

EFFECTIVE FEDERAL GRANT WRITING

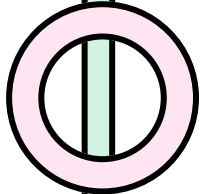


A WEBINAR SERIES FOR
MUNICIPALITIES

**PART SIX - YOU GOT THE
MONEY - NOW WHAT?**



Petroglyph Consulting, LLC



○ Introduction

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○ Session 6 Overview: You Got the Money - Now What?

Objectives

- Understand the steps to receive Federal Funds.
- Setting Project Schedules to meet Grant deadlines.
- Tracking Expenditure of Grant funds
- Tracking Expenditure of Matching funds.
- Monitoring and Reporting Requirements.
- Project Closeout.



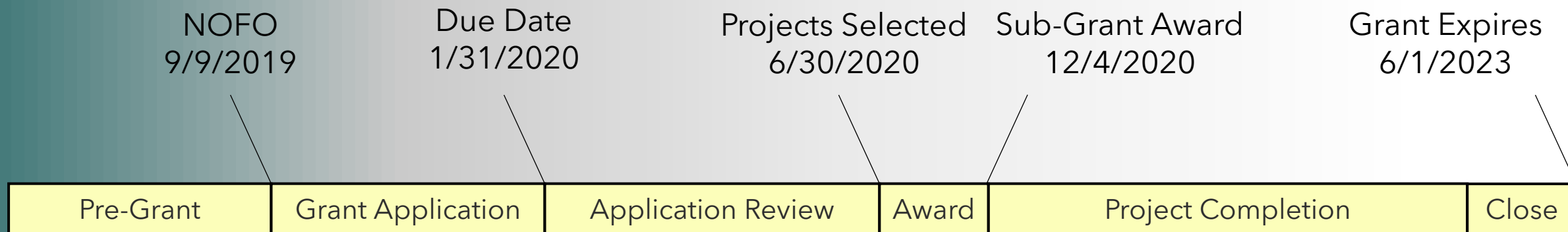
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○ Typical Grant Timeline Example

- Dates from 2019 Pre-Disaster Mitigation Example



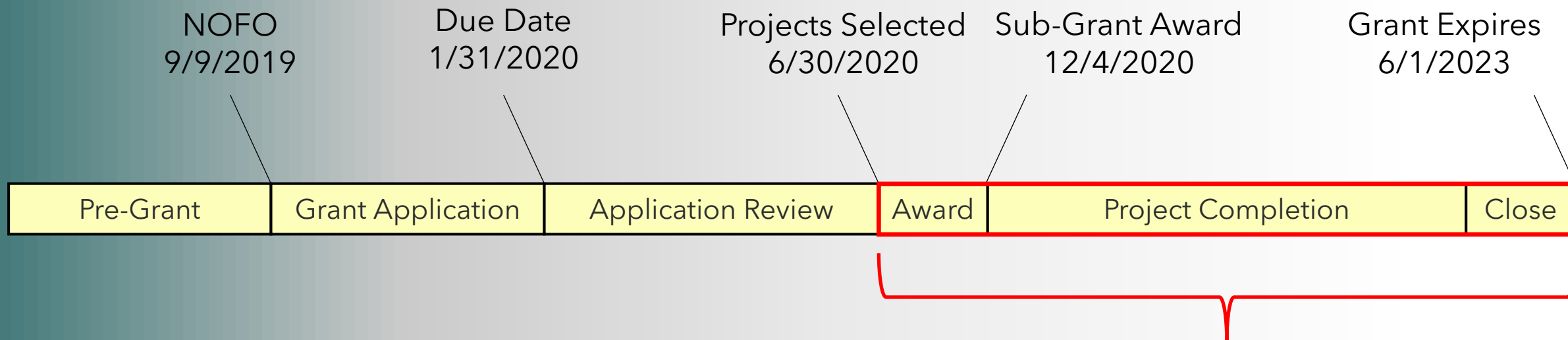
- The Period of Performance (POP) is 36 months
 - Actual timeframe is 27 months





