hds human development services	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Developmental Disabilities	
	1. Log No. ADD-PI-87-1	2. Issuance Date: 1/9/87
	3. Originating Office: Administration on Developmental Disabilities	
	4. Key Word: Financial Status Reports	5. SF-269's
	6.	7.

PROGRAM INSTRUCTION

TO : Directors, State Planning Councils
Directors, Protection and Advocacy Agencies
Directors, State Administering Agencies

SUBJECT: Revisions and Clarification of Instructions for Preparation and Submission of Financial Status Reports for Formula Grants Under the Developmental Disabilities Program - BASIC SUPPORT AND PROTECTION AND ADVOCACY

LEGAL AND RELATED REFERENCES: P.L. 98-527, Developmental Disabilities Act of 1984 (ACT)

45 CFR Parts 1385, 1386, and 1387, dated March 27, 1984.

CONTENT: Reporting Requirements:

Quarterly SF-269 - Each Grantee is required to submit a cumulative Financial Status Report (SF-269) for each Federal fiscal quarter, for each Fiscal Year Allotment (separate submission for Basic Support and Protection and Advocacy) not later than 30 days after the end of each Federal fiscal quarter until a final SF-269 is submitted.

ATTACHMENT:

Attachment A - Instructions for the Preparation of the Financial Status Report (SF-269)

Attachment B - Sample Financial Status Reports

Attachment C - Listing of Regional Directors, Offices of Fiscal Operations

Attachment D - Listing of Regional Program Officials, Administration on Developmental Disabilities

ACTION REQUIRED: Forward the signed original Financial Status Report, SF-269, with three copies to the appropriate Regional Office of Fiscal Operations (Attachment C)

EFFECTIVE DATE: This instruction becomes effective with the next expenditure report due.

SUPERSEDED MATERIAL : ADD-PI-84-2 dated July 19, 1984

INQUIRIES TO : Regional Administrator, OHDS

Casimer R. Wichlacz
Acting Commissioner
Administration on
Developmental Disabilities

cc: HDS Regional Administrators
ADD Regional Program Officials
HDS Regional Offices of Fiscal Operations
HDS Office of Management Services
HDS Office of Regional Operations

ATTACHMENT A

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

INSTRUCTIONS FOR PREPARATION OF THE FINANCIAL STATUS REPORT (SF-269)

Item 1 Federal Agency and Organizational Element To Which Report is Submitted

ENTER: Administration on Developmental Disabilities, OHDS/HHS

Item 2 Federal Grant or Other Identifying Number

This information is located on the grant award document (OHDS-4) under the column "Accounting Codes". Number to be used is the Department's document number for accounting purposes, the appropriation number and the common accounting number (CAN) of the DD Program for the fiscal year of the grant award.

ENTER: Document Number/Appropriation Number/Common Accounting Number

(Note: This information changes from year-to-year.)

Example: FY 1987 Basic Support for Alabama would be:

01-8701ALBS01 (Document Number)
7571636 (Appropriation Number)
71994902 (Common Accounting Number)

Item 3 Recipient Organization (Name and Complete Address, Including ZIP Code)

ENTER: Grantee name and complete mailing address, including ZIP code.

(Should be the same as that on the grant award, unless grantee has moved and made appropriate "change of address" notification to Regional Office and Central Office.)

Item 9 Period Covered by This Report

ENTER: The beginning month, day, and year and the ending month, day, and year for the quarter for which this report is prepared.

Item 10 Status of Funds -- Programs/Functions/Activities

VERTICAL COLUMNS

PROTECTION AND ADVOCACY AGENCIES COMPLETE (a), (b) AND (g)

(a) LITIGATION: Include all obligations and expenditures for court costs, depositions, expert witness fees, travel in connection with a case and similar costs and cost resulting from litigation in which the agency has represented a developmentally disabled person (e.g., monitoring court orders, consent decrees) as specified in 45 CFR 1386.2(c)(2), as well as consultant costs and salaries of attorneys and staff involved in such representation.
Program income received through Court Awards should be reported in this column on either line 10c or line 12 (see ADD-PI-86-3 dated 10/31/86 for further information).

(b) OTHER P&A: Include all obligations, expenditures, and program income for the P&A program not reported in column a.

