Office on Violence Against Women - Tribal Affairs Division

Grant Adjustment Notice (GAN) Help Sheet

A Grant Adjustment Notice (GAN) is required for any programmatic, administrative, or financial change associated with the grant subsequent to award. We use GANs to do budget modifications, change in project scope, change the project period, change the MOU partners/signatories, approval to use funds for certain purposes, identify key project staff/contractors, add/remove special conditions, and other times we need to document the award for compliance. GANs ensure that grants reflect program goals and objectives, are compliant with OVW requirements and special conditions, and that the award is adequately documented. GANs must be:

- Reasonable
- Justified
- Within the scope of the grant program
- Supported
- Submitted prior to the award end date

IMPORTANT

- ✓ Do not move forward with requested changes until you have a Final-Approved GAN.
- ✓ Print out a hard copy of the Final-Approved GAN to maintain with your grant file.
- ✓ Penalties for not waiting could include the denial of the costs charged to the grant and/or return of funds to OVW.
- ✓ OVW can deny retroactive requests for approval.
- ✓ Ensure Financial Status Reports (FSR) and Semi-Annual Progress Reports are current. GANs will not be approved otherwise.

GAN creation, documentation, submission, review, and approval/denial all happens via the GAN module in the Grants Management System (GMS). Think of **GMS as the "official file"** for your grant award in OVW. Anything that needs to be documented on the award, goes in GMS.

Be sure to **continue monitoring the status of the GAN** throughout the review process. It is good practice to **follow-up, by email**, with your Grant Program Specialist **every two-to-three weeks** until you receive the Final-Approved GAN notification.

You should **check for GANs in Change Request status regularly**. Grant Program Specialists may deny change requested GANs pending action by the grantee for more than 30-days.

For GMS technical assistance:

- On-line GMS tutorial for GANs and other GMS functions at https://ojp.gov/gmscbt/
- OVW GMS Technical Support Help Desk at 1-866-655-4482 or OVW.GMSSupport@usdoj.gov
- GMS Password Reset ONLY: 1-888-549-9901, option #3

Change Grantee Contact or Alternate Contact

GAN Approval Chain

Grantee → **Grant Manger**

When to use this type of GAN

- Delegation of responsibility for grant management tasks.
- Turnover in staff responsible for the management of the grant award or change of contact information.

Supporting documentation to include with the GAN request

- Letter, on organization letterhead, signed by the Authorized Organization Rep.
 - o Reference the grant award number(s) in the letter. *If the change pertains to multiple awards, you must submit a GAN for each effected award.*
 - o Identify the new POC/Alternate POC by name, role within the organization, and contact information.

Tips

- GMS automatically sends some messages to the POC(s) pertaining to necessary grant management tasks. It is important this information is kept updated.
- The POC/Alternate POC should be someone that has responsibility for ensuring grant management tasks are completed in a timely manner. If the POC identified in GMS is not responsible for the day-to-day management of the award, the grantee should have an established system to ensure automated messages, generated by GMS, are routed to the individual responsible for completing the necessary grant management tasks.

Change Grantee Authorized Signing Official

GAN Approval Chain

Grantee → **Grant Manger**

When to use this type of GAN:

- Change in leadership
- Change of contact information for Authorized Organization Representative.

Supporting documentation to include with the GAN request

- Attach a letter, resolution, or other document that effected the leadership change.
- Be sure to reference the grant award number(s). If the change pertains to multiple awards, you must submit a GAN for each effected award.

Tips

The individual listed as Authorized Representative in GMS must initially be an individual who has the legal authority to apply for and accept grant awards on behalf of the organization or jurisdiction.

Change Project Period

GAN Approval Chain

Grantee → Grant Manager → 1st Line Supervisor → GFMD Analyst → GFMD Supervisor

Supporting documentation to include with the GAN request

Include the following information in an attached letter or the justification box of the GAN:

- Provide justification for the extension
- Identify the goals and objectives to be worked on during the extension period
- State the new end date requested Make sure it's the last day of the month
- State the dollar amount of funds remaining in the award
- Statement regarding if a scope change and/or budget modification is necessary in order to complete the project

Tips

• Project period extension requests should be submitted no earlier than 90-days before the award end date but no later than 30-days prior to award end date. For example: The award end date is 9/30/2017. That means the project period GAN should not be submitted before 6/30/2017 but must be submitted no later than 8/30/2017 – 60-day window.

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• The total project period extension request should not exceed 12 months.

Change Project Scope

GAN Approval Chain

Grantee → Grant Manager → 1st Line Supervisor

When to use this type of GAN

- Altering programmatic activities
- Change in the project site
- Altering the purpose of the project
- Change in the organization with primary responsibility for implementation of the grant
- Contracting out, sub-granting, or otherwise obtaining the services of a third party to perform activities that are central to the purpose of the award

Supporting documentation to include with the GAN request

- Attach a letter justifying the requested change
- Attach relevant supporting documents depending upon the reason for the requested change

Tips

• Change project scope GANs should be discussed with your Grant Program Specialist prior to submittal.