○ Typical Grant Timeline Example

- Dates from 2019 Pre-Disaster Mitigation Example



Focus of this Webinar



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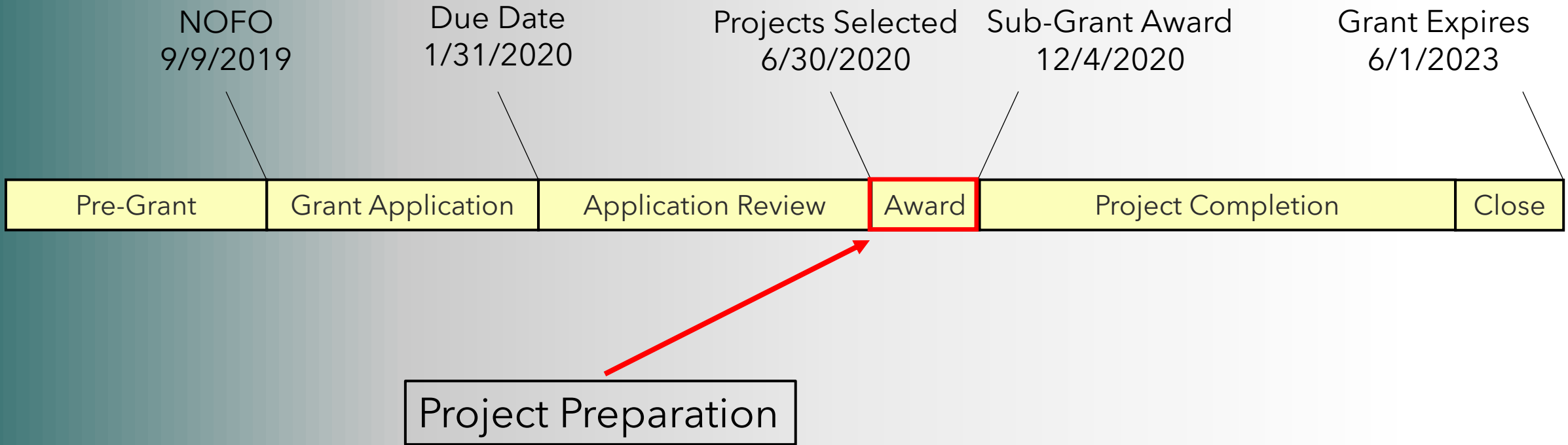


○ Accepted for Consideration

- The typical first step is "Accepted for Consideration".
 - Also "Identified for Further Review"
- What does this mean?
 - Your project has met the requirements outlined in the NOFO.
 - Your projects ranks high enough to meet the funding cutoff.
- Next Step
 - Grant Program staff will do a deeper evaluation of your project.



○ Moving the Project Forward



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○ Request for Information (RFI)

- Grant staff will send RFIs for additional information.
 - Make sure staff identified as primary contact are alerted.
 - Respond promptly!
 - May require additional information or re-submittal of forms.
- Project submittals evaluated more critically.
 - Project Description/Goals.
 - Project Budget, including Match.
 - Federal forms (SF-424 Family).
 - Proof of ownership for property/easements.





○ Request for Information (RFI)

- Project evaluated for “Red Flags”.
 - Environmental or cultural resource compliance issues.
 - Permitting issues.
 - Legal issues.
 - Poor financial position.
 - Negative past performance by the applicant .
 - Poor compliance status with previously funded projects.
 - Reporting requirements.



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○ Request for Information (RFI)

- National Environmental Policy Act (NEPA)
 - Complete project evaluation for “environmental impacts”.
 - Includes socio-economic evaluation.
 - Each Agency has a specific process.
 - Agency Staff will lead NEPA determination.
 - Three possible outcomes:
 - #1 - Categorical Exclusion (CATX) (“Cat-Ex”)
 - Category of actions that do not have a significant effect on the human environment.
 - Typically pre-determined.



