



NORTH CAROLINA  
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES  
DIVISION OF COASTAL MANAGEMENT  
MARINE SEWAGE PUMPOUT STATION GRANT PROGRAM

## APPLICATION

Facility Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Marina Website: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ \*DUNS Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Marina Address (if different from above): \_\_\_\_\_

County: \_\_\_\_\_

Name of waterbody the facility is located on or next to: \_\_\_\_\_  
*(Include copy of navigation chart or topographic map showing exact location of marina)*

Name of facility owner: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### PROJECT DESCRIPTION

- |   |   |
|---|---|
| <input type="checkbox"/> Portable Pumpout Station                             | <input type="checkbox"/> Fixed Pumpout Station        |
| <input type="checkbox"/> Combination Pumpout<br>and Dump Station              | <input type="checkbox"/> Slip-side Pumpout            |
| <input type="checkbox"/> Expansion/Improvement/Renovation of Existing Service | <input type="checkbox"/> Portable Toilet Dump Station |

Explain fully, including Brand or Manufacturer (attach additional sheets if necessary including any engineering):

Pumpout/Dump Station waste will discharge to:

\_\_\_ City Sewer (Submit evidence, **in writing**, of consent from owner of the system.)

\_\_\_ Septic System (Submit evidence, **in writing**, of approval of from local health officials, stating that sufficient sewage disposal capacity is available.)

\_\_\_ Unit will be emptied by licensed septic hauler for disposal by a treatment facility. (Submit evidence, **in writing**, of a contract with a licensed septic hauler as well as approval from local health officials.)

\_\_\_ Other (explain): \_\_\_\_\_

Location of Pumpout/Dump Station (attach map indicating location):

\_\_\_ on bulkhead      \_\_\_ fuel dock      \_\_\_ mobile  
\_\_\_ other dock      \_\_\_ all slips

**PUMPOUT/DUMP STATION OPERATION**

Who will operate the facility:    \_\_\_ boater self serve      \_\_\_ marina staff  
   \_\_\_ other (describe): \_\_\_\_\_

Availability of Service

Months (circle)                      Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Days (circle)                         Daily (or only) Mon. Tue. Wed. Thu. Fri. Sat. Sun.

Hours                                    24 Hours or Between \_\_\_ a.m. and \_\_\_ p.m.

Fee Charged                         Free or \$\_\_\_/use (Maximum of \$5.00)

Expected Date To Begin New Pumpout/Dump Station Service: \_\_\_\_\_

**Please note that no work on the project can begin until a contract with the NC Department of Environment and Natural Resources has been executed.**

\* Created in 1962, the Data Universal Numbering System or D-U-N-S® Number is Dun & Bradstreet's copyrighted, proprietary means of identifying business entities on a location-specific basis. **Assigned and maintained solely by D&B, this unique nine-digit identification number** has been assigned to over 100 million businesses worldwide.

**A D-U-N-S® Number remains with the company location to which it has been assigned even if it closes or goes out-of-business.** The D-U-N-S® Number also "unlocks" a wealth of value-added data associated with that entity, including the business name, physical and mailing addresses, tradestyles ("doing business as"), principal names, financial, payment experiences, industry classifications (SICs and NAICS), socio-economic status, government data and more. The D-U-N-S® Number also links members of corporate family trees worldwide.

The D-U-N-S® Number is widely used by both commercial and federal entities and was adopted as the standard business identifier for federal electronic commerce in October 1994. **The D-U-N-S Number® was also incorporated into the Federal Acquisition Regulation (FAR) in April 1998 as the Federal Government's contractor identification code for all procurement-related activities.**

Grantees who need a DUNS can go to <http://fedgov.dnb.com/webform/> to apply.

**GRANT REQUEST**

Please provide detailed information for each item below, and attach price quotes or cost breakdowns if available.

Brand or Manufacturer: \_\_\_\_\_

Cost of Pumpout/Dump Station \$ \_\_\_\_\_

Site Improvement Costs \$ \_\_\_\_\_

Permit Fees \$ \_\_\_\_\_

Engineering Costs \$ \_\_\_\_\_

Other Costs (If applicable) \$ \_\_\_\_\_

**TOTAL PROJECT COSTS** \$ \_\_\_\_\_

**Amount of Assistance Requested**

75% of Total Project Cost (\$15,000 Maximum) \$ \_\_\_\_\_

**Required Match**

Matching Funds\* (See Grant Guidelines. Must provide a minimum of 25% match).

