

Blank SEFA Grant Tracker

REQUIRED SEFA FIELDS: Information found on State of Vermont Grant Agreement Part 1, numbers listed below:								Additional Columns you might find helpful to track				
#39	#9	#16	#32	#31	#1			#6	#19		#3	#7 & #8
Federal Awarding Agency Name	Subrecipient Award	Name of pass through entity	Federal Program Name/Title	CFDA Number	Pass Through Entity Grant Number	Amount Passed Through to Subrecipient in fiscal year	Amount Expended during fiscal year	Total Federal Grant Award Amount	Match/In-Kind (Other Resources)	Project total amount	Grant Title	Award dates
						\$0	\$0	\$ -	\$ -	\$ -		

For a copy of the excel version, email: cassie.bell@vermont.gov

SEFA Links & Guidance

VT Subrecipient Annual Report (SAR)

VT Agency of Administration, Dept of Finance & Management: Grant Recipients:

The Subrecipient Annual Report is required to be submitted to the Department of Finance and Management annually by all subrecipients of federally funded grants. This form may be printed and submitted in hard copy via regular mail, or a signed copy may be emailed per instructions on the report.

VT Subrecipient Annual Report (SAR)

https://finance.vermont.gov/sites/finance/files/documents/Forms/Grant_Recipients/FIN-Subrecipient_Annual_Report.pdf

Common Subrecipient Annual Report (SAR) Questions:

<https://finance.vermont.gov/training-and-support/faqs-and-glossaries/grants-faq/sar>

Town Payment Reports and Data: data for all Town payments by the State is available online:

<https://finance.vermont.gov/reports-and-publications/town-payment-reports-and-data>

Grants Frequently Asked Questions:

<https://finance.vermont.gov/training-and-support/faqs-and-glossaries/grants-faq#8>

State of Vermont Department Contact List:

https://finance.vermont.gov/sites/finance/files/documents/Pol_Proc/Grants/FIN-B5_Dept_Contact_List.pdf

Sample SEFA Grant Tracking

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	<u>REQUIRED SEFA FIELDS:</u>	Information found on State of Vermont Grant Agreement Part 1, numbers listed below:							<u>Additional Columns you might find helpful to track</u>					
2	#39	#9	#16	#32	#31	#1				#6	#19		#3	#7 & #8
3	Federal Awarding Agency Name	Subrecipient Award	Name of pass through entity	Federal Program Name/Title	CFDA Number	Pass Through Entity Grant Number	Amount Passed Through to Subrecipient in fiscal year	Amount Expended during fiscal year		Total Federal Grant Award Amount	Match/In-Kind (Other Resources)	Project total amount	Grant Title	Award dates
4	U.S. Dept of Housing and Urban Development (HUD)	yes	VT Agency of Commerce and Community Development-DHCD	Community Development Block Grant	14.228	07110-AM-2017-HIGHGATE-00002	\$0	\$43,000		\$ 92,734	\$ 27,816	\$ 120,550	ADA Mods to Munic Offices	11/20/18-6/30/2020
5	United States Department of Homeland Security (DHS)	yes	VT Department of Public Safety	Hazard Mitigation Grant	97.039	02140-34000-157	\$0	\$23,546		\$ 47,250	\$ 2,750	\$ 50,000	HMGP DR-4022	5/24/12-5/2/2021
6	United States Department of Transportation (DOT)	yes	VT Agency of Transportation	Highway Planning and Construction	20.205	08100-CA0531	\$0	\$700,000		\$734,800.00	\$183,000	\$900,000.00	STP MM18 (Machia Road Slide)	1/1/2018-12/31/2022
7	U.S. Dept of Housing and Urban Development (HUD)	yes	VT Agency of Commerce and Community Development-DHCD	Community Development Block Grant	14.228	07110-SS-2019-Highgate-00002	\$74,971	\$74,971		\$ 635,000	\$ 26,289,450	\$ 26,924,445	Home Repair Loan Program	10/17/17-12/31/2019
8	U.S. Dept of Housing and Urban Development (HUD)	yes	VT Agency of Commerce and Community Development-DHCD	Community Development Block Grant	14.228	07110-PG-2018-HIGHGATE-02	\$0	\$25,000		\$ 45,000	\$ 15,000	\$ 60,000	Industrial Devel Waterline Ext.	11/20/18-6/30/2020
9							\$74,971	\$866,517		\$ 1,554,784	\$ 26,518,016	\$ 28,054,995		
10	Federal Awarding Agency Name	Subrecipient Award	Name of pass through entity	Federal Program Name/Title	CFDA Number	Pass Through Entity Grant Number	Amount Passed Through to Subrecipient in fiscal year	Amount Expended during fiscal year		Total Federal Grant Award	Match/In-Kind (Other Resources)	Project total amount	Grant Title	Award dates
11														

Sample SEFA – No Single Audit Due

For Finance & Management Use Only:

L1 L2 Del Other

VISION Entry: _____

STATE OF VERMONT SUBRECIPIENT ANNUAL REPORT

As a condition of your federally funded grant award from the State of Vermont, you must complete this report in its entirety annually within forty-five (45) days after your fiscal year end. Please refer to the instructions on the reverse side of this document. You may also refer to the Grant Sub-Recipient FAQ page of the Department of Finance & Management website at <http://finance.vermont.gov>.