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○ Request for Information (RFI)

- National Environmental Policy Act (NEPA)
 - #2 - Finding of No Significant Impact (FONSI)
 - Requires an Environmental Assessment (EA)
 - A document that provide sufficient evidence for determining whether to prepare an environmental impact statement or a finding of no significant impact.
 - Purpose and Need (for action)
 - Alternatives (including No Action and the Proposed Action)
 - Affected Environment
 - Environmental Consequences
 - Consultation and Coordination
 - Takes 45 - 60 days to complete



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○ Request for Information (RFI)

- National Environmental Policy Act (NEPA)
 - #3 – Record of Decision (ROD)
 - Requires an Environmental Impact Statement (EIS)
 - Required for “major actions significantly affecting the quality of the human environment,” to inform decision makers and the public of the proposed action, reasonable alternatives, and their environmental impacts.
 - Scoping
 - Consultation and coordination with other agencies
 - News releases
 - Sending draft EIS to public for comments
 - Public meeting on draft EIS
 - Sending final EIS to public
 - Takes a minimum of six to nine months!!



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○ Not Selected in Error

- If Your project was not Selected
 - Contact the Agency ASAP.
 - Typically you have 30-60 days to submit an appeal.
 - Review the Agency response for the denial
 - Look for mistakes.
 - Look for a mis-interpretation of the project.
 - If a Substantial error is discovered.
 - Document error and correct interpretation and re-submit to the Agency
 - It may take a second round of agency interaction
 - Project can be moved forward for funding.



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○ Moving the Project Forward

- The Time between Selection and Award has Benefits*
 - Costs are reimbursable.
 - Work can be completed without pre-approval.
- These Benefits are conditional.
 - The project will ultimately be funded.
 - Any work completed must meet procurement requirements.
 - Work tasks should avoid main components of Project
 - Design; Construction



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○ Moving the Project Forward

- Begin Developing Support Materials
 - Supporting services for the NEPA process.
 - Archeological investigation.
 - Endangered Species survey.
 - Survey - Topographic or boundary.
 - Geotechnical Report
 - Documents for a Request for Proposal (RFP)
 - Documents for an Invitation to Bid (IFB)





○ Moving the Project Forward

- Verifying your Match
 - Document hard match.
 - Prepare for soft match & indirect costs.
 - Contact Partners for Match commitments.
- Preparing Fiscal and Administrative Staff
 - Set up Project Folders
 - Set up Indirect Cost Tracking
 - Payroll; Timesheets





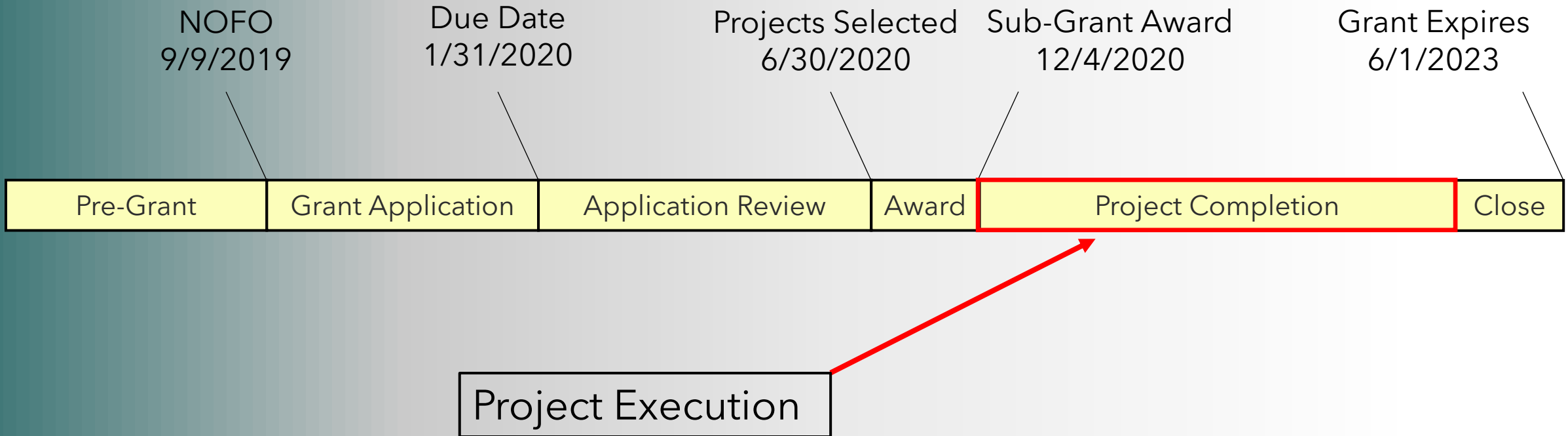
○ Moving the Project Forward

- Accept Award of Funds
 - Review and sign Agreement
 - Schedule Action by Governing Body
 - Note conditions in Agreement
 - Maintenance in Perpetuity
 - Timing of payment of matching funds
 - Reporting requirements
- Establish Communication with Funding Agency Staff
 - Fiscal & Program contacts.



