

ANA AMERICAN RESCUE PLAN (ARP) RECIPIENT ORIENTATION



OPENING PRAYER



**Jim St. Arnold
(Nigaanigiizhig)**

WELCOME REMARKS



Michelle Sauve
Acting Commissioner
of ANA

WELCOME REMARKS



Dr. Sandra Webb
Associate Deputy
Secretary, ACF Office of
Grants Management

WELCOME REMARKS



Carmelia Strickland
Director
ANA Division of Program
Operations

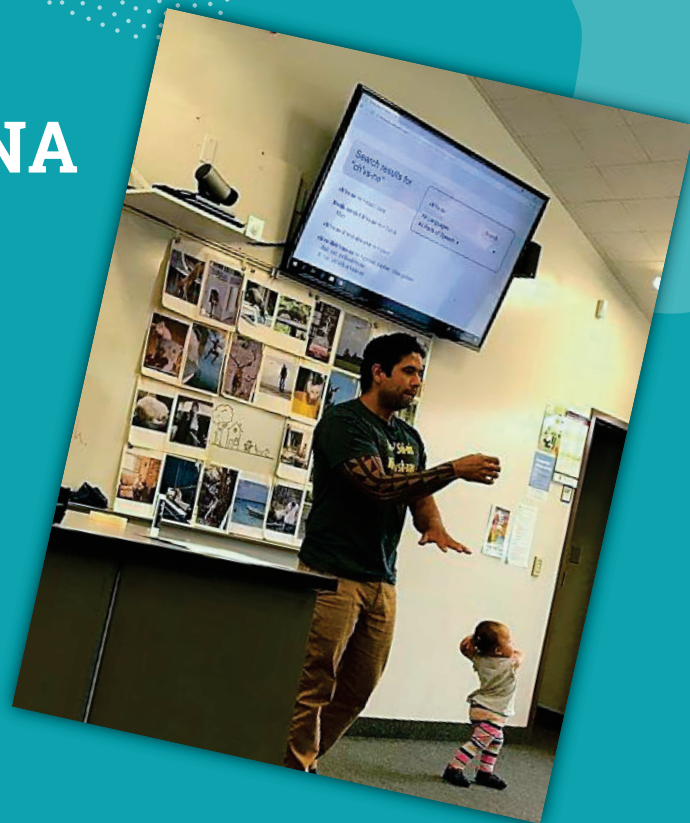
MEETING TOPICS

- ANA Overview
- ANA Team Roles and Responsibilities
- Team Introductions
- GrantSolutions
- Payment Management System
- Reporting Overview
- Important Online Events
- Questions and Answers

GETTING TO KNOW ANA



[HTTPS://www.acf.hhs.gov](https://www.acf.hhs.gov)



ANA MISSION AND VISION

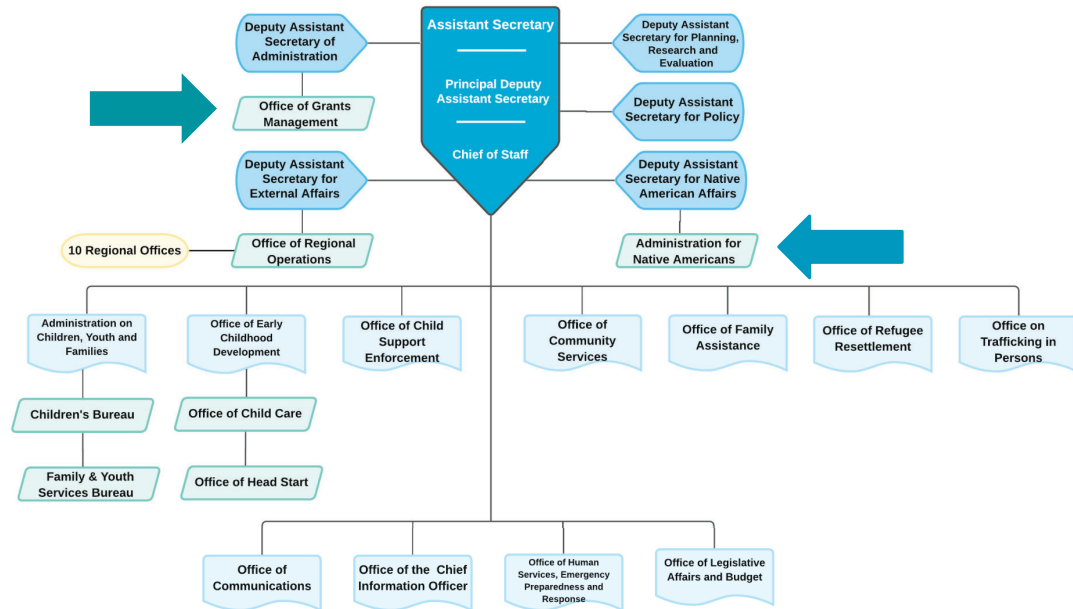
Mission: To promote the goal of self-sufficiency for Native Americans by providing funding for community-based projects, training, and technical assistance.