SECTION I - SUBRECIPIENT IDENTIFYING INFORMATION

FISCAL YEAR ENDING DATE: 6.30.18 VENDOR NUMBER: 0000040233

SUBRECIPIENT NAME: Town of Highgate
ADDRESS: PO Box 189, 2996 Rte 78
Highgate, VT 05459

SECTION II - CERTIFICATION OF AUDIT REQUIREMENT

A SINGLE AUDIT IS REQUIRED FOR THE ABOVE FISCAL YEAR PERIOD:

YES NO

If YES - Expected Completion Date: _____

SECTION III - SUBRECIPIENT SCHEDULE OF FEDERAL EXPENDITURES

CFDA Number	Granting Agency/Department	Grant Number	Expenditures
<u>20.205</u>	<u>AOT</u>	<u>08126-CA0351</u>	<u>208.800</u>
<u>20.205</u>	<u>A.O.T.</u>	<u>08100-CA0531</u>	<u>2725.00</u>
<u>14.228</u>	<u>Housing Comm. Develop.</u>	<u>07110-PG-2014-Highgate^{coodt}</u>	<u>10,000</u>
<u>97.039</u>	<u>Public Safety</u>	<u>02140-34000-073</u>	<u>0.00</u>
<u>97.039</u>	<u>Public Safety</u>	<u>02140-34000Mc-073</u>	<u>0.00</u>
<u>45.310</u>	<u>Libraries</u>	<u>01130-NELA.LSTA16²⁰</u>	<u>215.00</u>
Total			\$ <u>221,740</u>

SECTION IV - SIGNATURE

I certify that, to the best of my knowledge, the above information is correct :

Name: Shelley Laroche Title: Treasurer

Signature: Shelley Laroche Date: 7/13/18

Phone: 802 868 4697 x 204 Email: slaroche@highgatevt.org

(Phone and email will be used to contact you only if there are questions about this submission.)

Sample SEFA – Single Audit Due

For Finance & Management Use Only:

L1 L2 Del Other

Revised

VISION Entry: _____

STATE OF VERMONT SUBRECIPIENT ANNUAL REPORT

As a condition of your federally funded grant award from the State of Vermont, you must complete this report in its entirety annually within forty-five (45) days after your fiscal year end. Please refer to the instructions on the reverse side of this document. You may also refer to the Grant Sub-Recipient FAQ page of the Department of Finance & Management website at <http://finance.vermont.gov>.

SECTION I - SUBRECIPIENT IDENTIFYING INFORMATION	
FISCAL YEAR ENDING DATE: <u>6/30/2018</u>	VENDOR NUMBER: <u>0000039921</u>
SUBRECIPIENT NAME: <u>Town of Bristol</u>	
ADDRESS: <u>PO Box 249</u>	
<u>Bristol, VT 05443</u>	

SECTION II - CERTIFICATION OF AUDIT REQUIREMENT	
A SINGLE AUDIT IS REQUIRED FOR THE ABOVE FISCAL YEAR PERIOD:	
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If YES - Expected Completion Date: <u>March 31, 2019</u>	

SECTION III - SUBRECIPIENT SCHEDULE OF FEDERAL EXPENDITURES			
CFDA Number	Granting Agency/Department	Grant Number	Expenditures
97.067	Public Safety	02140-77152-1741	12,543
93.092	Health	03420-6423S	8,727
14.228	Housing & Comm Development	07110-PG-BRISTOL-00003	17,403
20.600	Transportation Agency	08100-GR1017	1,478
20.600	Transportation Agency	08100-GR1167	5,041
16.543	Office of Juvenile And Delinquency	2015-MC-FX-K040	1,235
20.205	Transportation Agency	08135-ER0118	52,702
10.760	USDA	Water System Improvement	746,544
Total			\$ 845,673

SECTION IV - SIGNATURE	
I certify that, to the best of my knowledge, the above information is correct :	
Name: <u>Jen Myers</u>	Title: <u>Town Treasurer</u>
Signature:	Date: <u>02/01/2019</u>
Phone: <u>802-453-2410</u>	Email: <u>clerk@bristolvt.org</u>
(Phone and email will be used to contact you only if there are questions about this submission.)	

This form may be downloaded from <http://finance.vermont.gov>

Form AAF-B5-003