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○ Moving the Project Forward





○ Project Kick Off

- Internal Project Kick Off Meeting
 - Include all pertinent staff.
 - Management; Fiscal; Admin; Project Manager
 - Review Grant Agreement Conditions & Requirements
 - **Period of Performance - END DATE**
 - Discuss Tasks & Responsibilities
 - Who is the project manager?
 - Who completes required reporting?
 - Who submits reports?
 - Who communicates with funding agency?





○ Grant Reporting

- All Funding Agencies Require Periodic Reporting
 - Monthly or Quarterly
 - Project Progress
 - Document milestones and delays
 - Fiscal Progress
 - All project expenditures
 - Requested reimbursement
 - Match funds accrual





STATE OF NEW MEXICO
DEPARTMENT OF HOMELAND SECURITY & EMERGENCY MANAGEMENT



Mitigation Program Quarterly Performance Report (QPR)

Sub-Grantee Name:		Project Title:	
DHSEM Sub-Grant Number:		FEMA Award Number:	EMT Number (PDM only):
DUNS Number:	Percentage Completed:	Date of award:	Period of Performance:
EIN:			
Federal Share: \$	Report Quarter:		
Local Match: \$	Select Reporting Quarter / Year		
Total Sub-Grant:	Jan-Mar 2nd Quarter		

Narrative Report (attach additional sheets if necessary):

Problems/Delays Encountered and Reasons Why:



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STATE OF NEW MEXICO DEPARTMENT OF HOMELAND SECURITY & EMERGENCY MANAGEMENT	
Mitigation Program Quarterly Performance Report (QPR)	
Sub-Grantee Name:	Project Title:
DHSEM Sub-Grant Number:	FEMA Award Number:
	EMT Number (PDM only):
DUNS Number:	Percentage Completed:
EIN:	Date of award:
Federal Share: \$	Period of Performance:
Local Match: \$	Report Quarter:
Total Sub-Grant:	Select Reporting Quarter / Year
	Jan-Mar 2nd Quarter
Narrative Report (attach additional sheets if necessary):	
<p>Contractor completed the removal of the old asphalt for the entire project area and has started trenching for pipeline installation, approximately 1,100 linear feet of trenching completed.</p>	
Problems/Delays Encountered and Reasons Why:	
<p>We received a bid protest from ABC Contractor on award of project to 123 Contractor. Protest referred to legal counsel. Protest resolved and project Award finalized with 123 Contractor. Bid award delayed by 38 days.</p>	



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STATE OF NEW MEXICO

DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

QUARTERLY FINANCIAL PROGRESS REPORT

The information in this report will be used by the grantor agency to monitor grantee cash flow, grantee performance and project implementation to ensure proper use of Federal funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required. All reimbursement requests must be accompanied by supporting documentation such as copies of invoices, delivery receipts, timesheets, certified payroll reports, warrants, contracts, etc.

1. GRANTEE NAME & ADDRESS		2. SUB GRANT NUMBER		3. REPORT DUE BY:	
				MM/DD/YYYY	
		4. QUARTER NUMBER		FROM:	
				TO:	
5. GRANT YEAR	6. GRANT TYPE	7. TOTAL AWARDED AMOUNT	8. REPORT TYPE (QUARTERLY OR FINAL)		

9. BUDGET TABLE							
	EQUIPMENT	EXERCISE	TRAINING	PLANNING	SALARY	BENEFITS	EMERGENCY MANAGEMENT OPERATING COSTS
Total Awarded Amount	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Previously Reported Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Reimbursement Requested To Date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Payments Received To Date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures This Quarter	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reimbursement Requested This Quarter	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Match To Date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grant Amount Remaining	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

CERTIFICATION BY GRANTEE: I certify that the financial expenditures submitted for reimbursement with this report, including supporting documentation, are eligible, and allowable expenditures consistent with the project goals and objectives and grant guidance, have not been previously requested, and that payment is due.