Vision: To see that Native communities are thriving!



ACF ORGANIZATIONAL CHART

The Administration for Children and Families (ACF) is a division of the U.S. Department of Health and Human Services (HHS).



ROLES AND RESPONSIBILITIES

DPO PROGRAM SPECIALISTS

- Help recipients accomplish their project on time, within budget, and within compliance of federal regulations.
- Responsible for monitoring the programmatic activities and financial elements.

EXAMPLES:

- Discuss making programmatic changes to your project such as key personnel changes or budget modifications.
- Questions about progress reports.

GRANT MANAGEMENT SPECIALISTS

- Responsible for overseeing and approving the financial management activities of the grant.
- Review financial reports and work with ANA Program Specialists on monitoring grants.

EXAMPLES:

- Discuss budget modifications such as a change in your indirect cost rate.
- Questions about the financial report (SF-425).

PMS LIAISON ACCOUNTANT

- Responsible for all payment related activities.
- Assists recipients in resolving disbursement reporting.
- Assists recipients with PMS issues.

EXAMPLES:

- Questions on how to draw down funds.
- Questions about revising a financial report in the system.

ANA DIVISION OF PROGRAM OPERATIONS (DPO)

Director of Program
Operations

Carmelia “Mia”
Strickland

DPO Program Specialists

Rosia Curry

Jill Kane

Mardella Richardson

Maria Boyd

Young Brinson

Kate Gordon

Ty Braschi

Kaylana Gates

Sierra Wilbar

Brandon ‘Kota’ Harley

Mia Beverly

Brian Horlick-Cruz

OFFICE OF GRANTS MANAGEMENT (OGM)

