

Georgia Council for the Arts FY24 Vibrant Communities Grant Management Handbook

UNUSED GRANT FUNDS

Please let GCA know ASAP if you will not be able to spend all of the grant funds awarded.

Grantees are strongly encouraged to use all of the funds awarded to complete the project or operations supported by the grant; however, some grantees may be unable to use some or all of the grant funds awarded due to a variety of reasons, such as inability to meet the required income match or the arts programming has been cancelled. If a grantee is unable to spend the full grant amount, GCA must know early enough in the fiscal year to reallocate those funds to another arts project. If GCA is not notified about unused funds until late in the fiscal year (May-June), then there is not enough time to reallocate the funds and they must be returned to the State's general fund. GCA seeks to minimize the amount of funds that must be returned to the

Please help us protect and utilize all of the State's arts appropriation by submitting your Final Report on time and notifying GCA as soon as possible if you believe that you will not be able to utilize all of the grant funds awarded.

Table of Contents

Introduction		3
Contract Package		4
Contract Package Return Follow-Up Form		6
Contract	6	
Supplier Change Request (SCR) Form	7	
W-9 Form	11	
ADA Checklist	13	
Residency Verification	13	
Contract & Stipulations (C & S) Memo	14	
Contractor's Request for Reimbursement (CRR) Form	14	
Requirement to Obtain a SAM UEI		15
During the Year		17
Change of Information	17	
GCA Logo and Crediting Requirements	17	
Letters to the Governor and State Legislators	18	
Unused Funds	18	
Programming Changes	19	
Grant Change Form	19	
Final Report		20
Grant Management Tips		22

INTRODUCTION

Congratulations on your FY24 Vibrant Communities Grant!

This document should answer most of your questions about the grant and its requirements. If you have any questions that are not answered here, please contact:

- For general questions about your grant, grant project, or if you have changes to your grant project, contact Rural and Community Arts Programs Manager Tyrone Webb at twebb@gaarts.org or 404-962-4044.
- For questions about your grant contract, forms that need to be completed as part of the grant contract package, or requests for reimbursement, contact Grants Specialist Delilah Johnson-Brown at dbrown@gaarts.org or 404-962-4837.

Important Points

While you should read this entire document, these are the most important points that you should remember concerning your Vibrant Communities Grant:

- Return the contract, proof of residency, ADA checklist, Supplier Change Request (SCR) Form, and W-9 by **November 15, 2023**, or your grant may be cancelled.
- You must submit a Request for Reimbursement Form to receive a grant payment.
- You must spend funds on your project before you submit a Request for Reimbursement Form.
- It may take up to eight weeks to process a Request for Reimbursement. If you submit a Request for Reimbursement Form with your contract, you will likely not receive your payment until January.
- Your final report is due 30 days after the completion of your project. Final report instructions begin on page 20 of the Grant Management Handbook.
- Call or e-mail GCA staff with questions.

Important Deadlines

Return contract and all associated contract	November 15, 2023
package documents	
Submit Request for Reimbursement for first	Any time after expenses are at least 50%
payment (up to 67% of grant award)	more than the amount being requested
Final Report	All final reports are due no later than 30 days
	after the end of the funded project. For
	funded projects completed on June 1, 2024,
	the final report is due no later than June 30,
	2024.

General Provisions

All Vibrant Communities Grant projects are to take place from October 15, 2023, through June 1, 2024. The program listed in the application must be completed within fiscal year 2024, and all expenses must be incurred within that same fiscal year. If your organization will not be able to complete the funded project within that timeline, GCA must be notified as soon as that is apparent.

CONTRACT PACKAGE

Required contract package documents must be submitted through the GCA online grants system at http://gaarts.org/apply no later than **November 15, 2023**. The list of requirements is below, and complete details for each item follow the list of requirements.

GCA FY24 grant recipients will receive a contract package via email.

The contract package will contain:

- the State of Georgia Grant Contract
- FY24 Grant Management Handbook

The package may contain:

• a Corrections and Stipulations (C&S) Memo

All Grantees

<u>All grantees</u> **MUST** complete and return these items to GCA via the Contract Package Return Follow-Up form in the online grant system at http://gaarts.org/apply.

A signed FY24 Grant Contract

New Grantees (those that did not receive a GCA Grant in FY23)

<u>All grantees that did not receive a GCA grant in FY23</u> MUST complete and return these items to GCA via the Contract Package Return Follow-Up form in the online grant system at http://gaarts.org/apply.

- Supplier Change Request (SCR) Form
- W-9 form
- ADA Checklist
- Residency Verification

Residency Verification, grantees that did not receive a GCA grant in FY23 MAY return to GCA:

- If the funded organization is a <u>non-profit organization with employees</u>, you must complete E-Verify registration and a federal work authorization affidavit (Appendix C in the contract).
- If the funded organization is a <u>non-profit organization with no employees</u>, you must submit a copy of a driver's license or Passport of the person signing the contract and complete and submit a form (Appendix D in the contract) certifying that your organization has no employees.
- If the funded organization is an <u>entity of local government</u>, such as a city, county, downtown development authority, public library, or public school, then you do not need to submit residency verification documents.

Returning Grantees (those that did receive a GCA Grant in FY23) Returning grantees from FY23 MAY complete and submit the following only if they have changes:

- <u>Supplier Change Request (SCR) Form</u> submit if there are changes to your organization name, organization address, or organization banking information
- W-9 Form submit if there are changes to your organization name or address
- <u>ADA Checklist</u> submit if your organization moved to a new location or if you completed significant renovations to your facility that had an impact on the accessibility of your facility

If Applicable

Grantees may submit the following, if applicable:

- Residency Verification (Nonprofit organizations only) instructions are included in the Grant Management Handbook and links are available within the Contract Return Form
- A <u>C&S memo response</u> (if you received a C&S memo in your contract package and it requires a response)
- <u>Contractor's Request for Reimbursement (CRR) Form</u> instructions are on page 13 of the Grant Management Handbook

SAM UEI Requirement

This year, the federal government, including the National Endowment for the Arts (NEA), is transitioning from using DUNS numbers as their unique entity identifier (UEI) to using a new identifier, known as a <u>SAM UEI</u>. Because GCA is funded in part by the NEA, we are also required to transition to using the SAM UEI. <u>Going forward, a SAM UEI is required to process all GCA grant applications, contracts, payments, and final reports</u>.

If you have not already obtained a SAM UEI and added it to your organization's record in GCA's online grant system, you will need to do so for GCA to process the contract and payments for your grant. Detailed instructions for obtaining and entering a SAM UEI are included on pages 15-16 of the Grant Management Handbook.

CONTRACT PACKAGE RETURN FOLLOW-UP FORM

The Contract Package Return Follow-Up Form in GCA's online grant system will contain links to the Supplier Change Request (SCR) Form, the W-9 Form, the ADA Checklist, the E-Verify federal work authorization affidavit, the form for certification of no employees, and the CRR form.

