Application Preview

Facesheet

1. Demographic Information

Please review the pre-populated information and edit as needed. Enter the first month and date of the grantee agency's fiscal year.

a. Demographic Information Name
b. Organizational Unit
c. Address
d. Address 2
e. City State Zip
f. Federal ID Number Reference No. Unique Entity Id.
g. Agency's fiscal year (beginning month and day)
h. Agency Type

- ○ Native American Tribes
- ○ Private, Non-Profit
- ○ Private, Proprietary
- ○ Public

1. Select the appropriate radio button to indicate the agency method of accounting.
   - ○ Accrual
   - ○ Cash
   - ○ Modified Accrual
2. Please complete and upload a Pre-Award Risk Assessment Questionnaire (template available in Show Documents).

2. Program / Service Information

Please indicate if the grantee agency is implementing the program. If no is selected, enter the implementing agency's name. Click on the mailbox to enter the implementing agency's contact information.

a. Program / Service Information Name
b. Is implementing agency same as Demographic Information ○ Yes ○ No
c. Implementing Agency Name
   Address
   City State Zip
   Phone Fax
d. Project Start Date End Date
e. Amount of Funds Allocated Project Cost

SAMPLE

3. Contact Information

At a minimum, the grantee Agency must identify an Authorized Official, Financial Officer and a Project Director in the application. If the individuals identified are system users, select the applicable user name from the lookup menu. Review and edit their contact information as needed.

a. Contact Type
Name
Title
Mailing Address
City State Zip Code
Telephone Fax
E-mail Address

SAMPLE

Certifications

4. Assurances and Certifications

A. SPECIAL CERTIFICATIONS

a ☐ By checking this box, the individual or officer certifies that the individual or officer is authorized to approve this grant application for submission to the Department of Health and Human Services on behalf of the responsible governing board, official or Grantee.

b ☐ By checking this box, the individual or officer certifies that the individual or officer is authorized to sign the agreement on behalf of the responsible governing board, official or Grantee.

B. State of Michigan Information Technology Information Security Policy

1. By checking the following boxes, the Grantee acknowledges compliance with State of Michigan Information Technology Information Security Policy* and provides the following assurances:

a. ☐ The Grantee Project Director will be notified within 24 hours when its users are terminated or transferred or immediately if after an unfriendly separation.

b. ☐ The Grantee Project Director will annually review and certify user accounts to verify the user's access is still required and the user is assigned the appropriate permissions.

c. ☐ The Grantee Project Director will remove user's access within 48 hours of notification when users are terminated or transferred, or immediately if after an unfriendly separation.

d. ☐ After 120 days of inactivity, when the user attempts to log into their account they will receive a message stating their account has been deactivated, and the user will have to request the account be reinstated.

*Policy available at https://www.michigan.gov/documents/dmb/1340_193162_7.pdf

SAMPLE

Narrative

5. Program Synopsis

Please provide a brief synopsis of the project, including background, purpose and/or overall goal of the project.

6. Program Target Area

Please identify the counties that will directly receive services or be impacted by the project.

Counties project will serve (check all that apply):

☐ Alcona	☐ Alger	☐ Allegan
☐ Alpena	☐ Antrim	☐ Arenac
☐ Baraga	☐ Barry	☐ Bay
☐ Benzie	☐ Berrien	☐ Branch
☐ Calhoun	☐ Cass	☐ Charlevoix
☐ Cheboygan	☐ Chippewa	☐ Clare
☐ Clinton	☐ Crawford	☐ Delta
☐ Dickinson	☐ Eaton	☐ Emmet
☐ Genesee	☐ Gladwin	☐ Gogebic
☐ Grand Traverse	☐ Gratiot	☐ Hillsdale
☐ Houghton	☐ Huron	☐ Ingham
☐ Ionia	☐ Iosco	☐ Iron
☐ Isabella	☐ Jackson	☐ Kalamazoo
☐ Kalkaska	☐ Kent	☐ Keweenaw
☐ Lake	☐ Lapeer	☐ Leelanau
☐ Lenawee	☐ Livingston	☐ Luce
☐ Mackinac	☐ Macomb	☐ Manistee
☐ Marquette	☐ Mason	☐ Mecosta
☐ Menominee	☐ Midland	☐ Missaukee
☐ Monroe	☐ Montcalm	☐ Montmorency
☐ Muskegon	☐ Newaygo	☐ Oakland
☐ Oceana	☐ Ogemaw	☐ Ontonagon
☐ Osceola	☐ Oscoda	☐ Otsego
☐ Ottawa	☐ Presque Isle	☐ Roscommon
☐ Saginaw	☐ St. Clair	☐ St. Joseph
☐ Sanilac	☐ Schoolcraft	☐ Shiawassee
☐ Tuscola	☐ Van Buren	☐ Washtenaw
☐ Wayne	☐ Wexford	☐ Out Wayne