(g) TOTAL: Addition of columns (a) plus (b)

BASIC SUPPORT AGENCIES COMPLETE (a) THROUGH (g) AS FOLLOWS

(a) SERVICES: (Non-poverty) The Federal share for expenditures for service activities located in non-poverty areas (Census tract where less than 20% of population is below poverty level. See ADD-IM-85-1.) may not exceed seventy-five (75) percent, non-Federal share -- twenty-five (25) percent.
(Reference: Section 103 (a) of the ACT)

When States report cost in services non-poverty and/or services poverty these cost will be supported by separate SF-269(s) with vertical columns:

(a) Alternative Living Arrangements
(b) Employment Related
(c) Child Development
(d) Case Management
(e) Total Priority Services (must be at least 65% of allocation)
(f) Other Services
(g) Total columns a,b,c,d and f (this column should also agree with the appropriate column (either a or b) on the SF-269 report for the entire Basic Support program.

HORIZONTAL COLUMNS

TO BE COMPLETED BY BOTH BASIC SUPPORT AND PROTECTION AND ADVOCACY AGENCIES

10a. Net outlays previously reported

ENTER: The total outlays reported on line 10 (e) of the last report. If there has been an adjustment to the amount shown previously, please attach explanation. Show zero if this is the initial report.

10b. Total outlays this period report

ENTER: The total gross program outlays for this report period, including disbursement of cash realized as program income.

For reports which are prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, and the amount of cash advances and payments made to contractors and subgrantees.

For reports prepared on an accrued expenditure basis, outlays are the sum of actual cash disbursements; the amount of indirect expenses incurred; and the net increase (or decrease) in the amounts owed by the grantee for goods and other property received and for services performed by employees, contractors, subgrantees, and other payees.

10g. Total Federal share of outlays

ENTER: The Federal share of program outlays. The amount should be the difference between lines e and f. The Federal share of refunds and all audit adjustments are to be adequately explained and identified in Item 12 and on a separate schedule if additional space is necessary.

10h. Total unliquidated obligations

ENTER: Total amount of unliquidated obligations for this program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are:

Cash basis -- Obligations incurred but not paid;

Accrued expenditure basis -- obligations incurred, for which an outlay has not been recorded.

When the report is prepared on a cash basis, enter the total amount of unpaid obligations for this program including unpaid obligations to subgrantees and contractors. If the report is prepared on an accrued expenditure basis, enter the amount of undelivered orders and other outstanding obligations. Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.

10i. LESS: Non-Federal share of unliquidated obligations shown on line h

ENTER: The non-Federal share of unpaid obligations shown on line h.

10j. Federal share of unliquidated obligations

ENTER: The Federal share of unpaid obligations shown on line h. The amount shown on this line should be the difference between the amounts on line h and i.

If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates the month, day and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

12. REMARKS — Report any supplemental data in this section and continue on an attached sheet if necessary. All attachments should contain identifying data shown in items (3) and (10).

If any program income alternative (see 45 CFR Part 74.42(d) and (e) and ADD-IM-85-4) other than the deduction alternative is used or if deferral to a later period is authorized, report the amount of general program income earned during the reporting period here. For all program income alternatives list the source of the income or describe how the income was earned.

13. CERTIFICATION — Each SF-269 submitted must contain signature of authorizing official with printed name and title, date of report submitted, along with the telephone number of the authorizing official.

After completion of the SF-269, Financial Status Report, with appropriate signatures on the forms:

Forward the signed original and three copies to the appropriate Regional Office of Fiscal Operations.

Attached for your information is a listing of the Directors, Office of Fiscal Operations, and the ADD Regional Program Officials. The Regional Office will review the SF-269 submitted, and forward forms to Central Office for final processing.

FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED

2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER

OMB Approved No. 80-R0180

PAGE 1 OF 3 PAGES

3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)

4. EMPLOYER IDENTIFICATION NUMBER

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

6. FINAL REPORT ☐ YES ☐ NO

7. BASIS ☐ CASH ☐ ACCRUAL

8. PROJECT/GRANT PERIOD (See instructions)
FROM (Month, day, year) TO (Month, day, year)

9. PERIOD COVERED BY THIS REPORT
FROM (Month, day, year) TO (Month, day, year)

10. BASIC SUPPORT PROGRAM

STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(c) SERVICES NON-POVERTY	(b) SERVICES POVERTY	(e) TOTAL SERVICES	(d) PLANNING	(e) ADMINISTRATION	(f) TOTAL PLANNING & ADMINISTRATION	TOTAL (g)
a. Net outlays previously reported	$	$	$	$	$	$	$
b. Total outlays this report period							
c. *Less:* Program income credits							
d. Net outlays this report period *(Line b minus line c)*							
e. Net outlays to date *(Line a plus line d)*							
f. *Less:* Non-Federal share of outlays							
g. Total Federal share of outlays *(Line e minus line f)*							
h. Total unliquidated obligations							
i. *Less:* Non-Federal share of unliquidated obligations shown on line h							
j. Federal share of unliquidated obligations							
k. Total Federal share of outlays and unliquidated obligations							
l. Total cumulative amount of Federal funds authorized							
m. Unobligated balance of Federal funds							

11. INDIRECT EXPENSE

a. TYPE OF RATE *(Place "X" in appropriate box)* ☐ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED

b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE

12. REMARKS: *Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. CERTIFICATION
I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REPORT SUBMITTED

TYPED OR PRINTED NAME AND TITLE

TELEPHONE *(Area code, number and extension)*

269-101

STANDARD FORM 269 (7-76)
Prescribed by Office of Management and Budget
Cir. No. A-110

FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED

2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER

OMB Approved No. 80-R0180

PAGE 2 OF 3 PAGES

3. RECIPIENT ORGANIZATION *(Name and complete address, including ZIP code)*

4. EMPLOYER IDENTIFICATION NUMBER

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

6. FINAL REPORT ☐ YES ☐ NO

7. BASIS ☐ CASH ☐ ACCRUAL

8. PROJECT/GRANT PERIOD *(See instructions)*
FROM *(Month, day, year)* TO *(Month, day, year)*

9. PERIOD COVERED BY THIS REPORT
FROM *(Month, day, year)* TO *(Month, day, year)*

10. BASIC SUPPORT PROGRAM-NON-POVERTY

STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a) ALTERNATIVE LIVING ARRANGEMENT	(b) EMPLOYMENT RELATED	(c) CHILD DEVELOPMENT	(d) CASE MANAGEMENT	(e) TOTAL PRIORITY SERVICES	(f) OTHER SERVICES	TOTAL (g)
a. Net outlays previously reported	$	$	$	$	$	$	$
b. Total outlays this report period							
c. *Less:* Program income credits							
d. Net outlays this report period *(Line b minus line c)*							
e. Net outlays to date *(Line a plus line d)*							
f. *Less:* Non-Federal share of outlays							
g. Total Federal share of outlays *(Line e minus line f)*							
h. Total unliquidated obligations							
i. *Less:* Non-Federal share of unliquidated obligations shown on line h							
j. Federal share of unliquidated obligations							
k. Total Federal share of outlays and unliquidated obligations							
l. Total cumulative amount of Federal funds authorized							
m. Unobligated balance of Federal funds							

11. INDIRECT EXPENSE

a. TYPE OF RATE *(Place "X" in appropriate box)* ☐ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED

b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE

12. REMARKS: *Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. CERTIFICATION
I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REPORT SUBMITTED