These items must be submitted online through the Contract Package Return Follow-Up Form in GCA's online grant system no later than Wednesday, November 15, 2023. If the items are not returned by the deadline, the contract may be cancelled and the grantee may not receive the FY24 award. In addition, FY24 grant panels will be informed that the contract was not returned, and they will take this into consideration when scoring.

If extenuating circumstances will prevent you from returning the contract by the deadline, contact GCA Grants Specialist Delilah Johnson-Brown (dbrown@gaarts.org) to request an extension.

All required documents must be submitted through the follow-up form for the contract and contract package in GCA's online grant system, the same system where you submitted your FY24 Vibrant Communities Grant application: http://gaarts.org/apply.

To submit the forms online:

- Log in to your online GCA grant account at http://gaarts.org/apply
- Click on the home icon
- Click on the Active Requests tab
- Locate the listing for your FY24 Vibrant Communities Grant application
- Under the application, look for a green bar that says, Follow-Up Contract Package Return
- Click EDIT to the far right to access the online Contract Package Return Form
- Complete and upload the required forms and click SUBMIT

Contract

The contract will be sent via email. All grantees will sign the contract and upload it through the online grant system at http://gaarts.org/apply.

The contract must be signed by one of the two authorized officials listed in the original application. If both of those people have left the organization, please complete a Change of Information Form via GCA's online grant system at http://gaarts.org/apply and submit it at the same time that you send the contract.

The contract will be signed by GCA before it is sent to grantees, so once it is signed by your authorized official, you will upload a fully executed copy.

These are sections of the contract about which grantees frequently have questions:

- **Section 6 GCA Credit -** GCA must be credited for supporting your project. You may print GCA's logo on your marketing material, or you may make an announcement before an event. The language you should use is included in this section of the contract. GCA's logo is available at www.gaarts.org under What We Do/Grants/GCA Logo.
- Section 7 Proof of Residency Nonprofit organizations with employees must register with E-verify and submit an affidavit (Appendix C of the contract) confirming that they are registered with E-verify. Nonprofits without employees must prove that the person signing the contract is a legal US resident by completing submitting Appendix D of the contract and a copy of that person's driver's license, Passport, or other approved form of ID. This requirement is only for non-profit organizations. Government entities such as city or county governments, public schools, public libraries, or state colleges and universities are excluded from this requirement.
- **Section 8.3 Ineligible Expenses -** GCA's funds cannot be spent on the items listed in this section.
- **Signature** The contract must be signed by one of the two authorized officials listed in the original application. If both of those people have left the organization, please complete a Change of Information Form in GCA's online grant system and submit it at the same time that you submit the Contract Package Return Form. Instructions to access the Change of Information Form are on page 15 of this handbook.
- **FEIN** This is your Federal Employment Identification Number. It can be found on your IRS designation letter and at the top of the contract. Please confirm that the FEIN number included at the top of the contract is correct.
- SAM UEI Grantees must have a SAM UEI number, which is a unique twelve-digit
 identifier for organizations issued by SAM.gov. If GCA has a SAM UEI on record for your
 organization, it can be found at the top of the contract. Please confirm that the SAM UEI
 included at the top of the contract is correct. If you do not know whether or not your
 organization has a SAM UEI, or if you need to apply for one, go to this site:
 https://sam.gov. There is no cost to apply for a SAM UEI. You must have a SAM UEI in
 order to receive a grant payment.

Supplier Change Request (SCR) Form

Grantees must complete a Supplier Change Request (SCR) Form if:

- Your organization did not receive a GCA grant in FY23.
- Your organization received a GCA grant in FY23, but has changes to the organization name, organization address, or organization banking information.

You will find a link to this form within the Contract Package Return Form or you can download the form here: https://www.dropbox.com/scl/fi/2tndps2rd4eclpn72i0mu/SCR-Form-10.1.23.pdf?rlkey=c24bxvp1vausw9dcwfi6hdy3b&dl=0. You must use the form you find via the link and not a copy of one that you have submitted in previous years. Read the instructions carefully as errors will cause the state to return the form for corrections, which will delay any payments.

Supplier ID Number

Leave the Supplier ID Number blank. This section is for the use of State of Georgia personnel only. If you complete this section of the form, the form will be returned and you will have to complete the form again.

Section 1 – Supplier Identification

- **FEI Number** Enter the organization's Federal Employment Identification (FEI) Number. DO NOT enter a Social Security Number for an individual.
- **Supplier Name** Enter the name of the organization.
- **Doing Business As (DBA)** If the organization uses an alternate name, please enter that name here.
- Physical Address This address MUST match the legal address for the organization.
- Additional Address If your organization has a P.O. Box, enter the P.O. Box address here.
- **Contact Email** This should be the email address for the person signing the Supplier Change Request (SCR) Form.
- Primary Phone Number and Secondary Phone Number This should be the best phone
 numbers to reach the person signing the Supplier Change Request (SCR) Form. The State
 Accounting Office (SAO) will call these numbers to verify the organization's banking
 information. If SAO is unable to reach someone by phone to verify the organization's
 banking information, then the grant payment will be sent by check to the address on the
 Supplier Change Request (SCR) Form and will not be direct deposited to the
 organization's bank account.
- **Driver's License Number and State** Organizations receiving GCA grants can leave the Driver's License Number and State blank.

Section 2 – Bank Account Information

- Check Boxes If you prefer to receive a <u>paper check</u>, rather than a direct deposit to a bank account, then <u>check the first box</u>. If this is a new bank account, or if your organization is a new grantee, then check <u>Add New Bank Account</u>. If your organization is an existing grantee, then check <u>Change Bank Account</u>.
- Routing Number and Bank Account Number These should be the organization's
 routing number and bank account number where the grant payment should be direct
 deposited. If you prefer for the payment to be sent by check, then you may leave the
 routing number and bank account number blank. If you prefer to receive a check for the
 grant payment, be sure to confirm that the organization address listed on the SCR Form
 matches the organization address included in the Contract.
- Payment Remit Email Address- This should be the email address(es) for the person(s) who should be notified when grant payments are made. You may enter up to two (2) email addresses to receive notification of grant payments.
- **Printed Name of Company Officer, Signature, and Date** The name and signature of the company officer should be the person who provided driver's license, phone number, and email information in Section 1.