SAMPLE

Work Plan

FOR OFFICE USE ONLY: Version # _____ APP # _____

7. Workplan

Objectives—List the objectives necessary to successfully achieve the program goal(s). If there is more than one program goal, group the related objectives and activities under the appropriate goal. Objectives should respond to the identified need and be SMART (specific, measurable, appropriate, realistic and time-based).

Activities—for each objective, include the major activities necessary to accomplish the objective. The activities should clearly describe what actions or steps will be taken to accomplish each objective (i.e. the “to-do” list). Activities should be grouped under the objective to which they pertain.

SAMPLE

Budget

	Line Item	Qty	Rate	Units	UOM	Total
Amount	1.	**Salary & Wages**				

Instructions : Select all the position titles or job descriptions required to staff the program. Enter the quantity and rate as average cost per FTE. Positions may also be entered with hourly rate information. Select the UOM (Unit of Measure) using the look-up icon as 'FTE'.

Using Notes enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits as needed (i.e., if the employee is limited term and/or does not receive fringe benefits).

This category includes compensation paid to permanent and part-time employees on the payroll of the Grantee who work in the program. Is reasonable for the services rendered and conforms to the established written policy of the Grantee consistently applied to both Federal and non-Federal activities.

This category may include the cost of leave/paid time off (e.g., vacation, sick, holiday, bereavement, military) or it may be included as a fringe benefit, based on the Grantee's written policy. See Section 2. It cannot be included in both categories and must be consistently budgeted and expensed for all Federally and non-Federally funded programs and activities of the Grantee.

This category does not include personnel hired on a private contract basis or through a personnel service, contractual services, or professional fees. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Contractual – Professional Services.

1. Accountant					
2. Administrator					
3. Analyst					
4. Assistant					
5. Attorney					
6. Chief Executive Officer					

SAMPLE

7. Clerk					
8. Data Entry/Coder					
9. Consultant					
10. Coordinator					
11. Counselor					
12. Case Manager					
13. Case Worker					
14. Customer Support					
15. Director					
16. Educator					
17. Epidemiologist					
18. Evaluator					
19. Executive Director					
20. Financial Analyst/Specialist					
21. Field Coordinator					
22. Financial Officer					
23. Health Educator					
24. Health Officer					
25. Intern					
26. Information Officer					
27. Laboratory Technician					
28. Lead Worker					

SAMPLE

29. Medical Personnel					
30. Manager					
31. Nurse					
32. Nutritionist/Dietician					
33. Outreach Worker					
34. Program/Project Manager					
35. Programmer					
36. Physician					
37. Principle Investigator					
38. Planner					
39. Researcher					
40. Sanitarian					
41. Secretary					
42. Senior Analyst					
43. Specialist					
44. Student					
45. Surveyor					
46. Social Worker					
47. Technician					
48. Trainer					
49. Volunteer					
50. Web Developer					

SAMPLE

	51. Other [ ]					

2. **Fringe Benefits**

Instructions : Enter composite rate for fringe benefit or select the applicable fringe benefits using the look-up icon for employees assigned to this program.

