

American Recovery & Reinvestment Act
State of Alabama
October 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 10/31/09

Agency/Institution: University of Montevallo

Date of Submission: 11/10/09

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

1) Grant Name	State Fiscal Stabilization Fund 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 this grant</u> , you must fill out the <i>Internal Section 1512 ARRA Reporting Form</i> that follows.
2) CFDA Number:	84.394
3) Grant Narrative Description:	State Fiscal Stabilization Fund
4) Status of Application:	Approved State Stabilization Funds approved in Governor's Budget.
5) Which type of recipient are you?	Sub-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> State of Alabama (delegated)
6) Application Date:	N/A
7) Award Date:	2009-2010
8) Status of Expenditures:	Funds Currently Expended One month of expenditures have been incurred for a total of \$161,516. Request for reimbursement dated 11/10/09.
9) Actual # of Jobs Created/Retained:	N/A
10) Description of Types of Actual Jobs Created / Retained:	N/A
11) ¹ARRA Funds Awarded:	\$2,907,228
12) ²ARRA Funds Received to date:	0
13) ³ARRA Funds Expended:	\$161.516
14) Performance Metric 1	N/A

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

² Amount received to date: the total cumulative dollar amount received by your institution for the purpose of funding an applicable project or funding a sub-recipient. For funding allocated on a reimbursement basis, only reimbursed dollars should be reported in this field. Example: NSF Program: If awarded and authorized to spend \$1M, spent \$500K, but you have only been reimbursed for \$400k, the fields would be filled out as follows: "Amt Awarded: \$1,000,000; Amt. Received: \$400,000; Amt. Spent: \$500,000"

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

(if applicable)	<input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?
15) Performance Metric 2 (if applicable)	N/A <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?
16) Performance Metric 3 (if applicable)	N/A <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?

Other Information Details	

Agency information verified by: DeAnna M. Smith

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

By: **November 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. ****

<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 custom software system extract in XML (Extensible Markup Language) 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 <input type="checkbox"/> Multiple Officials reporting Grant/Program information Website Coordinator 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>Alternate Compliance Office and Director of Institutional Reporting. No awards to sub-recipients planned at this time.</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 flagged by federal agencies will be unlocked</p>	<p>Alternate Compliance Office and Director of Institutional Reporting.</p>

for corrections from the 22 nd -29 th).	
7) How will you capture your Sub-recipient or Vendor data elements that will be reported to your agency?	N/A at this time..
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No awards to any sub-grantees planned at this time.
9) Have you or do you plan to delegate any reporting requirements to a Sub-recipient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No awards to any sub-recipients planned at this time.
10) What agencies/institutions will serve as delegated Sub-recipients and which format will your delegated Sub-recipients submit reports to www.FederalReporting.gov ?	None Click here to select which format. N/A No awards will be made to sub-recipients at this time
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 .	Alternate Compliance Officer and Director of Institutional Reporting No awards to sub-recipients planned at this time.
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 .	Alternate Compliance Officer and Director of Institutional Reporting
13) Have your agency's delegated Sub-recipients registered on www.FederalReporting.gov ?	N/A
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?	Website coordinator works directly with Institutional Reporting. Once the report is generated and posted to Recovery.gov, the institutional website will be updated.