Budget Modification

GAN Approval Chain

Grantee → Grant Manger → 1st Line Supervisor → GFMD Analyst → GFMD Supervisor

For grants made in FY 2015 or later

A budget modification GAN <u>must be submitted</u> if one or more of the following apply:

- Cumulative change of 10% or more (of the full award amount) within approved categories
- Moving funds into a category that was previously unfunded
- Change in Scope

If one of the above three conditions are not met, a Program Office Approval GAN should be submitted.

For grants made in FY 2014 or earlier

A budget modification GAN <u>must be submitted</u> if one or more of the following apply:

- Cumulative change of 10% or more (of the full award amount) within approved categories
- Moving funds into a category that was previously unfunded
- Change in Scope
- Moving funds from Direct-to-Indirect or vice versa

If one of the above four conditions are not met, a Program Office Approval GAN should be submitted.

Supporting documentation to include with the GAN request

The following documents **MUST BE ATTACHED** for this type of GAN to be considered:

- Revised Budget Narrative and Budget Detail worksheet for the entire award amount. The budget should look similar to the approved budget submitted in the application.
- Copy of Indirect Cost Agreement(s) in effect for period covered by budget
- Cover letter with the following:
 - o Summarize the budget modification request.
 - o Estimated amount of funds remaining in the award.
 - o Statement regarding need, or lack thereof, for a project period extension.
 - Detailed discussion of budget changes for each cost category and Budget Summary Table. (see samples under Program Office Approval – Budget Changes)

Tips

- Use your most recent digital copy of your approved grant budget as a starting point.
- Make sure your <u>total award amount</u> is reflected in the revised budget not just the amount remaining unspent in the grant.

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- Demonstrate and explain the calculation for each item in the budget.
- Check your calculations carefully.

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Program Office Approval

Program Office Approval GANs are the most common grantee submitted GAN type. Through this GAN type, the grantee is able to ensure compliance with the grant special conditions are well documented and approved. For any documentation prepared to support the request, make sure to include the grant number and reference the special condition number the request pertains to.

*** Program Office Approval GANs can take up to 20 days for review and approval. If publication/product review is required, they can take longer. Submit this type of GAN at least 20 days prior to the date that you need final approval by.

GAN Approval Chain

Grantee → Grant Manger → 1st Line Supervisor

When to use this type of GAN

- Changes in Consultant rates (over \$650/day)
- Purchase of Automatic Data Processing (ADP) **Equipment and Software**
- Add/Change Key Project Personnel / Partners / Consultants / Contractors
- Non-OVW Training Approval

- **Products/Publications Produced**
- Request for Removal of Certain Special Conditions
- Food/Beverage Costs
- Changes in the budget that do not meet one or more of the budget mod thresholds
- Site Visit Reports (T/TA providers only)

 Program Policies Approval 	 Other circumstance in which Program Office Approval is required 		
PO Approval GAN Type	Include the following information in an attached letter or the justification box		
Changes in Consultant rates (over \$650/day)	 Reference special condition number Summarize the request Identify the scope of work the consultant will engage in to support the project Identify the goal(s) of the project to be supported by the consultant's work Justify the request to exceed the \$650 threshold Cost details Statement about the availability of funds within your existing award to support the estimated costs Also add as attachments: Resume or Curriculum Vitae for proposed consultant Documents to demonstrate the contractor has received similar payment from 		
Products/Publications Produced with Grant Funds	 similar organizations for similar work Reference special condition number Identify the goal(s) of the project to be supported by the product/publication Summarize the request including how the product will be used/disseminated Statement about the availability of funds within your award to support the estimated costs Also add as attachment(s): Final draft or proof of product/publication Assure disclaimer language is included 		
Program Policies Approval	 Reference special condition number Summarize the request Also add as attachment(s): Final draft of policy 		
Request for Removal of Special Conditions	 Reference special condition number Summarize the requested change Other supporting documents may be necessary depending upon the special condition to be removed. Contact your OVW Grant Program Specialist prior to submitting this type of GAN. 		

