

American Recovery & Reinvestment Act
State of Alabama
September 2009 Monthly Update Form

PLEASE NOTE:

The fields below have been pre-populated with the information submitted in last month's Monthly Update Form.
You must complete a form for each and every grant that your agency intends to apply for and/or receive.

Data reporting range: 2/18/09 to 9/30/09

Agency/Institution: University of Montevallo

Date of Submission: 10/21/09

The amounts entered below should represent cumulative totals for the life of the Recovery Act program/grant.

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| 1) Grant Name | Federal Work-Study Is this grant/program subject to Section 1512 Reporting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' and <u>you have been awarded</u> this grant, you must fill out the <i>Internal Section 1512 ARRA Reporting Form</i> that follows. |
| 2) CFDA Number: | 84.033 |
| 3) Grant Narrative Description: | Federal Work-Study program |
| 4) Status of Application: | Approved |
| 5) Which type of recipient are you? | Prime Recipient <i>If sub-recipient is chosen, type the name of the Prime Recipient below and indicate if you are a delegated or non-delegated sub-recipient:</i> |
| 6) Application Date: | N/A |
| 7) Award Date: | 07/01/2009 |
| 8) Status of Expenditures: | Funds Currently Expended While Federal Work-Study funds were expended prior to 9/30/09, the funds were not drawn from the Ed G5 system. |
| 9) Actual # of Jobs Created/Retained: | 3 |
| 10) Description of Types of Actual Jobs Created / Retained: | Federal-Work Study program jobs. |
| 11) ¹ARRA Funds Awarded: | \$32,402 |
| 12) ²ARRA Funds Available to date: | \$32,402 |
| 13) ³ARRA Funds Expended: | \$32,402 |
| 14) Performance Metric 1 (if applicable) | Provide additional performance measures for this grant/program here. <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure? |
| 15) Performance Metric 2 (if applicable) | Provide additional performance measures for this grant/program here. <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure? |
| 16) Performance Metric 3 | Provide additional performance measures for this grant/program here. |

¹Amount Awarded - the total amount of ARRA Funds that your agency/institution is expecting to receive over the life of the grant/program.

²Amount Available - the total current amount of ARRA funds you have received or that is available to your agency/institution at the time of this report. For instance, you may have been awarded a total of \$1,500,000 dollars but may have only received \$50,000.

³Amounted Expended - total amount of ARRA Funds spent on ARRA projects.

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| (if applicable) | <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure? |
| 17) Administration of grant/program | <p>Provide details of how program/grant will be administered and/or how funds will be distributed.</p> <p>Federal Work-Study funds are disbursed through payroll to eligible students. Once the draw from the G5 system occurs, the first funds will be deemed ARRA funds.</p> <p>Selection criteria for sub-grantees (if applicable) N/A</p> <p>Number of sub-grantees / sub-recipients awarded (if applicable) N/A</p> |
| Other Information Details | You may type any other comments, questions, etc. here. |

Agency information verified by: DeAnna M. Smith

Submit this form to: AlabamaStimulus@finance.alabama.gov

By: **October 10, 2009**

For questions, please call 334.353.2026.

American Recovery & Reinvestment Act
State of Alabama
Internal Section 1512 ARRA Reporting Form

This form will be sent monthly as an addition to the Update Form (page 1) and will serve as internal documentation for your agency, the Finance Department, and the Governor’s Office. Upon initial receipt, agencies/institutions are asked to complete only questions that are applicable at this time. The remaining questions will be answered as new reporting information is provided. Once all of the information has been provided, agencies/institutions will be required to update this form only if their reporting information changes. Agencies/institutions must complete this form for each and every grant that your agency/institution acts as a prime or delegated sub-recipient.

****The information entered below should represent an accurate description of your plans for reporting. This document will be sent on a monthly basis along with the Monthly Update Form for review and/or necessary revisions. ****

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| <p>1) If your agency serves as a prime recipient, has your agency registered in the Central Contractor Registration (CCR) database and further acquired a D-U-N-S number? Registration with www.FederalReporting.gov will require this information.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No D-U-N-S Number 077642619</p> |
| <p>2) Has your agency registered on www.FederalReporting.gov?</p> | <p>Yes</p> |
| <p>3) Which format will your agency/institution use to submit reports to www.FederalReporting.gov?</p> | <p><input type="checkbox"/> Online Data Entry form provided on the website <input checked="" type="checkbox"/> Excel Spreadsheet available for download from the website <input type="checkbox"/> Custom software system extract in XML (Extensible Markup Language) Type other comments here.</p> |
| <p>4) Who will be your agency’s reporting official designated to enter information to www.FederalReporting.gov. If you have multiple designated officials, how will you eliminate multiple reporting for the same Grant/Program?</p> | <p><input checked="" type="checkbox"/> Single Point of data entry for this Grant/Program Type the name and contact number of the designated reporting official here. <input type="checkbox"/> Multiple Officials reporting Grant/Program information Website Coordinator, Meredith Prosser 205-665-6391 Type other comments here.</p> |
| <p>5) Who will be your agency’s data quality review official designated to review the data submitted by your agency? This designee will be required to review information submitted by delegated Sub-recipients.</p> | <p>Michelle Johnston, Director of Institutional Reporting 205-665-6392</p> |
| <p>6) Who will be your agency’s data corrections official responsible for making corrections to submitted information during the Data Quality Review Phase? (Data Quality Review phase for agencies will be from the 11th day to the 21^{rst} day after the end of each quarter. Only errors</p> | <p>Michelle Johnston, Director of Institutional Reporting 205-665-6392</p> |

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|---|---|
| <p>flagged by federal agencies will be unlocked for corrections from the 22nd-29th).</p> | |
| <p>7) How will you capture your Sub-recipient or Vendor data elements that will be reported to your agency?</p> | <p>N/A.</p> |
| <p>8) Will any sub-grant under this Grant/Program be for an amount less than \$25,000 which would require aggregate reporting? Do you have a reporting mechanism in place for aggregate reporting?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N/A - No awards to sub-grantees planned at this time.</p> |
| <p>9) Have you or do you plan to delegate any reporting requirements to a Sub-recipient?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N/A - No awards to sub-grantees planned at this time.</p> |
| <p>10) What agencies/institutions will serve as delegated Sub-recipients and which format will your delegated Sub-recipients submit reports to www.FederalReporting.gov?</p> | <p>None. Click here to select which format. N/A - No awards to sub-recipients at this time.</p> |
| <p>11) Please provide the name(s) and contact number(s) for the delegated Sub-recipient's reporting official(s) designated to enter information to www.FederalReporting.gov.</p> | <p>Michelle Johnston, Director of Institutional Reporting 205-665-6392</p> |
| <p>12) Please provide the name(s) and contact number(s) for the delegated Sub-recipient's data quality review official(s) designated to review and correct information in www.FederalReporting.gov.</p> | <p>Michelle Johnston, Director of Institutional Reporting 205-665-6392</p> |
| <p>13) Have your agency's delegated Sub-recipients registered on www.FederalReporting.gov?</p> | <p>N/A</p> |
| <p>14) After corrected information is posted to www.Recovery.gov by the federal agency, how will your agency ensure the timely update of its own recovery page?</p> | <p>Website coordinator works directly with Institutional reporting. Once the report is generated and posted to Recovery.gov, the institutional website will be updated.</p> |