



United States Department of the Interior

NATIONAL PARK SERVICE

1849 C Street, N.W.
Washington, D.C. 20240

IN REPLY REFER TO:

JUN 21 2004

H36(2255)

Dear NAGPRA Coordinator:

On behalf of the National Park Service, I am very pleased to inform you that your project implementing the Native American Graves Protection and Repatriation Act (NAGPRA) has been selected for funding. Your application was one of 30 that were funded from a total of 49 applications received during FY 2004. Congratulations on your success.

Enclosed are two copies of a grant agreement that sets out the various terms and conditions of this grant award. Please be sure to read the Summary of Objectives and Results (Condition 14) and project deliverables (Condition 16). After your review, please have an authorized official sign and return both copies and the required enclosures to the address below. Upon receipt of the signed documents, the National Park Service will formally obligate the grant funds for your project. A copy of the fully executed grant agreement will be returned to you for your files.

<u>All</u> US Postal Service Mail	For Overnight (FedEx, UPS, DHL) Deliveries
Bob Ruff Heritage Preservation Services National Park Service 1849 C Street, NW, Stop 2255 Washington, DC 20240	Bob Ruff Heritage Preservation Services National Park Service 1201 Eye Street, NW, 6 th Floor Washington, DC 20005

We are pleased to be able to assist you in this significant undertaking. If you have any questions about this letter or any of the enclosures, please contact Bob Ruff of my staff by phone at (202) 354-2068, by fax at (202) 371-1794, or via e-mail at bob_ruff@nps.gov.

Sincerely,

Joseph T. Wallis
Chief, State, Tribal & Local Programs

Enclosures



United States Department of the Interior

NATIONAL PARK SERVICE

1849 C Street, N.W.
Washington, D.C. 20240

IN REPLY REFER TO:

H36(2255)

Memorandum

To: National Park Service Grantees

From: Chief, State, Tribal, and Local Programs *Joe Wallis*

Subject: DUNS Number Requirement for NPS Grantees

In order to streamline and simplify the management of federal financial assistance, the Office of Management and Budget (OMB) has directed that all Federal agencies require applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants from the National Park Service (NPS) on or after **October 1, 2003**. The DUNS number will be required whether an applicant is submitting a paper application or an electronic application.

The DUNS number requirement applies to all types of entities applying for NPS grants, including ~~State, Tribal, and local governments, as well as nonprofit and educational organizations.~~ Every application for a new award or renewal of an award submitted on or after October 1, 2003, must include a DUNS number for the applicant. **An application will not be considered complete until a valid DUNS number is provided by the applicant.**

Organizations should verify that they have a DUNS number or take the steps needed to obtain one as soon as possible if there is a possibility that they will be applying for Federal grants on or after October 1, 2003. Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by visiting http://www.dnb.com/US/duns_update/index.html. Please be assured that acquiring a DUNS number is not a difficult or lengthy process.

If your organization does not have a DUNS number, and you anticipate that your organization will apply for a Federal grant on or after October 1, 2003, you should take steps to obtain a DUNS number in advance of the application deadline. If your organization does not have a DUNS number, you will not be able to apply for Federal grants from the National Park Service after this time.

We appreciate your cooperation with this matter. If you have any questions regarding this new regulation, please contact Bob Ruff of my staff at bob_ruff@nps.gov

FINAL PROJECT REPORT COVER SHEET

NAGPRA Grants to Indian Tribes and Museums

The Final Project Report is used to monitor the progress of grant-assisted activity at the end of the grant period (as required by the Grant Agreement). Attach additional sheets to answer questions 3--9.

NOTE: The Final Project Report is due within 90 days of the end date of the Grant Agreement. Failure to submit a timely and acceptable Final Report places a grantee in noncompliance with the terms of the Grant Agreement, and will result in payments being withheld, or in repayment of grant funds already paid to the grantee being required by NPS.

1. Project Title/Name: _____
2. NPS Grant Number: ____ -- ____ -- ____ -- ____
3. Identify any requested amendments (if any) to the original Grant Agreement (Summary of Planned Objectives and Results and/or Work-Cost Budget) and provide the NPS approval date(s).
4. On an attached sheet of paper, briefly describe each of the final grant products and include a copy of any products required by Condition 16 of the Grant Agreement.
5. On an attached sheet of paper, describe any differences between the planned and actual products of the grant.
6. On an attached sheet of paper, briefly provide a final Work-Cost Budget breakdown.
7. On an attached sheet of paper, describe reasons for differences between the planned and actual work-costs.
8. If any publications were produced with this grant assistance, enclose three copies of the publication.
9. Provide any other data required by NPS Special Condition or instructions.
10. Do you have an outstanding advance? If so, enclose a SF 272 Federal Cash Transactions Report showing the status of the liquidation of that advance.