NEW SECTION 1: SUPF	EXISTING	CLIDDLIE					CIOTI	turigi	his form		no.		_
		SUFFLIC	ER ID NUMB	ER: Agency Use	owy 0	0	0	0					
FEUCCNITIN	LIER IDENTI	FICATION							e blank	- for	GCA	use	_
FEI/SSN/TIN			M0.000.000.000	r the organiz	27.40.20	Deposition .	1000						_
Supplier Haire.	er name of organi						e reg	ister	ed to th	e FE	IN,		ᆜ
Doing Business As (Business A	s name (if a									
PHYSICAL	ADDRESS DO NO	OT enter a P O Box	[A	DDI	TION	IAL	ADDRI	ESS	e e		_
Address 1: Enter the	street address for	or the organizat	tion.	Address 1:	Enter	POE	Box fo	or the	organi	zatio	n (if a	pplica	lole
Address 2:			i	Address 2:									_
City:				City:	City								
State: State	Postal Code:	ZIP	i,	State:	State		Pos	tal C	ode:	ZIP			
Contact Email: Required	Enter the best of	email address fo	for the pers	on completi	ng this	form.							
Primary Phone #:	Cell Used for	Ext or Identity Verification	t: :	Secondary	Phon Land		210 100	_	Used for	_		xt:	
Driver's License #: For	individuals only Enter	the DL# for the pe	erson completi	ng this form ar	nd contra		DL S	State	DLS	tate			
SECTION 2: BANK			The state of the s										
Check any that apply. I do not wish to pre		formation and							e via c	heck	ζ.		
Replace Remittano	ce Address at Lo	oc#	With Addr	ID#									
Replace Invoicing	Address at Loc	#	With Addr	ID#									
Add New Bank Acco	unt Chan	ge Bank Accour	nt Ente	er Loc#	Agency	Liaisons	are rec	sulred to	complete	tems or	n this line	for bank	cha
ROUTING #				NEW ACCO					ccount				
ter bank routing no.	Last Four D	igits of Previo				_		arin o		179-			
Chack here if Can		Section of the section						akin		· · · · · ·			
Check here if Gen						jenci	es III	lakili	g payıı	ients	••		_
Check here if this	account can onl	y be used for a	a SPECIFIC	PURPOS	EL		111.5		L KULTI	LIV. OI	I BLELDE W		
			22.016.6				DES	OND	E SPECI	THE P	UNTUR	JE	
PAYMENT REMIT EM		ACCOUNTS I					noFr.	0.000	nilo ek	u del s		di .	
PAYMENT REMIT EM		Enter the prim										33727	
authorize the State of Georgia to depo flecturid/such time as changes to the ba	L sit payment for goods and/or nk account information are sut	omitted in writing by the ven	e provided bank ao ndor or individual n	count by the Autom	ated Clearly	g House	(ACH). I	furthera	cknowledge	thatthis	agreeme	ent is to ren	
Print name of person of		WHEN !		time-stampe	ed digita	al sign	nature	e.	Enter	date			

Section 3 is divided into three subsections – **Business Certifications, Minority Business Enterprise,** and **Veteran-Owned Small Business**. For each subsection, check the appropriate boxes. If none of the options apply, check "Not Applicable". If you prefer not to disclose this information, check "Prefer Not to Disclose".

Please skip Sections 4 and 5 on page two (2) of the Supplier Change Request (SCR) Form. Also, please DO NOT COMPLETE OR SIGN the signature section in Section 5 at the bottom of page two (2), as this section is for state agency use only.

If you are requesting payment by check, and you want the check to be made out to an organization name other than the Supplier Name entered in Section 1, such as a DBA organization name, enter the organization name you would like the check to be made out to in the **Payment Alt Name** line in Section 4.

When you scan and upload the Supplier Change Request (SCR) Form, you must include **both** pages of the form.

