

**STATE OF VERMONT GRANT AGREEMENT**

**Part 1-Grant Award Detail**

**SECTION I - GENERAL GRANT INFORMATION**

<sup>1</sup> Grant #:		<sup>2</sup> Original _____ Amendment # _____	
<sup>3</sup> Grant Title:			
<sup>4</sup> Amount Previously Awarded: \$ 0.00		<sup>5</sup> Amount Awarded This Action: \$ 0.00	
		<sup>6</sup> Total Award Amount: \$ 0.00	
<sup>7</sup> Award Start Date:		<sup>8</sup> Award End Date:	
		<sup>9</sup> Subrecipient Award: YES <input type="checkbox"/> NO <input type="checkbox"/>	
<sup>10</sup> Supplier #:		<sup>11</sup> Grantee Name:	
<sup>12</sup> Grantee Address:			
<sup>13</sup> City:		<sup>14</sup> State:	<sup>15</sup> Zip Code:
<sup>16</sup> State Granting Agency:			<sup>17</sup> Business Unit:
<sup>18</sup> Performance Measures: YES <input type="checkbox"/> NO <input type="checkbox"/>		<sup>19</sup> Match/In-Kind: \$ _____ Description:	
<sup>20</sup> If this action is an amendment, the following is amended: Amount: <input type="checkbox"/> Funding Allocation: <input type="checkbox"/> Performance Period: <input type="checkbox"/> Scope of Work: <input type="checkbox"/> Other: <input type="checkbox"/>			

**SECTION II - SUBRECIPIENT AWARD INFORMATION**

<sup>21</sup> Grantee Identifier [UEI] #:		<sup>22</sup> Indirect Rate: _____ % <small>(Approved rate or de minimis 10%)</small>		<sup>23</sup> FFATA: YES <input type="checkbox"/> NO <input type="checkbox"/>	
<sup>24</sup> Grantee Fiscal Year End Month (MM format):				<sup>25</sup> R&D: <input type="checkbox"/>	
<sup>26</sup> Entity Identifier [UEI] Name (if different than VISION Vendor Name in Box 11):					

**SECTION III - FUNDING ALLOCATION**

**STATE FUNDS**

Fund Type	27 Awarded Previously	28 Award This Action	29 Cumulative Award	30 Special & Other Fund Descriptions
General Fund	\$0.00	\$0.00	\$0.00	
Special Fund	\$0.00	\$0.00	\$0.00	
Global Commitment <small>(non-subrecipient funds)</small>	\$0.00	\$0.00	\$0.00	
Other State Funds	\$0.00	\$0.00	\$0.00	

**FEDERAL FUNDS**

*(includes subrecipient Global Commitment funds)*

**Required Federal Award Information**

31 CFDA#	32 Program Title	33 Awarded Previously	34 Award This Action	35 Cumulative Award	36 FAIN	37 Federal Award Date	38 Total Federal Award
		\$0.00	\$0.00	\$0.00			\$0.00
<sup>39</sup> Federal Awarding Agency:		<sup>40</sup> Federal Award Project Descr:					
		\$0.00	\$0.00	\$0.00			\$0.00
<sup>39</sup> Federal Awarding Agency:		<sup>40</sup> Federal Award Project Descr:					
		\$0.00	\$0.00	\$0.00			\$0.00
<sup>39</sup> Federal Awarding Agency:		<sup>40</sup> Federal Award Project Descr:					
		\$0.00	\$0.00	\$0.00			\$0.00
<sup>39</sup> Federal Awarding Agency:		<sup>40</sup> Federal Award Project Descr:					
		\$0.00	\$0.00	\$0.00			\$0.00
<sup>39</sup> Federal Awarding Agency:		<sup>40</sup> Federal Award Project Descr:					
		\$0.00	\$0.00	\$0.00			\$0.00
<b>Total Awarded - All Funds</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>			<b>\$0.00</b>

**SECTION IV - CONTACT INFORMATION**

<p><u>STATE GRANTING AGENCY</u></p> <p>NAME:</p> <p>TITLE:</p> <p>PHONE:</p> <p>EMAIL:</p>	<p><u>GRANTEE</u></p> <p>NAME:</p> <p>TITLE:</p> <p>PHONE:</p> <p>EMAIL:</p>
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# State of Vermont Grant Agreement Part 1

