in federal funds during its fiscal year has an audit report meeting federal requirements issued within nine (9) months after the end of its fiscal year?      

4. Working with the Assistant Superintendent of Finance and Compliance if the sub-recipient received a federal audit finding to ensure a management decision is issued within six (6) months after NWESD 189's receipt of the report?      

**N. Special Tests and Provisions**

I understand special tests and provisions are unique to each federal program and I must review the grant contract or agreement and referenced laws and regulations to identify the requirements that I must comply with.

\_\_\_\_\_  
*Grant Program Manager's Signature*

\_\_\_\_\_  
*Date*

I understand the receipt of federal funds is a responsibility that requires diligent stewardship. Accountability for the use of the funds is an ongoing activity that lasts the entire life of the award. Therefore, it is imperative I understand all of the grant requirements. If there are any requirements that I do not understand, I will meet with the Assistant Superintendent of Finance and Compliance to assure my understanding and knowledge. I also understand, to support me in my compliance efforts, Fiscal Department staff may review and offer advice in regard to the records for any of the above requirements at any time. I further understand that to increase my comfort level, I may request Fiscal Department review the records related to my grant.

\_\_\_\_\_  
*Grant Program Manager's Signature*

\_\_\_\_\_  
*Date*

|                         |                |               |
|-------------------------|----------------|---------------|
| <b>Fiscal Use Only:</b> | Date Reviewed: | By Asst Supt: |
|-------------------------|----------------|---------------|

Original to Fiscal  
Copy retained by Grant Program Manager