SECTION 3: DIVERSIT	Y IDENTIFICATION (Check	(ALL That Apply)	
Check all that apply. At least	t one option must be checked. CERTIFICATIONS	Check all that apply. At least o	ne option must be checked. TERPRISE (51% ownership)
GA Small Business*	Women Owned	Hispanic - Latino	African American
GA Resident Business**	Minority Business Certified	Native American	Asian American
Not Applicable	Prefer Not to Disclose	Pacific Islander	Not Applicable
		Prefer Not to Disclose	
"Based on Georgia law (OCGA 50-5-21) (3 employees OR 500 million or less in cross	 "Small Business" means any business which receipts per year. 	is independently owned and operated. Additional	y, such business must either have 300 or less
"Georgia resident business is defined a proposal to the state or a new business th	as any business that regularly maintains a piace fit at is domidled in Georgia and which regularly mai hall not include a post office box, a leased private	rom which business is physically conducted in Ge intains a piace from which business is physically o	orgia for at least one year prior to any bid or oriducted in Georgia; provided, however, that a
VETERAN-OWNED SMA	LL BUSINESS (Check ALL Th	at Apply) Check all that apply.	
Nonveteran-owned Small	Business Veteran-owned Sn	nall Business Service Disable	VOSB Prefer Not to Disclos
SECTION 4: REQUEST	ED CHANGE(S) - (Check A	ALL That Apply) LEAVE THE	REMAINDER OF THIS FORM
			A WILL COMPLETE SECTIONS
Business Name Chang		4 AND 5 BE	LOW.
The second secon	to non-eligible if supplier is already 1000 eligible		
	laisons are REQUIRED to enter the AddriD # where to	o mail 1000	
	(Required for Form 1099 – M)		
1099 – N Code 01	(01 is the only code available for the 1099 - NEC		
Reactivate Supplier Pro	ofile		
Deactivate Supplier Pro	offile (Agency Liaison MUST attach written justifica	dion from the supplier with the SCR.)	
	Offile (Agency Claimon MUST attach written justifica		
Add Additional Busines	SS Address (Enter additional address in Secti		
Add Additional Busines Change <u>Existing</u> Busin	ss Address (Enter additional address in Sections Address	ion 1)	
Add Additional Busines Change Existing Busin Change/Add Payment A	ss Address (Enter additional additions in Sections) ess Address Alt Name to an existing address	on 1) (If payable to a different name, GO NOT enter the DB	A).
Add Additional Busines Change Existing Busin Change/Add Payment A Enter Addr ID # to chan	ss Address (total address in Sections) ess Address Alt Name to an existing address nge: Payment Alt Name	on 1) (If payable to a different name. DO NOT enter the DE	A).
Add Additional Busines Change Existing Busin Change/Add Payment A Enter Addr ID # to char	ss Address (Enter additional additions in Sections) ess Address Alt Name to an existing address	on 1) (If payable to a different name. DO NOT enter the DE	A).
Add Additional Busines Change Existing Busin Change/Add Payment A Enter Addr ID # to char	ss Address (total address in Sections) ess Address Alt Name to an existing address nge: Payment Alt Name	on 1) (if poyable to a different name. CO HOT wrise the CR et	
Add Additional Busines Change Existing Busine Change/Add Payment A Enter Addr ID # to char Classification Change:	ss Address (tribe additional address in Soot ess Address Alt Name to an existing address age: Payment Alt Name (Agency Lisbons are required to think one for Class HCM Studen	on 1) (if payable to a different name. OO 1901 order the Cit E: (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii)	
Add Additional Busines Change Existing Busin Change/Add Payment A Enter Addr ID # to chan Classification Change: Attorney	ss Address (Enter additional address in Soot ess Address Alt Name to an existing address age: Payment Alt Name Payment Lit Name Payment Lit Name Payment Lit Name Payment Lit Name Payment Lit Name Payment Lit Name Payment Lit Name Name Payment Lit Name Student Lit Name Payment Lit Name Name Payment Lit Name Payment Lit Name Name Payment Lit Name Payment Li	on 1) If payable to a different name. 00 1907 order the 58 e: aiffcutton Changes.) nt Supplier Non-	
Add Additional Busines Change Existing Busine Change/Add Payment A Enter Addr ID # to chan Classification Change: Attorney Gov Non-State of GA	ss Address (Enter additional address in Soot ess Address Alt Name to an existing address age: Payment Alt Name Payment Lit Name Payment Lit Name Payment Lit Name Payment Lit Name Payment Lit Name Payment Lit Name Payment Lit Name Name Payment Lit Name Student Lit Name Payment Lit Name Name Payment Lit Name Payment Lit Name Name Payment Lit Name Payment Li	on 1) If payable to a different name. 00 1907 order the 58 e: aiffcutton Changes.) nt Supplier Non-	
Add Additional Busine: Change Existing Busine Change/Add Payment A Enter Addr ID # to chan Classification Change: Attorney Gov Non-State of GA Statewide Contract pool	ss Address (Enter additional address in Sections) ess Address Alt Name to an existing address age: Payment Alt Name (Agency Luksons are required to check one for Class HCM Studen Non-Supplier Supplies	on 1) If payable to a different name. 00 1907 order the 58 e: aiffcutton Changes.) nt Supplier Non-	
Add Additional Busines Change Existing Busine Change/Add Payment A Enter Addr ID # to chan Classification Change: Attorney Gov Non-State of GA Statewide Contract poor	ss Address (Enter additional address in Sections) ess Address Alt Name to an existing address age: Payment Alt Name (Agency Luksons are required to check one for Class HCM Studen Non-Supplier Supplies	on 1) If payable to a different name. 00 1907 order the 58 e: aiffcutton Changes.) nt Supplier Non-	
Add Additional Busines Change Existing Busine Change/Add Payment A Enter Addr ID # to chan Classification Changes Attorney Gov Non-State of GA Statewide Contract pool HCM Vendor Other (provided details in the Con	ss Address (Enter additional address in Sections) ess Address Alt Name to an existing address age: Payment Alt Name (Agency Luksons are required to check one for Class HCM Studen Non-Supplier Supplies	on 1) If payable to a different name. 00 1907 order the 58 e: aiffcutton Changes.) nt Supplier Non-	
Add Additional Busines Change Existing Busine Change/Add Payment A Enter Addr ID # to chan Classification Changes Attorney Gov Non-State of GA Statewide Contract pool HCM Vendor Other (provided details in the Con	ss Address (Enter additional address in Sections) ess Address Alt Name to an existing address age: Payment Alt Name (Agency Luksons are required to check one for Class HCM Studen Non-Supplier Supplies	on 1) If payable to a different name. 00 1907 order the 58 e: aiffcutton Changes.) nt Supplier Non-	
Add Additional Busines Change Existing Busine Change/Add Payment A Enter Addr ID # to chan Classification Change: Attorney Gov Non-State of GA Statewide Contract (poor HCM Vendor Other (provided details in the Con Comments AGENCY USE ONLY 5	as Address (tribe additional address in Social east Address Ad	(if payable to a different name. 90 NOT order the Cit et affication Changes.) Int Supplier Non-i or Minority SON CERTIFICATION (REC	minority UIRED)
Add Additional Busines Change Existing Busin Change/Add Payment / Enter Addr ID # to char Classification Change: Attorney Gov Non-State of GA Statewide Contract poor HCM Vendor Other (Provided details in the Con	ss Address (tribe address in 5x05 ess Address	on 1) If payable to a different name. SO 1907 order the Sd et afficiation Changes.) Int Supplier Non- er Minority SON CERTIFICATION (REC ass been made to submit inform.	minority UIRED)
Add Additional Busines Change Existing Busin Change/Add Payment / Enter Addr ID # to char Classification Change: Attorney Gov Non-State of GA Statewide Contract poor HCM Vendor Other (Provided details in the Con	as Address (tribe additional address in Social east Address Ad	on 1) If payable to a different name. SO 1907 order the Sd et afficiation Changes.) Int Supplier Non- er Minority SON CERTIFICATION (REC ass been made to submit inform.	minority UIRED)
Add Additional Busines Change Existing Busin Change/Add Payment / Enter Addr ID # to char Classification Change: Attorney Gov Non-State of GA Statewide Contract poor HCM Vendor Other (Provided details in the Con	ss Address (tribe address in 5x05 ess Address	on 1) If payable to a different name. SO 1907 order the Sd et afficiation Changes.) Int Supplier Non- er Minority SON CERTIFICATION (REC ass been made to submit inform.	minority UIRED)
Add Additional Busines Change Existing Busin Change/Add Payment / Enter Addr ID # to char Classification Change: Attorney Gov Non-State of GA Statewide Contract poor HCM Vendor Other (Provided details in the Con	ss Address (trible address in Social address in Social east Address Ad	on 1) (if populate to a different name. SO NOT enter the Site et al. (in a state of the site of the s	minority UIRED)
Add Additional Busines Change Existing Busin Change/Add Payment / Enter Addr ID # to char Classification Change: Attorney Gov Non-State of GA Statewide Contract poor HCM Vendor Other (Provided details in the Control Comments AGENCY USE ONLY S By my signature below, 10 true, and is associated with	ss Address (trible address in Social address in Social east Address Ad	on 1) (if populate to a different name. SO NOT enter the Site et al. (in a state of the site of the s	UIRED) ation that is complete, accurate,

Voided Check or Bank Letter

With the SCR Form, you will also need to upload a voided check for the bank account listed on the Supplier Change Request (SCR) Form. This serves to confirm the bank information provided. The address on the check must match the address provided on the SCR Form. If your checks are outdated and the current address does not match, we will also accept a letter from your organization's bank including the account information and address connected to the account.

Street Address Verification

For new grant recipients, or for returning grant recipients with address changes, **address verification** is required to accompany the SCR Form. Eligible documentation includes a lease or deed, an invoice, a legal document, or a screenshot from the organization's registration with the Secretary of State.

P.O. Box Verification

For new grant recipients with a P.O. Box, or for returning grant recipients with P.O. Box changes, P.O. Box verification is required to accompany the SCR Form. Eligible documentation includes a copy of the **lease for the P.O. Box**.

W-9 Form

All grantees that did not receive a grant in FY23, or returning FY23 grantees with organization name or address changes, must complete a W-9 Form.

You will find a link to the W-9 form within the Contract Package Follow-Up Form or you can download the form here: https://www.irs.gov/pub/irs-pdf/fw9.pdf. You must use the form you find via the link and not a copy of a form that you have submitted in previous years. Complete the form and upload it within the Contract Package Follow-Up Form.

In **section 1**, enter the name of the organization. Make sure that the name you enter exactly matches the organization name entered on the contract, the Supplier Change Request (SCR) Form, and the federal employment authorization affidavit.

In **section 2,** if applicable, enter the alternate or DBA name for your organization. Make sure that the name you enter exactly matches the alternate or DBA name entered on the Supplier Change Request (SCR) Form.

In **section 3**, if your organization is a non-profit organization or a government entity, check Other, and then enter either "nonprofit organization" or the type of local government entity – such as public library, public school, downtown development authority, main street agency, city government, county government, etc.