SIGNATURE OF FINANCIAL REPRESENTATIVE	DATE



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FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

OMB Control Number: 1660-0017

Expires: November 30, 2023

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT	PA ID #	PROJECT #	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY								COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE								TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
GRAND TOTAL													

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

INVOICE

CHECK ONE BELOW

Other Please Specify Below

SHSGP	EMPG	Public Assistance	Hazard Mitigation	
SUB GRANT INFORMATION <i>(Exactly as specified in Sub-Grant Agreement)</i>		INVOICE INFORMATION		For DHSEM Use Only
A. Sub- GrantNumber: _____		Date: _____		Vendor Number: _____
B. Termination Date: _____		Quarter: _____		P.O. Number: _____
C. Recipient's Name: _____		Invoice Number: _____		P.O. Line Numbers: _____
D. Address: _____		Final or Partial? _____		Voucher Number: _____
_____		_____		Final / Partial (circle one & write amount) _____
_____		REMIT TO ADDRESS:		Prior Year? _____
E. Contact: _____		<i>(Must be authorized in our Share Database)</i>		Quarterly Reports Current? _____
F. Phone: _____		_____		Reviewed By: _____
G. Email: _____		_____		Program Approval: I _____ certify this invoice & backup documentation is in accordance with the NOFO, grant, application, sub-grant & all program reports. (sign here)



Categories	Approved Budget		Invoice Amount This Request		Invoice Amount to Date Not Including this Request		Remaining Balance	
	Sub-grant Funds	Match Funds	Sub-grant Funds	Match Funds	Sub-grant Funds	Match Funds	Sub-grant Funds	Match Funds
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTALS:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

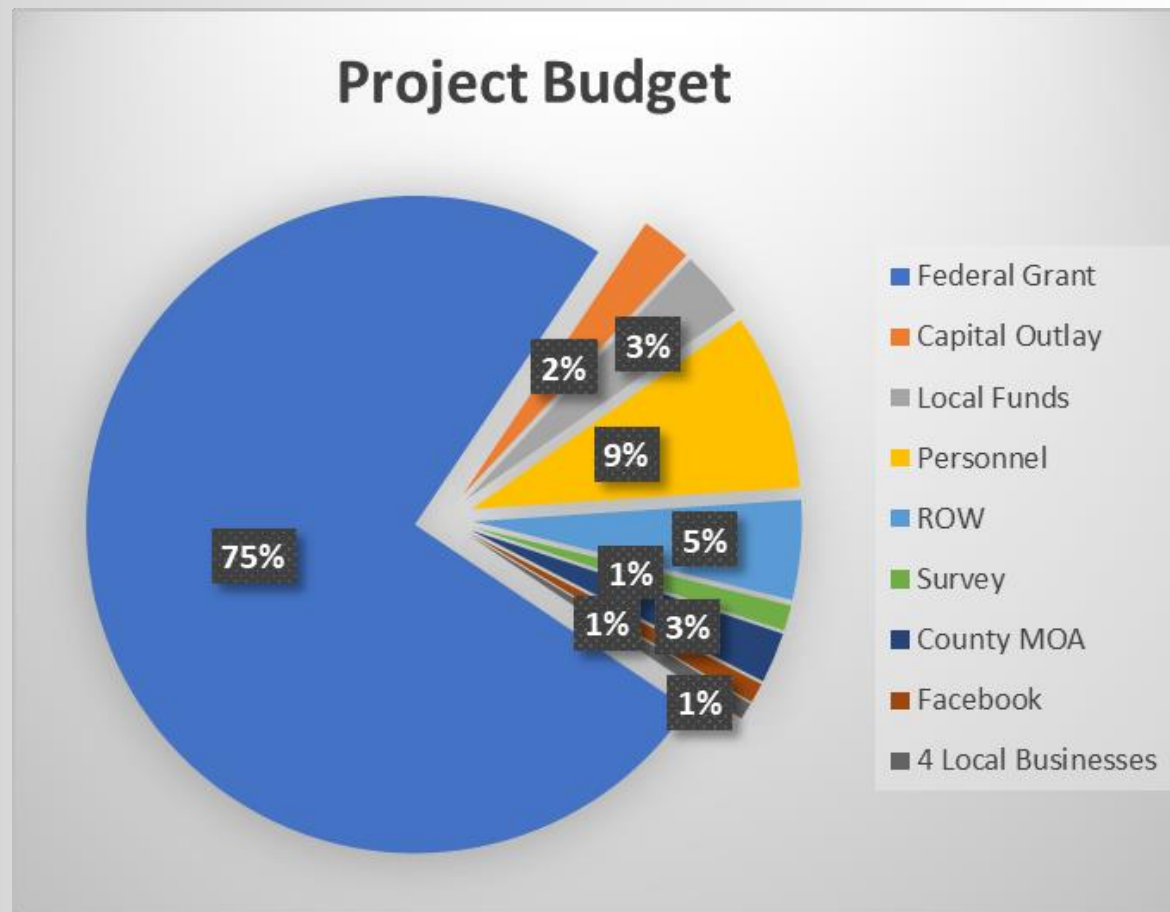
I, _____, certify: 1) the information on this invoice is true and correct; 2) the match requirement has been met; and 3) the attached backup documentation is valid. Sub-recipient Representative: _____ Date: _____ Sub-recipient Fiscal Officer: _____ Date: _____ I, _____, certify this invoice and all of it's backup documentation has been reviewed and is in accordance with the corresponding grant and sub-grant requirements. DHSEM Grant Specialist: _____ Date: _____ DHSEM Grant Unit Manager: _____ Date: _____	For DHSEM Use Only