## Instructions

### Section I – General Grant Information

1. Grant number: The grant number should begin with a five-digit business unit number prefix. Grant numbers may contain alpha-numeric characters and are limited to 30 total characters.
2. Check the Original box if the award is the original grant award. If it is an amendment, indicate the number of the amendment.
3. Grant title: This is the title of the award or project. It will usually correspond with the Grant Description entered in the Grant Tracking module.
4. Amount Previously Awarded: If this is the original award, enter \$0. Otherwise, it is the value of Box 6 in the previous grant agreement for this award. It should equal the cumulative total of all previous awards for this grant number.
5. Amount Awarded This Action: For the original award document, this will be the total grant award. If this award is an amendment, enter the current amendment amount. If this award is an amendment that does not affect the amount, enter \$0.
6. Total Award Amount: This is the total funds obligated for this grant number to-date. If this award is an amendment, it is the new total authorized amount, including the current amendment. For the original award, this amount will be the same as the amount in Box 5.
7. Start Date: This is the beginning date of the performance period covered by this award.
8. End Date: This is the ending date of the performance period covered by this award.
9. Subrecipient Award: Check Yes or No to indicate whether or not this award is considered a subrecipient agreement. If No is checked, the Subrecipient Award Information section may be left blank. **Note:** *A grant agreement cannot be both a subrecipient award and a contractual relationship. Only one box may be checked.*
10. Vendor number: The VISION vendor number for the grantee.
11. Grantee Name: The name of the grantee. This should correspond with the name of the VISION vendor entered in Box 10.
12. – 15. Grantee address information: If the Grantee has multiple addresses, this should be the address associated with the performance of the award. Enter the Zip+4 if available and if required for FFATA reporting.
16. State Granting Agency: This is the name of the State of Vermont Department that is granting the funds. The Division name may also be included, if desired.
17. Business Unit: This is the five-digit VISION General Ledger Business Unit associated with the Granting Agency.
18. Performance Measures: Check Yes or No to indicate whether or not the award contains performance measures.
19. Match/In-Kind \$ and Description: Enter the amount of match/in-kind required, or enter \$0. If a dollar value has been entered, enter a brief description of what is required. The narrative sections of the award may also contain additional information pertaining to required match or in-kind. If desired, this box may also be used to identify funding from other sources involved in the project that will not be covered by this award, such as projects where multiple organizations are contributing funding.
20. Amendment Information: If the award is an amendment, check Yes or No to each type of amendment in this box. If the award is not an amendment, this box may be left blank.

### Section II – Subrecipient Award Information

This section is only required to be completed for Subrecipient awards.

21. Grantee Identifier [UEI] #: This is the subrecipient's Universal Entity Identification number
22. Indirect Rate: Enter the approved indirect rate, or the de minimis rate of 10%. If the subrecipient chooses not to request indirect costs for this award, enter 0%.
23. FFATA: Check Yes or No to indicate if the award is subject to FFATA reporting
24. Grantee Fiscal Year End Month: Enter the two-digit month in which the subrecipient's fiscal year ends
25. R&D: Check this box if the award is a Research and Development award
26. Entity Identifier [UEI] Name: If the UEI registered name is different than the VISION vendor name in Box 11, enter the official UEI registered name here; otherwise, this box may be left blank

### **Section III – Funding Allocation**

Detailed funding information is divided into two sections: State funds and Federal funds. The shaded boxes contain required information for subawards which comes from the original award from the Federal Granting Agency to the State Granting Agency. The funding allocation should correspond to the funding entered in the VISION Grant Tracking module and must also tie to the totals in Boxes 4-6 in Section I.

**Global Commitment Funds:** Global Commitment funds that are not being awarded as subrecipient funds may be reported in the State Funds section. Global Commitment funds that are being awarded as subrecipient funds should be reported in the Federal Funds section using the appropriate CFDA information. If an award with Global Commitment funds is being split between Federal and State, the State share should be entered in the State Funds section and the Federal share in the Federal Funds section with the appropriate CFDA information.

27. **Awarded Previously:** Enter the amount previously awarded for each fund type in the State Funds section. If this is the original grant agreement, enter \$0 or leave this column blank. The total of this column (State and Federal) must tie to Box 4.
28. **Award This Action:** Enter the amount of the current award. If this is the original award, enter the full amount of the award. If this is an amendment, enter the amount of the amendment. If the amendment does not affect the funding, enter \$0. The total of this column (State and Federal) must tie to Box 5.
29. **Cumulative Award:** Enter the total of the award, including all amendments. The total of this column (State and Federal) must tie to Box 6.
30. **Special and Other Fund Descriptions:** If the award contains Special or Other funds, enter a brief description of the funding source.
31. **CFDA #:** Enter the CFDA number for all Federally funded awards.
32. **Program Title:** Enter the CFDA program title.
33. **Awarded Previously:** Enter the amount previously awarded for each CFDA #. If this is the original grant agreement, enter \$0 or leave this column blank. The total of this column (State and Federal) must tie to Box 4.
34. **Award This Action:** Enter the amount of the current award for each CFDA #. If this is the original award, enter the full amount of the award. If this is an amendment, enter the amount of the amendment. If the amendment does not affect the funding of this CFDA #, enter \$0 on that row. The total of this column (State and Federal) must tie to Box 5.
35. **Cumulative Award:** Enter the total of the award, including all amendments for each CFDA #. The total of this column (State and Federal) must tie to Box 6.

The following information is required *only for federal subrecipient awards*. The information recorded in Boxes 36 through 40 is found on the Federal grant award to the State Granting Agency from which funds are being subawarded. If an award is being issued from multiple Federal awards to the State under the same CFDA #, it may be necessary to enter multiple rows in this section in order to enter the appropriate information in Boxes 36 through 40.

36. **FAIN:** This is the Federal Award Identification Number assigned by the Federal granting agency.
37. **Federal Award Date:** This is the date that the Federal Granting Agency official signed the award to the State Granting Agency.
38. **Total Federal Award:** This is the total amount of the Federal award to the State Granting Agency.
39. **Federal Awarding Agency:** This is the Federal Agency that issued the award to the State Granting Agency.
40. **Federal Award Project Description:** This is the title/description of the Federal award to the State Granting Agency.

### **Section IV – Contact Information**

- Enter a contact person for the State Granting Agency. This individual should be the State's main point of contact for the award and is not required to be the Appointing Authority.
- Enter a contact person for the Grantee. This individual should be the Grantee's main point of contact for the award and is not required to be the official who signed the award.