Skip **section 4.**

In **sections 5 and 6**, enter the address for your organization. This should exactly match the address entered on the Supplier Change Request (SCR) Form.

Skip **section 7**.

In the section labeled **Part I**, you should enter the Employer Identification Number, or FEIN, for your organization. Do not enter a Social Security Number.

In **Part II,** sign and date the form. The signature must be an actual signature or a date-stamped signature using the Adobe Sign & Certify tool. The date must be current. Forms older than 30 days than the date entered on the form will not be processed and you will be asked to complete the W-9 form again.

Once the W-9 form is completed, please save the form and upload it to the W-9 section of the Contract Package Return Follow-Up Form.

	W-9 ctober 2018)			Request for tion Numbe	Taxpayer er and Certif	icatio	n		re	ive Form equester.	Do n
	nent of the Treasury Revenue Service	•	Go to www.irs.go	v/FormW9 for instr	ructions and the lat	est inforr	nation.		Se	ena to th	e ino.
			tax return). Name is re y name, if different fro		not leave this line blank	i.					
page 3.	following seven bo	oxes.	_	_	e is entered on line 1. C	_		certair	entities	(codes app s, not individ n page 3):	
ns or	Individual/sole single-member		C Corporation	S Corporation	Partnership	∐ Tru	st/estate	Exemp	t payee	code (if any)	
Print or type. Specific Instructions on page	Note: Check th LLC if the LLC another LLC th	ne appropriate b is classified as at is not disrega	ox in the line above for a single-member LLC arded from the owner	or the tax classification that is disregarded from for U.S. federal tax pur	S corporation, P=Partne of the single-member of m the owner unless the rposes. Otherwise, a sir c classification of its ow	owner. Do owner of t	he LLC is	code		m FATCA re	porting
gi	Other (see instr		arious crieck the app	rophate box for the tab	Classification of its ow	ner.		(Applies	to accounts	maintained outs	ide the U.S
See S	6 City, state, and ZII		or suite no.) See instr	ructions.		Request	ter's name	and add	ress (op	tional)	
ŀ	7 List account numb	er(s) here (optio	onal)								
	7 List account numb	er(s) here (optio	onal)								
Part			onal) cation Number	(TIN)							
Part Enter y	Taxpay	er Identific	cation Number	nust match the name	e given on line 1 to a		Social se	ecurity n	umber		
Part Enter y backup resider	Taxpay your TIN in the app p withholding. For int alien, sole propri	er Identific ropriate box. individuals, the etor, or disreg	cation Number The TIN provided n is is generally your garded entity, see to	nust match the name social security numb he instructions for P	ber (SSN). However, art I, later. For other	for a	Social se	ecurity n	umber]-[
Part Enter y backup resider entities	Taxpayorur TIN in the appropriate alien, sole propris, it is your employe	er Identific ropriate box. individuals, the etor, or disreg	cation Number The TIN provided n is is generally your garded entity, see to	nust match the name social security numb he instructions for P	ber (SSN). However,	for a et a	Social se	ecurity n	umber] -	
Part Enter y backup resider entities TIN, lat	Taxpayorur TIN in the appr p withholding. For int alien, sole propris, it is your employeder.	er Identific ropriate box. individuals, the etor, or disreger er identification	cation Number The TIN provided n is is generally your parded entity, see ti on number (EIN). If y	nust match the name social security numb he instructions for P. you do not have a nu	ber (SSN). However, art I, later. For other	for a et a]-[- I	
Enter y backup resider entities TIN, lat Note:	Taxpay, your TIN in the app p withholding. For in talien, sole propris s, it is your employe ter.	er Identific ropriate box. individuals, thi letor, or disreger identification	cation Number The TIN provided n is is generally your parded entity, see ti on number (EIN). If y	nust match the name social security numb he instructions for Po you do not have a nu structions for line 1	ber (SSN). However, art I, later. For other umber, see <i>How to g</i>	for a et a	or]-[- I	
Enter y backup resider entities TIN, lat Note:	Taxpayovour TIN in the appy pour TIN in the appy power that alien, sole propris, it is your employeter. If the account is in er To Give the Requirements of the Requir	er Identific ropriate box. individuals, the etor, or disreger er identification more than on uester for guid	cation Number The TIN provided n is is generally your parded entity, see the n number (EIN). If y e name, see the ins	nust match the name social security numb he instructions for Po you do not have a nu structions for line 1	ber (SSN). However, art I, later. For other umber, see <i>How to g</i>	for a et a	or]-[- Inumber	
Part Enter y backup resider entities TIN, lat Note: I Number	Taxpayovour TIN in the appy pour TIN in the appy power that alien, sole propris, it is your employeter. If the account is in er To Give the Requirements of the Requir	er Identific ropriate box. individuals, the etor, or disreger identification more than on uester for guid	cation Number The TIN provided n is is generally your ajarded entity, see tie n number (EIN). If y e name, see the ins delines on whose n	nust match the name social security numb he instructions for Po you do not have a nu structions for line 1	ber (SSN). However, art I, later. For other umber, see <i>How to g</i>	for a et a	or]-[- Inumber	
Part Enter y backup reckup reckup rentities TIN, lat Note: I Numbe Part Under 1. The 2. I am Serv	Taxpayour TIN in the appy pour TIN in the appy powithholding. For int alien, sole propris, it is your employeter. If the account is in er To Give the Require Penalities of perjun number shown on a not subject to bac	er Identific ropriate box. Individuals, the tetor, or disreger identificatio more than on wester for guic ation y, I certify that this form is m ckup withholdi subject to bar	cation Number The TIN provided in is is generally your agraded entity, see the innumber (EIN). If ye name, see the instellines on whose nittle in ye correct taxpayer ing because: (a) I ackup withholding ackup withholding a	sust match the name social security numb instructions for Pyou do not have a nustructions for line 1 umber to enter.	ber (SSN). However, art I, later. For other umber, see <i>How to g</i>	for a et a e and r a numbe b) I have r	or Employe er to be is	r identifi	cation r	nd Internal Re	
Part Enter y backup resider entities TIN, lat Note: I Number 1. The 2. I am Serv no lo	Taxpayovour TIN in the appip withholding. For int allien, sole propris, it is your employeter. If the account is in er To Give the Requirement of	er Identific ropriate box. individuals, the tetor, or disreger identificatio more than on wester for guid ation y, I certify that this form is m ckup withhold subject to ba ackup withhold	cation Number The TIN provided in is is generally your agraded entity, see the innumber (EIN). If ye name, see the instellines on whose nittle in ye correct taxpayer ing because: (a) I ackup withholding ackup withholding a	nust match the name social security numb e instructions for P ou do not have a nustructions for line 1	ber (SSN). However, art I, later. For other umber, see <i>How to g</i> Also see <i>What Name</i> er (or I am waiting for kup withholding, or (to are to see the seed of the seed of the are to seed the seed of the seed of the are to seed the seed of the seed of the are to seed of are to seed of are are to seed of are are to seed of are are to are are are are are are are are	for a et a e and r a numbe b) I have r	or Employe er to be is	r identifi	cation r	nd Internal Re	
Part Enter y backup resider entities TIN, lat Note: I Number Under 1. The 2. I am Serv no ld 3. I am	Taxpayour TIN in the app owithholding. For int alien, sole propris, it is your employeter. If the account is in er To Give the Requirement of the Proprint of the America (IRS) that I amonger subject to bate at U.S. citizen or o	er Identific ropriate box. individuals, the etor, or disreger identificatio more than on wester for guic ation y, I certify that this form is m kup withhold subject to ba ackup withhold ther U.S. pers	cation Number The TIN provided in is is generally your parded entity, see the in number (EIN). If y e name, see the ins delines on whose no the in your correct taxpayer ing because: (a) I a ckup withholding a ding; and son (defined below)	nust match the name social security numb e instructions for Proud on ont have a nustructions for line 1 structions for line 1 umber to enter. identification number mexempt from backs a result of a failure and	ber (SSN). However, art I, later. For other umber, see <i>How to g</i> Also see <i>What Name</i> er (or I am waiting for kup withholding, or (to are to see the seed of the seed of the are to seed the seed of the seed of the are to seed the seed of the seed of the are to seed of are to seed of are are to seed of are are to seed of are are to are are are are are are are are	for a et a e and r a numbe b) I have r or divide	er to be is not been nds, or (co	r identifi	cation r	nd Internal Re	
Part Enter y backup resider entities Till, lat Note: I Number 1. The 2. I am Serv, no la 1. The Certific Yoyou have	Taxpayour TIN in the app or withholding. For int alien, sole propris, it is your employeter. If the account is in ear To Give the Require III Certific Certific Certific Certific Certific III Certific Certific Certific Lertific Certific	er Identific ropriate box. Individuals, the tetor, or disreger identification more than on wester for guic ation y, I certify that this form is m ckup withhold subject to bar ackup withhold ther U.S. pers tered on this f You must cro I interest and c t of secured p	cation Number The TIN provided in is is generally your parded entity, see the in number (EIN). If y e name, see the ins delines on whose in the see the inside of the see the ing because: (a) I as ckup withholding as ding; and son (defined below) form (if any) indicati ses out item 2 above dividends on your tall property, cancellation	sust match the name social security numb instructions for Pyou do not have a nustructions for line 1 umber to enter. identification number mexempt from backs a result of a failure and ing that I am exempt if you have been not x return. For real estant of debt, contribution or debt, contribution or in social security in the properties of the propert	ber (SSN). However, art I, later. For other umber, see How to g Also see What Name er (or I am waiting for sup withholding, or (t to report all interest	r a numbe r a numbe b) I have r or divide	or Employe er to be is not been inds, or (corect.	r identification of the IRS	me); and by the S has no	nd Internal Re otified me withholdin erest paid, nerally, pay	that I a