Signed _____

Date _____

Typed Name _____

Title _____

Tribe/Museum _____

FY 2004 NAGPRA Documentation Grant Recipient Check List

The enclosed items must be signed, dated, and returned before NPS can obligate the funds for your grant. Please call Bob Ruff if you have any questions at (202) 354-2068. Return items 1-4 to:

By US Postal Service - Bob Ruff, Heritage Preservation Services, National Park Service,
1849 C Street, NW (Org. Code 2255), Washington, DC 20240-0001

By FedEx, UPS, DHL - Bob Ruff, Heritage Preservation Services, National Park Service,
1201 Eye Street, NW, 6th Floor (Org. Code 2255), Washington, DC 20005

Items to be returned to NPS:

- ✓ 1) **Grant Agreement** (The front page must be signed on the left-hand side with the original signature of an authorized official; NPS signs the right-hand side). Both copies must be returned to NPS. NPS will keep one copy and return the other counter-signed copy to you for your files.
- ✓ 2) **SF 424 - Application for Federal Assistance** (completed for the amount apportioned to your organization and signed by an authorized official). All items should be completed (except items 3 and 4). Include the I.R.S. Employer Identification Number in Block # 6 along with the required DUNS Number.
- ✓ 3) **Assurances and Certifications:**
 - SF 424B - Assurances Non-Construction Programs
 - DI 2010 - Debarment and Drug-Free Workplace Certifications (sign last page after checking boxes for parts A and C)
- Already listed 4) **SF 1199A - Direct Deposit Sign-Up Form.** (**Only if NPS does not already have a completed SF 1199A on file*). Please see sample SF 1199A for instructions on how to complete this form. NPS grant recipients are required to use the SMARTLINK II payment management system that is administered by the Department of Health and Human Services (HHS). In order to activate your SMARTLINK account, the following documents must be completed and submitted to NPS:
 - 1. Original SF-1199A Direct Deposit Sign-Up Form
 - 2. A letter (on letterhead) that provides the NAME, TELEPHONE AND FAX NUMBERS, ADDRESS and E-MAIL address of the primary contact person should there be any questions concerning a SMARTLINK drawdown.

Once these documents are accepted and processed by NPS and HHS, SMARTLINK information and reimbursement instructions will be sent to your primary contact person.

Items to be used after the grant has been awarded:

- _____ 5) **SF 270 - Request for Advance or Reimbursement.** Please note that all grants reimbursed through the SMARTLINK system will only be paid with pre-authorization from NPS. This process will require that you submit a SF-270 to NPS for review before funds may be authorized for payment through the SMARTLINK system. This is to ensure that you are in compliance with financial and progress reporting requirements. You may fax the SF-270 to NPS at (202) 371-1794. A hard copy of the SF-270 form does not have to be mailed to NPS. After reviewing the SF-270 you fax to us, we will notify you by fax whether the drawdown is authorized for payment. You may then submit the SMARTLINK drawdown electronically to HHS (HHS will then contact NPS by e-mail to confirm that NPS has authorized payment of the SMARTLINK request.)
- _____ 6) **Interim and Final Report Formats.** See Condition 7 of the Grant Agreement for report deadlines.
- _____ 7) **Competitive Negotiations** (to document compliance with procurement requirements). It should be completed and kept in your files for audit purposes.

FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved by Office of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted

2. RECIPIENT ORGANIZATION

Name :

Number and Street :

City, State and ZIP Code :

4. Federal grant or other identification number

5. Recipient's account number or identifying number

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

3. FEDERAL EMPLOYER IDENTIFICATION NO.

10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

TO (month, day year)

11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$

b. Letter of credit withdrawals

c. Treasury check payments

d. Total receipts (Sum of lines b and c)

e. Total cash available (Sum of lines a and d)

f. Gross disbursements

g. Federal share of program income

h. Net disbursements (Line f minus line g)

i. Adjustments of prior periods

j. Cash on hand end of period

\$

12. THE AMOUNT SHOWN ON LINE 11J, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED
CERTIFYING
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