Director of Community
Strengthening Grant
Portfolio

Marco Santos

Grants Management
Officer

Tim Chappelle

OGM Specialists

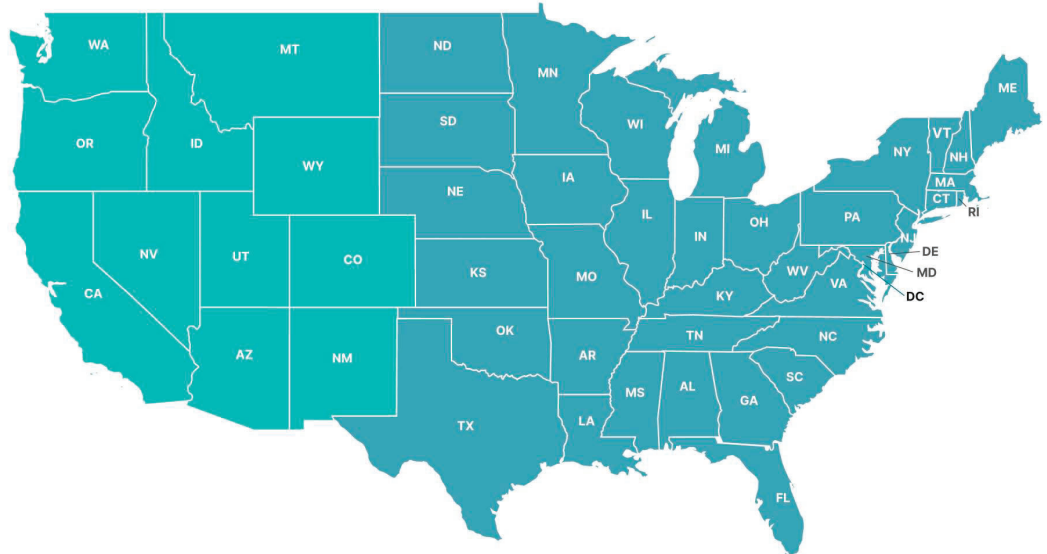
Ruth Hopkins

D’Angela Forbes

Lauren Wyatt



REGIONAL TRAINING AND TECHNICAL ASSISTANCE CENTERS
A Resource of the Administration for Native Americans



ALASKA REGION

THREE STAR GOVERNMENT SOLUTIONS. LLC
TOLL FREE: (800) 948-3158
[HTTP://WWW.ANAALASKA.ORG](http://www.anaalaska.org)

PACIFIC REGION

KA'ANAI'AU, LLC
TOLL FREE: (866) 339-7905
HTTP://WWW.ANAPACIFICBASIN.ORG

WESTERN REGION

MIAMI TECHNOLOGY SOLUTIONS, LLC
TOLL FREE: (855) 890-5299
[HTTP://WWW.ANAWESTERN.ORG](http://www.anawestern.org)

EASTERN REGION

MIAMI TECHNOLOGY SOLUTIONS, LLC
TOLL FREE: (888) 221-9686
[HTTP://WWW.ANAEASTERN.ORG](http://www.anaeastern.org)

Trainer



Mardella Richardson
Lead Program Specialist
ANA ARP Native
Language Grants



What You Need To Know

15

What is GrantSolutions?

- Official grant file and history.
- Submit updated documents through Grants Notes, i.e., current indirect cost rate agreements.
- Grant amendments are submitted for approval.



GrantSolutions User Access Form

GrantSolutions.gov	Print Form	GrantSolutions.gov	GrantSolutions.gov
Grantee User Account Request Form Please use this form to request the following GrantSolutions Grantee user account actions: <ul style="list-style-type: none">Create a new account at an existing grantee organizationUpdate information pertaining to an existing grantee accountClose an existing grantee account GrantSolutions Grantee User Accounts All account requests must be made by the prospective user's supervisor or other authorized organization official. <ol style="list-style-type: none">The authorized official must complete and sign the first section of the Account Request Form.The person who will be receiving access needs to:<ol style="list-style-type: none">Sign and date the second part of the form (Data Access/Security Compliance Statement) Additional GrantSolutions Grantee User Accounts If you require additional grantee user accounts for your organization, please complete a copy of the attached change request form for each person. Please be sure to complete the form in its entirety for each account request. Changes to Existing GrantSolutions Grantee User Accounts Should any information regarding an existing Grantee user account change, please complete, in its entirety, the attached change request form. Changes to existing accounts may include: <ul style="list-style-type: none">Change of staff person's role (indicate new Job Title)Update of person's contact informationClosure of an account Submission of the GrantSolutions Grantee User Account Request Form Most account changes (role assignments, new accounts, account closures) must be requested by the Grantee Authorized Official or in some cases the Program Director. The Support Center will verify all account requests as needed. Request forms sent via e-mail must be scanned to include original signatures. Completed Grantee User Account Request Forms may be submitted to the GrantSolutions Support Center by email to help@grantsolutions.gov or by FAX to 301-998-7272. PLEASE NOTE: The GrantSolutions Support Center is unable to accept any email over 5 MB in total size. Please make sure your total email size with attachment does not exceed 5 MB. Initial account information will be sent to the new (or changed) user's email address provided. Upon initial login, the user will be required to change temporary password assigned by the system. If you have any questions please contact the GrantSolutions Support Center at help@grantsolutions.gov or toll-free on (866) 577-0771.		Grantee User Account Request Form Request Type: ☐ New Account ☐ Account Change ☐ Account Closure Partner Agency: ☐ Department of Health and Human Services ☐ Department of State ☐ Department of Agriculture ☐ Social Security ☐ Department of Transportation ☐ Defense Commission ☐ Other Role Authority: ☐ Authorizing Official ☐ Financial Officer ☐ Program Director/Principal Investigator ☐ Financial Officer Support ☐ Support Staff ☐ Reporting Only Organization Name: Address 1: Address 2: City: State: ZIP + 4: Grant Number(s): This should be a grant number of any grant awarded to your organization that is or has been in GrantSolutions. This will be used to help confirm organization information. First Name: Last Name: Title: Phone: Fax: Email Address: Person Address 1: Person Address 2: City: State: ZIP + 4: Please complete the Person Address only if it is different from the Organization Address. Authorized Official Name: Title: Authorized Official Signature: Note: Request should be signed by authorized organization business/signing official.	US Government Data Access Request/Security Compliance Statement As a user granted with Grantee authority, I agree to abide by the following: <ul style="list-style-type: none">I will not disclose data from the GrantSolutions system to anybody except authorized system users whose roles permit access to that data.I will not make any unencrypted electronic copies of data from the GrantSolutions system.I will take all reasonable steps to ensure I do not violate the privacy and confidentiality of all data from the GrantSolutions system.I will ensure the proper disposal of data (in any format) and printed reports.I will access the GrantSolutions system only to the extent that my duties require such access.I will report inappropriate or malicious use of the GrantSolutions system to the GrantSolutions Help Desk and the ACF CISO/ISSO.I will immediately notify the GrantSolutions Help Desk of any account changes, including the need to close my account. User Name (Printed): User Signature: Date:

Access to GrantSolutions



Complete User Access Form

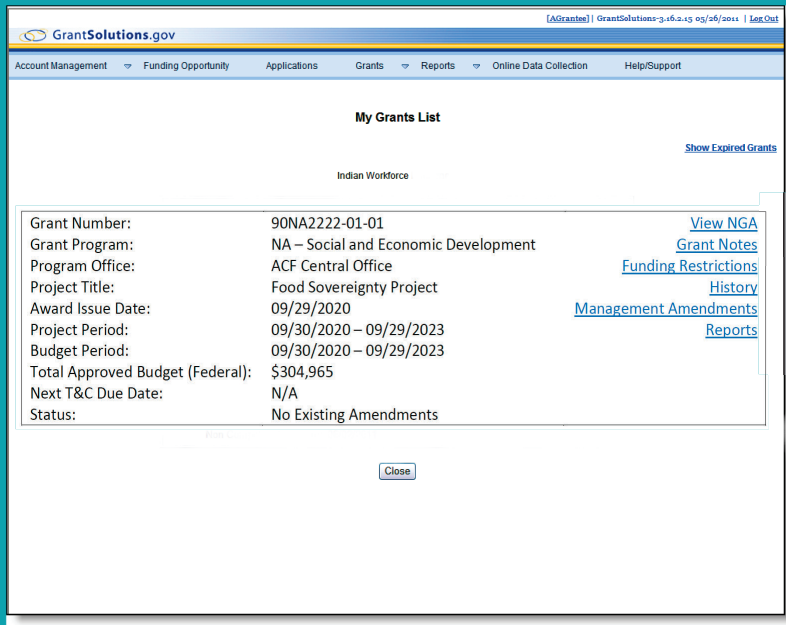


Form Signed by Supervisor



Send Form to GrantSolutions Help Desk and cc: your Program Specialist

Notice of Grant Award (NGA)



The screenshot shows the 'My Grants List' page on GrantSolutions.gov. The page displays details for a specific grant with the following information:

Grant Number:	90NA2222-01-01	View NGA
Grant Program:	NA – Social and Economic Development	Grant Notes
Program Office:	ACF Central Office	Funding Restrictions
Project Title:	Food Sovereignty Project	History
Award Issue Date:	09/29/2020	Management Amendments
Project Period:	09/30/2020 – 09/29/2023	Reports
Budget Period:	09/30/2020 – 09/29/2023	
Total Approved Budget (Federal):	\$304,965	
Next T&C Due Date:	N/A	
Status:	No Existing Amendments	

At the bottom of the form, there is a 'Close' button.