Enter Composite Rate for fringe benefit or select the applicable fringe benefits using the look-up icon for employees assigned to this program. If selecting 'All Composite Rate' is includes the following fringe benefits; FICA, Unemployment Ins., Retirement, Health Ins., Life Ins., Visions Ins., Dental Ins., and Work Comp. If selecting 'Composite Rate', enter the specific fringe benefits, when using composite rate.

Fringe benefits include, but are not limited to, the costs of leave/paid time off (e.g., vacation, sick, holiday, bereavement, military), employee insurance (e.g., employer paid portion of health, dental, vision, life), pensions, employer contribution to a retirement account, bonuses, health stipends in lieu of health insurance, unemployment, workers compensation, social security.

The cost of leave/paid time off, and other taxable income (e.g., bonuses, health stipends in lieu of health insurance) may be included in salaries/wages, , . See Item 1 above. It cannot be included in both categories and must be consistently budgeted and expensed for all Federally and non-Federally funded programs and activities of the Grantee.

The cost of fringe benefits is allowable provided they are reasonable and are required by law, or a Grantee-employee agreement or established in the Grantee's written policy.

Fringe benefit costs must be equitably allocated to all activities (Federal award activity and non-Federal award activity).

See Title 2 CFR 200.431 for fringe benefit regulations.

1. All Composite Rate					
2. Composite Rate					
3. Dental Insurance					
4. FICA					
5. Hearing					

SAMPLE

	6. Hospitalization					
	7. Life Insurance					
	8. Longevity					
	9. Retirement					
	10. Tuition Remissions					
	11. Unemployment					
	12. Vision Insurance					
	13. Worker's Compensation					
	14. Other [ ]					
3.	**Employee Travel and Training**					

Instructions : Enter cost of employee travel. Use only for travel costs of permanent and part-time employees assigned to the program.

This category includes the cost of travel and training for full and part-time employees working in the program.

This category does not include travel and training costs for personnel hired on a private contract basis or through a personnel service, for contractual services, or for volunteers.

This category includes the cost of mileage, lodging, per diem, meals, tips, modes of transportation, approved registration fees for conferences, seminars, and other types of training related to the program.

The costs must be consistent with the Grantee's written policy and procedures to be allowable.

See Title 2 CFR 200.474 for travel expense requirements.

Specific detail should be stated in the space provided if the category exceeds 10% of the Total Expenditures.

1. Conference Registration					

SAMPLE

	2. Air Fare					
	3. Lodging					
	4. Mileage [ ]					
	5. Per Diem [ ]					
	6. Lease Vehicle					
	7. Other [ ]					

4. **Supplies & Materials**

Instructions : Enter cost of supplies & materials.

This category includes consumable and short-term items costing less than five thousand dollars ($5,000).

Examples include office supplies, office furniture, computers, computer software, printers, printing, postage, janitorial supplies, educational supplies, medical supplies, etc. according to the requirements of the program.

This category does not include the cost of supplies and materials related to operating a shelter or other emergency housing.

Purchases of materials and supplies must be charged at the actual price, net of applicable credits.

For budgeting purposes, when the Supplies and Materials line item budget will not exceed 10 percent of the total budgeted grant expenses, specific detail will not be required. Detail is required only when the Supplies and Materials line item budget will exceed 10 percent.

Specific detail should be stated in the space provided if the category exceeds 10% of the Total Expenditures.

1. Clinical Supplies					
2. Computer					
3. Drugs/Pharmaceuticals					

SAMPLE

	4. Educational Films					
	5. Educational Supplies					
	6. Formula					
	7. Office Furniture					
	8. Janitorial Supplies/Services					
	9. Medical Supplies					
	10. Office Supplies					
	11. Postage					
	12. Printing					
	13. Printer					
	14. Screening Supplies					
	15. Software					
	16. Vaccines					
	17. Other [ ]					
5.	**Subawards – Subrecipient Services**					
	Instructions : Enter costs of subawards (including subrecipient agreements). Statements of work are required for agreements above $50,000 and must be attached. This category includes the cost of an agreement (subaward) between the Grantee and another organization for the purpose of carrying out a portion of the Grant program. A subaward is a subrecipient relationship Title 2 CFR 200.331states that a pass-through entity (in this case the Grantee) must make case by case determinations whether an agreement it makes for the disbursement of Federal funds casts the party receiving the funds in the role of a subrecipient or contractor. In determining whether an agreement casts the role of party receiving the Federal funds from the Grantee as a subrecipient or contractor, the substance of the relationship is more important than the form of the agreement. All characteristics listed below may not be present in all cases and the Grantee must use judgement when determining if the					