DATE REPORT SUBMITTED

TELEPHONE (Area Code, Number, Extension)

THIS SPACE FOR AGENCY USE

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

Approved by Office of Management and
Budget, No. 80-RO183

PAGE OF
PAGES

1. TYPE OF
PAYMENT
REQUESTED

a. "X" one, or both boxes

☐ ADVANCE ☐ REIMBURSE-
MENT

b. "X" the applicable box

☐ FINAL ☐ PARTIAL

2. BASIS OF REQUEST

☐ CASH

☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO
WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER
IDENTIFYING NUMBER ASSIGNED
BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION
NUMBER

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

TO (month, day, year)

9. RECIPIENT ORGANIZATION

Name :

Number
and Street :

City, State
and ZIP Code :

Name :

Number
and Street :

City, State
and ZIP Code :

10. PAYEE (Where check is to be sent is different than item 9)

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST
SUBMITTED

TYPED OR PRINTED NAME AND TITLE

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

This space for agency use

INSTRUCTIONS

Please type or print legibly. Items 1, 2, 8, 9, 10, 11d, 11e, 11h, and 15 are self explanatory, specific instructions for other items are as follows:

Item	Entry	Entry	Item
3	Enter employer identification number assigned by the U.S. Internal Revenue Service or the FICE (institution) code. If this report covers more than one grant or other agreement, leave items 4 and 5 blank and provide the information on Standard Form 272-A, Report of Federal Cash Transactions—Continued; otherwise;		employee's share of benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.
4	Enter Federal grant number, agreement number, or other identifying numbers if requested by sponsoring agency.	11g	Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.
5	This space reserved for an account number or other identifying number that may be assigned by the recipient.	11i	Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.
6	Enter the letter of credit number that applies to this report. If all advances were made by Treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.	11j	Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line i).
7	Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.	12	Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements are on hand, provide an explanation under "Remarks" as to why the drawdown was made prematurely, or other reasons for the excess cash. The requirement for the explanation does not apply to prescheduled or automatic advances.
11a	Enter the total amount of Federal cash on hand at the beginning of the reporting period including all of the Federal funds on deposit, imprest funds, and undeposited Treasury checks.	13a	Enter the amount of interest earned on advances of Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal sponsoring agency for over 60 days, explain under "Remarks." Do not report interest earned on advances to States.
11b	Enter total amount of Federal funds received through payment vouchers (Form TUS 5401) that were credited to your account during the reporting period.	13b	Enter amount of advance to secondary recipients included in item 11h.
11c	Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.	14	In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space is required.
11f	Enter the total Federal cash disbursements, made during the reporting period, including cash received as program income. Disbursements as used here also include the amount of advances and payments less refunds to subgrantees or contractors, the gross amount of direct salaries and wages, including the		



COMPETITIVE NEGOTIATION AND SMALL PURCHASES CONTRACTING DOCUMENTATION

This format should be used for contracts for professional services and other procurement to document compliance with Federal procurement standards.

1) Grant Number: _____

2) Contract Type: ☐ Professional Services
☐ Printing
☐ Equipment/Supplies
☐ Other

3) Addresses of Contractors Contacted

A Name of Firm: _____ Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip Code _____
Work Telephone: _____ Work E-mail: _____

B Name of Firm: _____ Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip Code _____
Work Telephone: _____ Work E-mail: _____

C Name of Firm: _____ Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip Code _____
Work Telephone: _____ Work E-mail: _____

D Name of Firm: _____ Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip Code _____
Work Telephone: _____ Work E-mail: _____

E Name of Firm: _____ Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip Code _____
Work Telephone: _____ Work E-mail: _____

F Name of Firm: _____ Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip Code _____
Work Telephone: _____ Work E-mail: _____

G Name of Firm: _____ Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip Code _____
Work Telephone: _____ Work E-mail: _____

4) Comparative Summary of Responses Received (must be AT LEAST 3 firms)

Use letter identifier from previous page.

Letter ID or Firm Name	Date quote obtained	Price Quote	Obtained how?
A.			
B.			
C.			
D.			
E.			
F.			
G.			

5) Basis for Selection: ☐ Lowest Price ☐ Other

For the purposes of an SAT Grant, Selection criteria DOES NOT have to be lowest price, however, the explanation for the basis used must be described:

Signature of Grantee Official

Title

Date