ADA Checklist

All grantees that did not receive a grant in FY23, or returning FY23 grantees that moved to a new facility or conducted major renovations to their facility that impacted accessibility of the facility, must complete the ADA Checklist.

You will find a link to this form within the Contract Package Return Follow-Up Form or you can download the form here:

https://www.dropbox.com/s/o7jpjyacdfwkx8u/FY22%20ADA%20Checklist%20-%20GCA%20Grants-%20updated.pdf?dl=0.

You must use the form you find via the link and not a copy of a form that you have submitted in previous years. Complete the form and upload it within the Contract Package Return Follow-Up Form.

Residency Verification

This year, GCA's Residency Verification instructions have changed.

- If your <u>non-profit organization received a GCA grant in FY23</u>, you were required to submit a Residency Verification. You do not need to submit another Residency Verification this year.
- If your <u>non-profit organization has employees</u> and did not receive a GCA grant in FY23, the organization must register with E-Verify and submit an affidavit certifying that the grantee uses the federal work authorization program.
- If your <u>non-profit organization does not have employees</u> and did not receive a GCA grant in FY23, then you must complete and submit a form verifying that your organization does not have employees and submit a copy of a driver's license or Passport for the person who signs the contract.
- If your organization is a government entity, a school, a public library, or a public college or university, you do not have to submit any type of residency verification

Residency Verification for Non-Profit Organizations with Employees

E-Verify registration instructions:

- Go to: https://www.e-verify.gov/
- Click on "I am an employer"
- Click on "learn how to enroll" if you are not already registered
- Click on "enroll now" and follow the steps to enroll in E-Verify

Complete the Contractor Affidavit form at Georgia Department of Audits:

<u>Information/Resources</u>. This form asks you to confirm that your organization is registered with and utilizing E-Verify, a web-based system that allows enrolled employers to confirm the eligibility of their employees to work in the United States. By signing the form, grantees are confirming that:

 The organization is using and will continue to use E-Verify for the duration of the grant contract

- The organization will notify GCA if it ceases to use E-Verify
- The organization will only use subcontractors who are approved by E-Verify
- The organization will provide documentation to the state of Georgia regarding the legal status of employees or subcontractors if requested by the state.

For additional information, go to https://law.justia.com/codes/georgia/2010/title-13/chapter-10/e/13-10-91.

Affidavit instructions:

- Use Appendix C attached to the contract or click the link to access the affidavit certifying that the grantee uses the federal work authorization program:
 https://www.audits2.ga.gov/wp-content/uploads/2021/10/Contractor Affidavit Updated December 2018 Final.doc.
- Download and save the affidavit.
- Read and sign the affidavit and have the document notarized at the time it is signed.
- "Name of Contractor" is the name of your organization.
- "Name of Public Employer" is Georgia Council for the Arts.
- "Name of project" should be the name of the grant that you are receiving FY24 Vibrant Communities Grant.
- Upload the signed and notarized affidavit to the online contract package return form.

Residency Verification for Non-Profit Organizations without Employees

If your organization is required to submit Residency Verification and your organization has no employees, the person who signs the contract should submit a copy of his/her driver's license, Passport, or other authorized document, and complete and submit a form certifying that your organization has no employees, which can be found in Appendix D attached to the contract or at the following link:

 $\frac{https://www.dropbox.com/s/2uv7sxgkhkn9vwt/Certification\%20of\%20No\%20Employee\%20-\%202022.pdf?dl=0.$

Corrections and Stipulations Memo (C&S Memo)

If a grantee's application has errors, omissions, and/or provides incomplete or confusing information, that grantee will receive a C&S Memo which details the information that must be provided to GCA before the grant contract will be executed. The C&S Memo and the grantee's response will become part of the binding contract with the state. If the C&S Memo states that no response is needed, then the applicant does not have to return anything to GCA with the contract related to the C&S Memo.

Contractor's Request for Reimbursement (CRR) Form

In order to receive grant funds, a grantee must submit a Request for Reimbursement. Grantees may request up to 67% (two-thirds) of the grant during the grant year. The final 33% is requested when the Final Report is submitted. A Request for Reimbursement may not be submitted until grant expenses totaling at least 50% more than the CRR request amount have been incurred.