This is where you can find your most recent Notice of Grant Award (NGA).

All previously issued NGAs can be found under the History link.



Payment Management System
Program Support Center

What is the Payment Management System (PMS)?

- Online payment system responsible for all payment related activities
- Serves as the fiscal intermediary between ANA and grant recipients
- Is a reporting system for grant financial reporting for ANA.
- Transmits disbursement data back to ANA

ESTABLISH A PMS USER ACCOUNT

1

Go to <https://pms.psc.gov> and click on "Request Access to PMS". Select "Create New User".

2

Enter and confirm your email address.

3

Click "Request Email Verification Code" and a verification code will be emailed to you.

4

Select a security question and enter the answer.

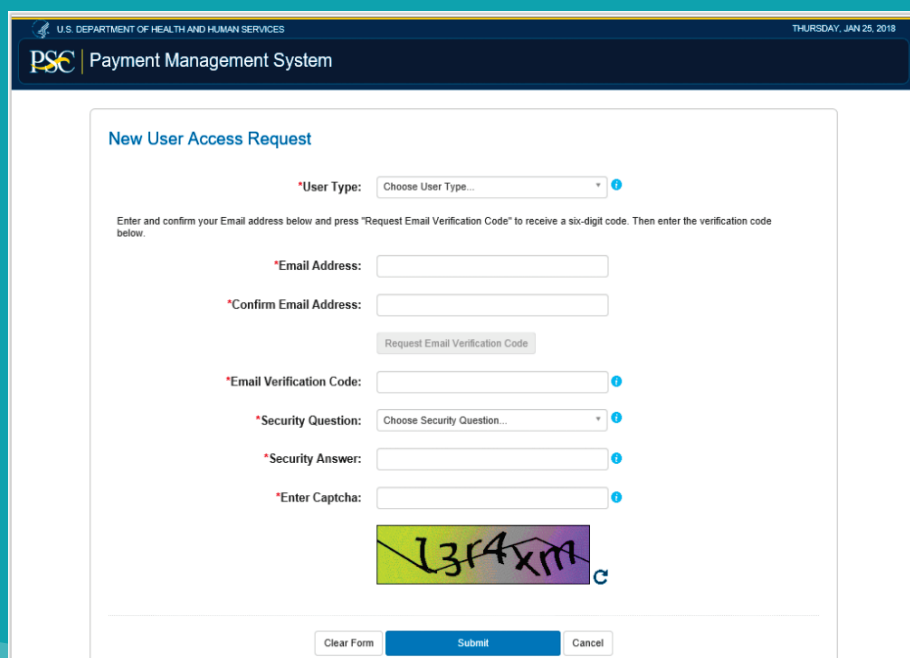
5

Enter the Captcha shown.

6

Click "Submit".

PMS Access Request Form



The screenshot shows the "New User Access Request" form within the "Payment Management System" (PMS) interface. The header includes the U.S. Department of Health and Human Services logo and the date "THURSDAY, JAN 25, 2018". The form contains the following fields and instructions:

- *User Type:** A dropdown menu with the option "Choose User Type...".
- Email Address Instructions:** "Enter and confirm your Email address below and press 'Request Email Verification Code' to receive a six-digit code. Then enter the verification code below."
- *Email Address:** A text input field.
- *Confirm Email Address:** A text input field.
- Request Email Verification Code:** A button.
- *Email Verification Code:** A text input field.
- *Security Question:** A dropdown menu with the option "Choose Security Question...".
- *Security Answer:** A text input field.
- *Enter Captcha:** A text input field.
- Captcha Image:** A small image showing the text "L3r4xm" with a green background and a purple border.
- Buttons:** "Clear Form", "Submit", and "Cancel" at the bottom.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (Check only one)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ Social Security ☐ Fed. Salary/M. Civilian Pay	
C CLAIM OR PAYROLL ID NUMBER		☐ Supplemental Security Income ☐ MI Active	
Prefix Suffix		☐ Railroad Retirement ☐ MI Retiree	
PAYEE/JOINT PAYEE CERTIFICATION		☐ Civil Service Retirement (CPRM) ☐ MI Survivor	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		☐ VA Compensation or Pension ☐ Other (specify)	
SIGNATURE	DATE	G THIS IS A JOINT ACCOUNT OF PAYMENT ONLY (if applicable)	
SIGNATURE	DATE	TYPE	
JOINT ACCOUNT HOLDERS' CERTIFICATION		AMOUNT	
I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE	DATE		
SIGNATURE	DATE		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
		DEPOSITOR ACCOUNT TITLE	
FINANCIAL INSTITUTION CERTIFICATION			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.
GOVERNMENT AGENCY COPY
NSN 7540-01-058-0224 1199-207
Designed using Perform Pro, WHISDOR, Mar 97

PMS DIRECT DEPOSIT SIGN-UP FORM

To ensure accuracy when completing the Direct Deposit Sign-Up Form:

BOX 1A: Name must match organization name on Notice of Grant Award (NGA).

BOX 1B: Leave blank. SF1199A form will be rejected if an individual's name appears.

BOX 1C: Organization's taxpayer identification number must be included in this field.

SECTION 1 – PAYEE/JOINT PAYEE CERTIFICATION: Signatures must be included on the form.



Payment Management System
Program Support Center

**Find your PMS Liaison
Accountant**

<https://pms.psc.gov/find-pms-liaison-accountant.html>

**For General Questions
about PMS**

1-877-614-5533

PMSSupport@pcs.hhs.gov

ARP REPORTING



SCHEDULE OF REPORTS DUE

Financial Reports in PMS

Cash Transactions Report (FFR Line 10)

January 30 • April 30
July 30 • October 30

FFR/FSR (SF-425) Report

April 30
October 30

Final FFR/FSR (SF-425) Report

Due 90 days after the
close of the grant.

ARP Progress Report (APR)

April 30
October 30

Post-Project Report (PPR)

Due 90 days after the
end of project.

Program Progress Reports

ARP POST AWARD TRAINING



ARP POST AWARD TRAINING DATES



Each region will host their own virtual Post Award Training.



Dates to be determined.



Mandatory training for 1 program staff & 1 finance person.

ANNUAL EVENTS



NATIVE LANGUAGE SUMMIT

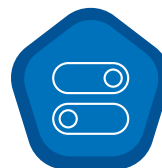
The Native Language Summit was developed through an interagency agreement between the ANA, Bureau of Indian Education (BIE) and Department of Education, Office of Indian Programs. This two-day gathering provides information on current practices, research and resources.



November 18-19, 2021



Virtual meeting. No travel required.



Optional. Not required.

ANNUAL GRANTEE MEETING

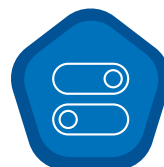
The Annual Grantee Meeting is an opportunity for grant recipients and federal staff who are working in Native communities to exchange ideas, provide feedback to one another, learn about how to better manage your grant award, and learn about resources.



March 22–24, 2022



Virtual meeting. No travel required.



Optional. Not required.

CONTACT INFORMATION



ANA Help Desk

(877) 922-9262
<https://acf.hhs.gov/ana>



Eastern Region TTA Center

(888) 221-9686
<https://www.anaeastern.org>



Western Region TTA Center

(855) 890-5299
<https://www.anawestern.org>



Alaska Region TTA Center

(800) 948-3158
<https://www.anaalaska.org>



Pacific Region TTA Center

(844) 944-9544
<https://www.anapacificbasin.org>



<https://www.ananlcc.org>



QUESTIONS?

THANK YOU



Good Luck with your Project!