SAMPLE

agreement is a subaward or a procurement contract.

Subrecipient Characteristics

A subaward is for the purpose of carrying out a portion of a Federal award and creates a Federal assistance relationship with the subrecipient. Characteristics of a subrecipient include:

(1) In accordance with its agreement, uses the Federal awards to carry out a public purpose specified in authorizing statute, as opposed to providing goods and services for the benefit of the pass-through entity.

(2) Is responsible for adherence to applicable Federal program requirements specified in the Federal award.

(3) Has responsibility for programmatic decision making.

(4) Determines who is eligible to receive what Federal assistance.

(5) Has its performance measured in relation to whether objectives of the Federal program are met.

1. Subrecipient Agency [ ]					
2. Other [ ]					

6. **Contractual - Professional Services**

Instructions : Enter contracts for professional and/or personnel services. Statements of work are required for contracts above $50,000 and must be attached.

This category includes the costs of professional and personnel services rendered by members of a particular profession or possess a certain skill set and are not employees of the Grantee.

This category includes the costs of services such as accounting, auditing, payroll, consulting, services, contract employees, etc.

Grantees generally hire contract employees in place of part-time or full-time staff because of the need for specialized skills or budgetary reasons.

SAMPLE

The Grantee is not responsible for taxes, social security, workers compensation, unemployment, health benefits, sick or vacation time for contract employees.

Travel expenses may be included when it is part of the contract terms between the Grantee and the contractor.

Training expenses may be included when it is part of the contract terms between the Grantee and the contractor.

1. Accounting Services [ ]					
2. Audit Services [ ]					
3. Evaluation Services [ ]					
4. Payroll Services [ ]					
5. Subcontracting Agency [ ]					
6. Other [ ]					

7. **Communications**

Instructions : Enter communication costs. This category includes the cost of telephone services (cell and/or land lines), hotline, data lines, internet services, cloud services, copy machine, and website necessary for the operation of the program,

The cost of certain telecommunication and video surveillance services or equipment are prohibited in accordance with Title 2 CFR 200.216.

For budgeting purposes, when the Communications line item budget will not exceed 10 percent of the total budgeted grant expenses, specific detail will not be required. Detail is required only when the Communications line item budget will exceed 10 percent.

Specific detail should be stated in the space provided if the category exceeds 10% of the Total Expenditures.

1. Cellular Telephone Service					
2. Cloud Services					

SAMPLE

	3. Data Line					
	4. Fax Line					
	5. Hotline					
	6. Internet Services					
	7. Office Telephone Service					
	8. Video Conferencing Service					
	9. Website					
	10. Other [ ]					
8.	**Grantee Rent Costs**					
	Instructions : Enter agency rent costs. This category includes the cost of rent/leases by the Grantee for space related to the operation of the program. This category does not include the cost of client rent assistance or equipment rentals/leases. Specific detail should be stated in the space provided if the category exceeds 10% of the Total Expenditures.					
	1. Rent/Lease					
	2. Other [ ]					
9.	**Space Costs**					
	Instructions : Enter agency space costs. This category includes costs to maintain a facility related to the operation of the program. Costs include electricity, heating and air conditioning, maintenance and repairs, lawncare and snowplowing, janitorial services, insurance, security system, depreciation (when the space is owned by the Grantee), etc. These costs must be allocated equitably to all Federal and non-Federal activities related to the space. Shelter Expenses – The costs associated with operating a shelter. Includes such things as rent or depreciation, insurance, utilities, maintenance and repairs, snow removal, lawn care, trash removal, security system etc.					