For instance, if a grantee is awarded \$5,000 for a Vibrant Communities Grant, then the grantee may request \$3,300 (67% of the award) once at least \$4,950 in expenses has been incurred.

The Request for Reimbursement Form for Vibrant Communities Grants may be found here: http://gaarts.org/what-we-do/grants/vibrant-communities-grant/.

Please note the following:

- The address on the Request for Reimbursement must match the address that was submitted on the Supplier Change Request (SCR) Form.
- Requests for Reimbursement submitted during the year should be e-mailed to Grants Specialist Delilah Johnson-Brown (dbrown@gaarts.org).
- The Request for Reimbursement submitted for the final grant payment should be uploaded to the final report.
- No Request for Reimbursement will be processed if requirements from the preceding fiscal year, the Contract Package, or the Final Report are outstanding.

REQUIREMENT TO OBTAIN A SAM UEI

This year, the federal government, including the National Endowment for the Arts (NEA), is transitioning from using DUNS numbers as their unique entity identifier (UEI) to using a new identifier, known as a <u>SAM UEI</u>. Because GCA is funded in part by the NEA, we are also required to transition to using the SAM UEI. <u>Going forward, a SAM UEI is required to process all GCA grant applications, contracts, payments, and final reports</u>.

GCA CANNOT ISSUE ANY FY23 FINAL GRANT PAYMENTS OR FY24 GRANT CONTRACTS UNTIL YOUR ORGANIZATION HAS ENTERED A VALID SAM UEI IN GCA'S ONLINE GRANT SYSTEM. We urge you to go ahead and sign up for a SAM UEI to prevent any delay in grant payments.

If you attempt to register for a SAM UEI and are required to file an incident report, please let GCA know by forwarding the email confirmation of your incident report to your grants manager. In the case that there is a delay in obtaining your SAM UEI, this documentation will be required to move forward with processing FY23 final grant payments.

All GCA grant recipients are required to register for a SAM UEI through http://SAM.gov and enter that number in the appropriate section for the organization's account in GCA's online grant system at http://gaarts.org/apply.

 For grantees and applicants that already receive funding directly from the federal government, your organization already has a SAM UEI. Log in to http://SAM.gov, copy the organization's SAM UEI, and enter that number into the SAM UEI field for the organization's registration within GCA's online grant system. • For grantees and applicants that do not already have a SAM UEI, go to http://SAM.gov and register your organization.

There may be a delay in the process to obtain your SAM UEI if your organization is not already in the SAM.gov system, so please do not put off beginning the process to obtain a SAM UEI.

Please note, as you create a SAM.gov registration, GCA requests that you select the option to make your record public so that we can view your record and confirm that your SAM UEI is correct.

Registering in SAM.gov and obtaining a SAM UEI is free. You should never have to pay to obtain a SAM UEI. If an entity proposes charging your organization to obtain a SAM UEI, it is likely to be a scam and you should cease communicating with that entity.

Once you obtain a SAM UEI for your organization, enter that number into the SAM UEI field for the organization's registration in GCA's online grant system at http://gaarts.org/apply. Once you log in, go to the Applicant Dashboard. To the far right, you will see a pencil icon within the Organization information section. Click on the pencil icon and scroll down to the UEI/SAM Number field to enter your SAM UEI. After entering the SAM UEI, click on the Save button at the bottom of the page.

If you need assistance, you can refer to <u>How Organizations Can Obtain a SAM-UEI Number</u>, which includes more specific details and instructions.

<u>If your organization needs technical assistance with obtaining a SAM UEI or resolving an incident report</u>, contact the <u>Federal Service Desk</u> (FSD.gov) by phone (866-606-8220) or online through "Live Chat" or "Create an Incident". Hours of operation are Monday-Friday, 8 a.m. to 8 p.m. ET. Please note that there may be a wait time for phone and Live Chat assistance.

If you have questions about obtaining a SAM UEI, please reach out to Allen Bell, Director of Grants and Research, at abell@gaarts.org or 404-962-4839.

Thank you in advance for obtaining a SAM UEI and entering the identifier into your organization's record in GCA's online grant system. This will help GCA continue to provide grant funding to your organization and to support arts programs throughout the state.

DURING THE YEAR

This section addresses things that you should keep in mind during the grant year.

Change of Information

Keeping your online account information up-to-date is important to ensure that you are receiving notifications from GCA regarding your grant and that your grant payments are sent to the correct location.

Grantees must complete a Change of Information Form if there are any changes to an organization's:

- Phone number
- Address
- Contact person
- Authorized officials

Grantees should complete the Change of Information Form within GCA's online grant system at http://gaarts.org/apply. After logging in, click on the Apply tab at the top of the page and scroll down to the Change of Information Form and click on the blue Apply button.

Please allow up to four weeks for GCA to make the changes in your account. We will notify you if we have questions and when the changes have been made.

GCA Logo and Crediting Requirements

Printed Credit

GCA requires all grantees to recognize GCA in all materials, publications, and programs that are supported by state funds and in which other funders are credited. This includes programs, newsletters, brochures, fliers, ads, calendars, posters, press releases, films, videotapes, websites and all electronic transmissions.

The GCA logo must be reproduced in the same size and proportion as that of other sponsors. It must be reproduced as it is provided, without alteration.

If there is no printed material associated with a program, oral credit must be given. The statement below must be provided before the event or performance, and during any radio broadcast or audiotape for the hearing impaired.

"This program is supported in part by Georgia Council for the Arts through the appropriations of the Georgia General Assembly. Georgia Council for the Arts also receives support from its partner agency – the National Endowment for the Arts."

GCA Logo Links

- GCA Logo, Black- hi-res, .jpg file
- GCA Logo, Color (RGB)- hi-res, .jpg file
- GCA Logo, Color (CMYK)- hi-res, .jpg file

NEA Credit

GCA receives significant funding from the National Endowment for the Arts. Grantees should recognize the NEA on their materials in addition to, but not instead of, the GCA logo. Visit the NEA website for access to the logo.

Letters to the Governor and State Legislators

GCA wants the Governor and our state legislators to be aware of the work of our grantees, as well as the impact of your GCA grant. All FY24 GCA grantees are required to write a letter to the Governor and both of their state legislators (one State Senator and one State House Representative) which includes the following information:

- the number of people served by the organization
- the ways that the organization serves its community
- the ways that the GCA grant will better enable the organization to serve its community
- an invitation to the funded program(s) (if applicable)

Letters to the Governor should be addressed to:

Governor Brian P. Kemp 206 Washington Street Suite 203, State Capitol Atlanta, GA 30334

If you need contact information for your state legislators, go here:

https://openstates.org/find your legislator/. On this page, enter the physical address for the organization receiving the grant, including street address, city, state, and zip code, and then click Search by Address. The results will include your State Representative (lower chamber) and your State Senator (upper chamber). Click on the elected official's name to access their mailing address and email address.

Grantees will be required to submit copies of the letters to the Governor and State Legislators with their Final Reports.