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Program Office Approval (continued)					
PO Approval GAN Type	Include the following information in an attached letter or the justification box				
Change/Add Key Project Personnel / Partners / Consultants / Contractors not exceeding the \$650/day threshold	 Summarize the request Identify the goal(s) of the project to be supported by the project personnel/partner/consultant/contractor Cost details Statement about the availability of funds within your existing award to support the estimated costs 				
*** Use this type of GAN to identify individuals being paid out of the grant award.	 Also add as attachments: Job description and Resume or Curriculum Viate or other documentation to demonstrate capacity to fill project role identified 				
Change Collaborative Partner, MOU signatory, or Legal Services Provider	 Reference special condition number Summarize the request including why the change is needed Also add as attachments: Newly executed MOU (as applicable) New Legal Assistance Certification (as applicable) New Collaborative Partner Letter of Support (as applicable) 				
Non-OVW Training Approval	 Reference special condition number Training Title Dates and Location Attendee(s) and their role within your project Justification and the benefit to the grant project you anticipate from these attendees participating in this training event Itemized estimated Travel/Training costs, calculations, and totals including: Airfare, Lodging, PerDiem, Registration, Parking, Mileage, Ground Transportation, Baggage Fee, or any other anticipated costs/fees Statement about the availability of funds within your award to support the estimated costs Also add as an attachment: The training flyer, announcement, agenda, or other documentation which shows the training content and presenters – a live link to the conference website is acceptable 				
*** Food and beverage costs as a part of direct client victim services (i.e. in shelter or transitional housing settings, snacks for support group meetings) is generally allowable and does not require prior program office approval. Outreach events are not direct client victim services.	 Reference special condition number Summarize the request Identify the goal(s) of the project to be supported by the purchase Demonstrate the request meets one, or more, of the exceptions to the food/beverage costs prohibition: The location of the event is not in close proximity to food establishments. It should be a priority to try to secure a location near reasonably priced and accessible commercial food establishments. (Additional justification must be provided for using the selected location.); If not serving food will significantly lengthen the day or necessitate extending the meeting to achieve meeting outcomes; If a special presentation at a conference requires a plenary address where there is no other time for food to be attained; or Other extenuating circumstances which necessitate the provision of food. Cost details Statement about the availability of funds within your award to support the estimated costs 				

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Program Office Approval (continued)						
PO Approval GAN Type	Include the following information in an attached letter or the justification box					
	Cover letter with the following:					
Changes to Budget that do not meet one or more of the thresholds that require a Budget Modification (see the thresholds that require a full budget modification above)	 Summarize the budget modification request. Statement affirming the requested changes do not meet one or more threshold that would require a full budget modification (see thresholds above under Budget Modification). Estimated amount of funds remaining in the award. Statement regarding need, or lack thereof, for a project period extension. Detailed discussion of budget changes for each cost category and Budget Summary Table. (see sample below) 					
*** For grants made in FY 2015 or later	For example: Personnel: Cost category decreased by \$50,000. The program was unable to fill the 1.0 FTE Victim Advocate position for 18 months of the grant project. Funds are reallocated to the Other cost category to support direct victim services and office space costs and to Indirect Costs.					
	Fringe: Cost category decreased by \$10,000. The program was unable to fill the Victim Advocate position for 18 months of the grant project period. Funds are reallocated to Travel.					
	Travel: Cost category increased by \$10,000. Additional funds will be used to support travel expenses for project staff, one advisory board member, and the Court Administrator to attend one OVW approved national level conference. Training for project staff, advisory board members, and court staff is within the approved scope of the grant project. Training supports goal #2, objective #1 of the approved grant project. A separate GAN will be submitted for approval of training.					
	Equipment – No change. Supplies – No change. Construction – No change. Consultants and Contracts – No change.					
	Other Costs – Cost category increased by \$35,000. During the grant project period, the Tribe was notified the lease for the program office space was increased by \$750 per month. Program leadership researched other office spaces in the local area but another viable option was not identified. An additional \$13,500 is needed in this cost category to support program office lease costs throughout the remaining 18 months of the project period. Once the Victim Advocate was hired and began working with victims, it was immediately apparent the demand for Transitional Housing services was well in excess of what was initially expected. The program has revised the Transitional Housing policies and procedures to reflect the needs identified by victims and has increased supports available to include security deposits, rent and utility assistance (up to 24 months), transportation, childcare, and education assistance, and other supports as outlined in the revised policies. Revised Transitional Housing Policies and Procedures were submitted and approved by OVW on GAN# 1234567. A total of \$21,500 is reallocated to Direct Victim Services to support at least five additional clients at \$4,300 per client. Client needs vary and services provided are determined on a case-by-case basis but generally, client support is calculated as follows: Security deposit \$500; Rental Assistance \$3,000 (\$250/month x 12 months); Utilities Assistance \$600 (\$50/month x 12 months); Childcare Assistance \$200/client.					

Indirect Costs – Cost category increased by \$15,000 due to changes in the Indirect Cost Rate over the term of the grant project period. Please see attached Indirect Cost Agreements in effect during the grant project period.

Budget Summary						
Cost Category	Old Budget	Change	New Budget			
Personnel	\$ 350,000	- \$50,000	\$300,000			
Fringe Benefits	\$37,000	- \$10,000	\$27,000			
Travel	\$20,000	\$10,000	\$30,000			
Equipment	\$5,000		\$5,000			
Supplies	\$17,000		\$17,000			
Construction	\$0		\$0			
Consultants and Contracts	\$14,500		\$14,500			
Other Costs	\$98,000	\$35,000	\$133,000			
Total Direct Costs	\$541,500		\$526,500			
Indirect Costs	\$119,130	\$15,000	\$134,130			
Total Budget	\$660,630	_	\$660,630			