SAMPLE

Specific detail should be stated in the space provided if the category exceeds 10% of the Total Expenditures.

1. Building Insurance					
2. Depreciation					
3. Electricity					
4. Heating and Air Conditioning					
5. Lawncare					
6. Maintenance and Repairs					
7. Security System					
8. Snow Removal					
9. Other [ ]					

10. **Capital Expenditures - Equipment & Other**

Instructions : Enter a description of the equipment being purchased, enter number of units and the unit value.

Title 2 CFR 200.1 defines capital assets as tangible or intangible assets used in operations having a useful life of more than one year which are capitalized in accordance with Generally Accepted Accounting Principles and includes:

• Land, buildings (facilities), equipment, and intellectual property (including software) whether acquired by purchase, construction, manufacture, exchange, or through a lease accounted for as financial purchase under GASB or a finance lease under FASB.

• Additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life.

Please refer to Title 2 CFR 200.439(b) for rules of allowability for equipment and other capital expenditures.

Title 2 CFR 200.436(d)(2) states that when computing depreciation the depreciation method used must reflect the pattern of consumption of asset during its useful life.

• In the absence of clear evidence indicating that the expected consumption will be significantly greater in the early portions of its useful life, the straight-line method must be

SAMPLE

	presumed to be the appropriate method. • Depreciation methods once used may not be changed unless approved by the cognizant agency. • The depreciation methods used to calculate depreciation for indirect rate purposes must be the same methods used by the non-Federal entity for its financial statements. Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager with the final Financial Status Report.					
	1. Capital Expenditure: Improvements [ ]					
	2. Capital Expenditures: Other [ ]					
	3. Equipment: Communication System [ ]					
	4. Equipment: Computer Systems/Servers [ ]					
	5. Equipment: Lab Equipment [ ]					
	6. Equipment: Medical Equipment [ ]					
	7. Equipment: Vehicle [ ]					
	8. Other [ ]					
11.	**Client Assistance - Rent**					
	Instructions : Enter client rental assistance. This category includes the cost of rental assistance provided for eligible clients in accordance with the program requirements. The Grantee must account for rental assistance separate from all other client assistance. Specific detail should be stated in the space provided if the category exceeds 10% of the Total Expenditures.					
	1. Client Rent					
	2. Other [ ]					
12.	**Client Assistance - All Other**					
	Instructions : Enter costs for client assistance, excluding rental assistance.					

SAMPLE

This category includes the costs of providing assistance for eligible clients in accordance with program requirements. The guidance below is not meant to be comprehensive and some costs may not be allowable for a particular program. It is the Grantee's responsibility to budget and report expenses in accordance with the program requirements.

Examples include:

(1) Gift Cards/Prepaid Cards/E-Cards/Store Cards/Vouchers – The cost various types of purchase cards (e.g., gas, phone, food), vouchers (e.g., laundry vouchers for a local laundromat), and public transportation cards/tokens, etc. in accordance with program requirements.

(2) Transportation – The cost of taxis, Uber, Lyft, etc. for eligible clients when necessary for the health and safety for eligible clients in accordance with program requirements.

(3) Utilities – The costs associated with heat, electricity, water, etc. for eligible clients in accordance with program requirements.

(4) Personal Care – The costs associated with food, formula, clothing, diapers, toiletries, medication, medical equipment, etc. for eligible clients in accordance with program requirements.

(5) Safety – The cost of changing windows and doors or locks, cost of short-term alternative housing (e.g., hotel due to shelter capacity), security cameras, assistance for obtaining long-term housing for a victim (regardless of distance, based on safety needs) etc. for eligible clients in accordance with program requirements.

(6) Other – The cost of assistance not specifically identified above for eligible clients in accordance with program requirements.

Specific detail should be stated in the space provided if the category exceeds 10% of the Total Expenditures.