Unused Funds

Grantees may be unable to use some or all of the grant funds awarded due to a variety of reasons, such as inability to meet the required income match or the arts programming has been cancelled. Regardless of the reason, <u>GCA must be notified no later than May 1, 2024, about funds that will not be utilized</u>. With enough advance notice, GCA may reallocate the funds for other arts programming. If GCA is not informed about unused funds well in advance of the end

of the fiscal year, which is June 30, 2024, then our agency must return the funds to the state and may not reallocate the funds to another arts organization.

Programming Changes

If the programming and/or goals that were outlined in your original application change significantly during the grant year, contact your grant manager to discuss the changes. GCA understands that sometimes the scope of a project changes. While this is not always problematic, sometimes the changes take the project too far away from what was proposed in the application. Discussing changes with GCA early in the process will allow time to make adjustments to avoid penalties for not fulfilling the project as outlined in the application.

Grant Change Form

Organizations that need to make significant changes to their funded programs should complete the FY24 Grant Change Form within GCA's online grant system. A change form must be assigned by GCA staff. If you need to change your funded project, please contact the appropriate grant manager.

While GCA will allow changes to the program, the revised program must still serve the same audience and purpose as the original program, and must meet the same financial requirements as the original grant, such as matching income and minimum expenses.

GCA will consider the following requests for changes:

- Change of Date: Grantees may change the date of their program as long as it takes place prior to June 30, 2024.
- Change from a Live Event to a Virtual Event
- Change of Artist/Program: GCA will consider requests to change the artist or program.
 The new program must serve the same audience and purpose as the original program.

 For instance, if the original program involved a live performance for students, and the company booked for the performance is not currently touring, the grantee could change to an artist who can deliver a virtual performance for the same students.
- Cancellation: If the funded program cannot take place, and the option is not available to
 postpone the event or change to a new artist, the grantee can cancel the event. Grantees
 that cancel an event will not be able to receive any funds from the grant as the funds will
 be reallocated to other projects.

Once the change form is submitted, GCA will be in touch to notify the organization whether or not the requested change is approved.

FINAL REPORT

The Final Report is due no later than 30 days after the completion of your funded project.

All FY24 Final Reports must be submitted via GCA's online grant system at http://gaarts.org/apply. This is the same system through which you submitted your FY24 grant application.

After you log in, go to your Applicant Dashboard. You will see your FY24 Vibrant Communities Grant Application. Below the application title, you will see a section entitled Follow Up Forms, where you should find a form entitled Follow Up - FY24 Vibrant Communities Grant Final Report. To access the form, click EDIT to the right.

Once you have accessed the FY24 Vibrant Communities Final Report:

- If you would like a PDF copy of the Final Report form, click the Question List button.
- Note that any fields with an asterisk are required fields.
- The system will auto-save every 100 characters typed or every time you click out of a field.
- Some fields have character limits. Responses that are longer than the set limit will be saved, <u>but</u> an error message will appear informing you that the limit has been exceeded. You will not be allowed to submit the form until the length of the response has been decreased.
- If you save and exit the system, you will access the draft of your report from your Dashboard the next time you log in. Pick up where you left off by clicking the pencil icon to the right of the request.

Your final report must contain the following:

- **General Information:** This will include the organization's fiscal year start and end dates, audience totals, counties served, project location address(es), length of project, alignment with GCA goals, and GCA survey questions.
- **Financial Information:** This will include total project expenses, total project income, and total in-kind contributions.
- Narrative: You will be required to answer the following questions:
 - Briefly describe your project, including the dates, number of attendees/participants, and artists involved.
 - Did anything about the project change from what was proposed in the application? If so, what were the changes?
 - O How did this project benefit your local community?
- **NEA Data:** These are survey questions required by National Endowment for the Arts.
- Attachments:
 - Budget vs. Actual Financial Report: Create and submit a project budget report showing actual income and expenses beside the income and expenses which were proposed in the application. You may reproduce the example table at the

- on the next page within Word or Excel. You may add as many lines as you need for all of the expenses and income.
- Examples of GCA Credit: Submit no more than two (2) examples of material showing that GCA received credit as a sponsor of the project. This could include postcards, ads, flyers, programs, etc. If GCA was not credited in print material, explain how GCA was credited.
- Photos of Funded Project: GCA requires at least one (1) and up to four (4)
 photos documenting the project funded by the Vibrant Communities Grant.
- Letters to the Governor and Legislators: Copies of letters to the Governor and your organization's two state Legislators thanking them for the award and inviting them to attend the event.
- Contractor's Request for Reimbursement (CRR) Form: On this form, you will enter the total amount that you have spent on the project. You will also enter the amount you are requesting from GCA, which is the balance that your organization is owed for the Vibrant Communities Grant. If you have already received a grant payment from GCA, then subtract that amount from the total grant award. If you have not received a payment from GCA, then enter the total amount of the grant.

Example of Budget Table for Final Report

	Budget submitted with application	Actual expenses and income for the project
Expenses (list below)		
Total Expenses		
Income (list below)		
Vibrant Communities Grant		
Total Income		

Remember, when completing your Budget vs. Actual Income and Expenses report:

• Your report must show income. Income includes any source that you used to pay for the expenses, including cash that you already had on hand.

- Your income must be at least as much as total expenses, and you must show at least a 50% cash match for the grant amount.
- Include the total amount of your Vibrant Communities Grant under income.
- The expenses and income that you list under Actuals should be the actual amounts that you spent or brought in. These will likely not be exactly the same as your budget amounts. You should include any actual income or expenses that you had, even if those items did not appear in your original application budget.
- Do not include in-kind. In-kind is defined as materials or services donated to your project.
- Your total grant payments cannot exceed 67% or two-thirds (2/3) of total expenses.

GRANT MANAGEMENT TIPS

Below are some tips and points to remember:

- The person listed as the contact in your application should be the person who contacts GCA on behalf of your organization.
- If you e-mail GCA with a question, please include the name of your organization, what county you are in, and the fiscal year and type of grant, so that we can quickly find your records and answer your question.
- Processing a Request for Reimbursement can take time because we have to send that request to another division to be processed. Please allow up to 8 weeks to receive your payment.
- If your project changes from what you outlined in your application, please contact GCA
 so that we can discuss whether or not those changes will have an impact on your award
 amount. Remember that the parameters of the project in the application were
 approved by a grant panel, so if the project strays significantly from what was approved,
 it may mean that you will not receive the award, or that a Grant Change Form is
 required.
- GCA should be credited as a sponsor of the event. If you print marketing material such as posters or flyers, you should include the GCA logo. If not, you can make an announcement before the event or put up a poster noting GCA's sponsorship. You will be required to send in an example of printed material with GCA's logo with your final report. The logo can be found here: http://gaarts.org/what-we-do/grants/gca-logo-requirements/
- Please contact Rural and Community Arts Programs Manager Tyrone Webb
 (twebb@gaarts.org or 404-962-4044) if you have any questions. We know that there are
 a lot of steps involved with the grant process and we are happy to answer any questions
 that you may have.