TYPED OR PRINTED NAME AND TITLE

TELEPHONE *(Area code, number and extension)*

FINANCIAL STATUS REPORT

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PAGE 3 OF 3 PAGES

3. RECIPIENT ORGANIZATION *(Name and complete address, including ZIP code)*

4. EMPLOYER IDENTIFICATION NUMBER

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

6. FINAL REPORT ☐ YES ☐ NO

7. BASIS ☐ CASH ☐ ACCRUAL

8. PROJECT/GRANT PERIOD *(See instructions)*
FROM *(Month, day, year)* TO *(Month, day, year)*

9. PERIOD COVERED BY THIS REPORT
FROM *(Month, day, year)* TO *(Month, day, year)*

10. BASIC SUPPORT PROGAM-POVERTY

STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a) ALTERNATIVE LIVING ARRANGEMENT	(b) EMPLOYMENT RELATED	(c) CHIID DEVELOPMENT	(d) CASE MANAGEMENT	(e) TOTAL PRIORITY SERVICE	(f) OTHER SERVICES	TOTAL (g)
a. Net outlays previously reported	$	$	$	$	$	$	$
b. Total outlays this report period							
c. *Less:* Program income credits							
d. Net outlays this report period *(Line b minus line c)*							
e. Net outlays to date *(Line a plus line d)*							
f. *Less:* Non-Federal share of outlays							
g. Total Federal share of outlays *(Line e minus line f)*							
h. Total unliquidated obligations							
i. *Less:* Non-Federal share of unliquidated obligations shown on line h							
j. Federal share of unliquidated obligations							
k. Total Federal share of outlays and unliquidated obligations							
l. Total cumulative amount of Federal funds authorized							
m. Unobligated balance of Federal funds							

11. INDIRECT EXPENSE

a. TYPE OF RATE *(Place "X" in appropriate box)* ☐ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED

b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE

12. REMARKS: *Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REPORT SUBMITTED

TYPED OR PRINTED NAME AND TITLE

TELEPHONE *(Area code, number and extension)*

269-101

STANDARD FORM 269 (7-76)
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FINANCIAL STATUS REPORT

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2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER

OMB Approved No. 80–R0180

PAGE 1 OF 1 PAGES

3. RECIPIENT ORGANIZATION *(Name and complete address, including ZIP code)*

4. EMPLOYER IDENTIFICATION NUMBER

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

6. FINAL REPORT ☐ YES ☐ NO

7. BASIS ☐ CASH ☐ ACCRUAL

8. PROJECT/GRANT PERIOD *(See instructions)*
FROM *(Month, day, year)* TO *(Month, day, year)*

9. PERIOD COVERED BY THIS REPORT
FROM *(Month, day, year)* TO *(Month, day, year)*

10. PROTECTION & ADVOCACY PROGRAM

STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) LITIGATION	(b) OTHER P&A	(c)	(d)	(e)	(f)	TOTAL (g)
a. Net outlays previously reported	$	$	$	$	$	$	$
b. Total outlays this report period							
c. *Less:* Program income credits							
d. Net outlays this report period *(Line b minus line c)*							
e. Net outlays to date *(Line a plus line d)*							
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11. INDIRECT EXPENSE

a. TYPE OF RATE *(Place "X" in appropriate box)* ☐ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED

b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE

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13. CERTIFICATION
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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REPORT SUBMITTED

TYPED OR PRINTED NAME AND TITLE

TELEPHONE *(Area code, number and extension)*

269–101

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Attachment C

DIRECTORS, OFFICE OF FISCAL OPERATIONS
DEVELOPMENTAL DISABILITIES REGIONS

EASTERN REGION:	Mr. William Chesser OFO/HDS Box 13716 Room 5200 3535 Market Street Philadelphia, Pa. 19101 (215) 596-6565
SOUTHERN REGION:	Mr. Marvin Layne OFO/HDS Room 2025 1200 Main Tower Bldg. Dallas, Tx. 75202 (214) 767-4540
MID-WESTERN REGION:	Mr. William Howard OFO/HDS 601 E 12th Street Room 384 Kansas City, Mo. 64106 (816) 374-3981
WESTERN REGION:	Mr. Eliseo Huerta OFO/HDS 50 United Nations Plaza Room 451-A San Francisco, Ca. 94102 (415) 556-5480

Attachment D

REGIONAL PROGRAM OFFICIALS
ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

EASTERN REGION:	Mr. Al Pearis Box 13716 3535 Market Street Philadelphia, Pa. 19101 (215) 596-1224
SOUTHERN REGION:	Mr. Manuel Soto 1200 Main Tower Bldg. Dallas, Tx. 75202 (214) 767-2623
MID-WESTERN REGION:	Mr. Robert Fain 601 E 12th Street Room 384 Kansas City, Mo. 64106 (816) 374-5211
WESTERN REGION:	Mr. Charles Hall 50 United Nations Plaza San Francisco, Ca. 94102 (415) 556-5814