1. Emergency Financial Assistance					
2. Gift/Prepaid/Store Cards/Vouchers					
3. Personal Care					
4. Relocation					
5. Safety Costs					

SAMPLE

	6. Shelter Expenses					
	7. Transportation (taxi, rideshare)					
	8. Utility Assistance					
	9. Other [ ]					

13. **Other Expense**

Instructions : Enter cost of other expenses. This cost category includes expenses not previously identified on other line items purchased for the operation of the program.

If the Grantee will claim the DeMinimis Indirect rate, the Grantee's accounting records must clearly identify the following excluded expenses which are included as Other Expenses for budget and FSR purposes and excluded when determining Total Modified Direct Costs.

(1) Charges for Patient Care – Medical, social, and educational services to patients relating to prevention, diagnosis, and treatment. Includes medical fees, laboratory, pharmacy, and other health inpatient care, home care services, treatments, professional and consultation fees and related travel costs, transportation of patients including accompanying parents or guardians (or other escort), and for sundry related support such as meals and housing.

(2) Participant Support Costs – Direct costs for such items for stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (not employees) in connection with conferences or training projects.
2 CFR 200.201

(3) Tuition Remission – Refers to ways that a college or university pays tuition costs for students. Includes tuition waivers and tuition payments.

(4) Scholarships and Fellowships – A scholarship is generally an amount paid or allowed to a student at an educational institution for the purpose of study. A fellowship grant is generally an amount paid or allowed to an individual for the purpose of study or research.

Specific detail should be stated in the space provided if the category exceeds 10% of the Total Expenditures.

1. Audit Services					

SAMPLE

	2. Auto Insurance					
	3. External Consultant					
	4. Equipment Leasing					
	5. Fixed Unit Rate/Fee for Service					
	6. Honorarium					
	7. Incentives					
	8. Legal Fees					
	9. Membership					
	10. Meetings					
	11. Patient Care					
	12. Participant Support Costs					
	13. Scholarships/Fellowships					
	14. Subscriptions					
	15. Training/Conference					
	16. Other [ ]					
14.	**Indirect Costs**					
	Instructions : Please reference the "Indirect Costs and Cost Allocation Plan Instructions" by clicking the "Show Documents". Please note that If “Federal Approval” is selected the agency’s Federal Indirect Approval Letter must be attached to the Agency’s profile in EGrAMS. Please note that if you selecting "De Minimis Rate" you must attach the B.4 - Budget De Minimis form.					
	1. Federal Approval [ ]					
	2. State Approval [ ]					

SAMPLE

	3. Other Approval					
	4. De Minimis Rate [ ]					
	5. University Indirect Rate					
15.	**Cost Allocation Plan**					
	Instructions : Please reference the "Indirect Costs and Cost Allocation Plan Instructions" by clicking the "Show Documents".					
	1. Cost Allocation Plan					
	2. Nonprofit CAP (pre-approved only)					
	3. Other Indirect Cost Distributions					
	Totals					

SAMPLE

	Category	Total	Amount	Narrative
1.	Salary & Wages			
2.	Fringe Benefits			
3.	Employee Travel and Training			
4.	Supplies & Materials			
5.	Subawards – Subrecipient Services			
6.	Contractual - Professional Services			
7.	Communications			
8.	Grantee Rent Costs			
9.	Space Costs			
10.	Capital Expenditures - Equipment & Other			
11.	Client Assistance - Rent			
12.	Client Assistance - All Other			
13.	Other Expense			
14.	Indirect Costs			
15.	Cost Allocation Plan			
	Totals			

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind	Narrative
1.	MDHHS State Agreement					
2.	Fees and Collections - 1st and 2nd Party					
3.	Fees and Collections - 3rd Party					

SAMPLE

4.	Local					
5.	Non-MDHHS State Agreements					
6.	Federal					
7.	Other					
8.	In-Kind					
9.	Federal Cost Based Reimbursement					
	Totals					

SAMPLE

Miscellaneous

11. Supporting documentation, if required

Please attach additional documents that are required by the Contract Manager.

Attachment Title	Attachment

SAMPLE