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○ Manage all Funding Sources

- Remember This?
- Don't forget about other funding sources.
 - Communication
 - Reporting





○ Project Management

- Have regular project meetings
 - Project schedule; budget; reporting
- Unexpected Changes
 - Bids are higher than expected
 - Unforeseen field conditions
 - “Where did that sewer line come from?”
 - Contractor equipment breakdowns
- Request Project or Budget Revision from Funding Agency





STATE OF NEW MEXICO
Department of Homeland Security and Emergency Management

REQUEST FOR BUDGET/PROJECT REVISION



The information provided will be used by the grantor agency to monitor grantee performance and project implementation to ensure proper use of Federal funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed on time as required. The Narrative Progress Report must support the expenditures in the Financial Progress Report.

1. GRANTEE NAME AND ADDRESS	2. STATE GRANT NUMBER	3. REQUEST NUMBER
4. SHORT TITLE OF PROJECT: Use one form per program. Check appropriate box above.	5. FULL AWARD/SUB-GRANT AMOUNT	
6. NAME AND TITLE OF PROJECT MANAGER	7. SIGNATURE OF PROJECT MANAGER	

8. EXTENSION JUSTIFICATION HERE

1. Explain in detail the jurisdiction's need with regard to the requested revision:

2. Explain the category that the requested budget would apply toward. Breakdown the anticipated cost per project:

3. Explain in detail how the jurisdiction will ensure that the project is completed within the time frame allowed for project completion:





○ Project Verification

- Document the Project
 - Pre-construction photos (E-W-N-S)
 - Post-construction photos (E-W-N-S)
 - Construction progress
- Agency Site Visits
 - Initial Site Visit
 - 50% Progress Visit
 - Final Site Visit (Project Close Out)
 - **Remember to invite staff from all funding sources!**



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○ Project Close Out

- Physical project close out occurs after confirmation of project construction according to Agreement or Plans.
- Grant close out occurs "after".
 - After all Scope of Work tasks have been completed.
 - After all reimbursements have been processed.**
 - After all periodic reports are up-to-date.
 - After certification of compliance with state and federal rules.
- It's OK if all the federal funds are not spent.
 - Adjust your matching funds.



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○ Finishing Strong

- Do the Work, Spend the \$\$\$!
 - Everyone wants the money spent
- Funding Agencies
 - Need to Establish Need for Funds
 - Need to Document Projects Completed
- Elected Officials Need Photo Opportunities
 - Hold a Ribbon Cutting
- Do a Press Release





QUESTIONS?





○ What's Next

- Webinar on the Bipartisan Infrastructure Law (BIL)
- Smaller "Workshop Style" Zoom Sessions
 - Federal Grant Forms (SF-424 Family)
 - Grant Writing Examples
 - ??
- Grant Application Review Services
- ??



○ Key Contacts



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