Cash \$ \_\_\_\_\_

Inkind Services \$ \_\_\_\_\_

**TOTAL MATCH\*** \$ \_\_\_\_\_ % of total project cost

Additional Details:

*Return Application To:* NC Department of Environment and Natural Resources  
 NC Clean Marina Program  
 Attn. Mike Lopazanski  
 400 Commerce Ave  
 Morehead City, NC 28557

## TERMS AND CONDITIONS

IN SUBMITTING THIS PROJECT PROPOSAL, THE APPLICANT BODY HEREBY ACCEPTS THE TERMS AND CONDITIONS SET FORTH AS FOLLOWS:

A. Plans and specifications, including all contract documents and any subsequent changes, must be submitted to the Department of Environment and Natural Resources for review and approval prior to construction start-up. Materials and installation shall not occur until a signed original contract between the Department of Environment and Natural Resources and the marina owner/operator is received.

B. Sewage disposal agreements with local waste water treatment plants, local sanitary commissions, and or public works departments if applicable, shall be submitted to the local Health Department prior to construction of the marine pumpout/dump station.

C. The recipient shall meet on-site with a representative of the Division of Coastal Management to ensure that the required pumpout facility installed, easily accessible and operable, prior to receiving grant reimbursement.

D. Plans and specifications for the pumpout/dump facilities shall be submitted and approved by the local Health Department prior to construction of the marine sewage pumpout/dump station.

E. The marine pumpout/dump station shall be used for the collection of boat sewage only. No bilge or oily waste shall be collected in the marine pumpout/dump station.

F. No construction of additional slips or additional on-shore facilities is authorized by this grant.

G. The design of the project shall be provided by the marina owner or the agent of the marina. **All necessary permits must be secured by said marina owner/agent and submitted with the application.**

H. If the marina owner or agent is not the prime contractor, then the marina owner/agent shall solicit competitive bids for the installation of the project. Bids will be received and compiled by the marina owner/agent. The Department reserves the right to have a representative present at the bid opening.

I. The marina owner or agent is responsible for compliance with all permit requirements, state and local codes and the inspection of the project to insure compliance of materials, products, and workmanship with the approved plans and specifications. Periodic inspections and a final inspection shall be made by the Department to insure funds are properly spent and that the pumpout is installed, easily accessible and operable. These inspections will not include design/engineering adequacy nor State and Local code compliance as these items are the responsibility of the installer.

J. Any payment to contractors in excess of the approved bid must be approved by the Department prior to payment to be eligible for reimbursement.

**The following documents must be supplied to the Department before the application for a grant can be processed for payment.**

1. A signed original contract between the Department of Environment and Natural Resources and the marina owner/operator.
2. A letter on marina letterhead stating that the project has been completed and requesting payment.

3. An invoice on the marina letterhead listing the amount spent on each contractor or subcontractor. A total of the amount spent and a statement certifying that the invoice is just and correct and that payment has not been received. (see example Attachment A)
4. Copies of local Health Department permit/authorization.
5. Copies of local inspection certificates, health, electrical and plumbing.
6. Copies of all paid invoices.

K. The Department of Environment and Natural Resources, Division of Coastal Management, will supply two standardized Pumpout/Dump Station signs that credit the US Fish & Wildlife Service and the Department that must be posted at the marina. The signs should be posted so that they are visible from shore and the water.

L. A maximum of a \$5.00 fee may be charged for the use of pumpout and dump stations constructed with grant funds. The maximum fee shall be evaluated for inflation, etc., each year.

M. The applicant agrees to maintain the proposed project in good working order, inclusive of necessary supervision, for the expected life of the project (minimum of five years).

N. If the marina owner or agent ceases to maintain this location as a pumpout/dump facility, or changes the use integrity of the facility, all moneys paid by the Department of Environment and Natural Resources must be reimbursed to the Department of Environment and Natural Resources by the marina owner or agent.

O. The marina owner or agent will:

1. Provide to the State of North Carolina certification of an approved method for final disposition of sewage;
2. Hold the State of North Carolina free from damages that may result from the construction of the project and use of the facility;
3. Accomplish, without liability to the State of North Carolina, alterations and relocations as required in sewer, and water supply drainage, and other utility facilities.

P. All recreational vessels must have easy access to pumpout and dump stations funded under this grant program. Pumpout facilities shall continue to be easily accessible and operable for the full period of their useful life (minimum of five years).

Entity's Letterhead

INVOICE

Phone:

INVOICE DATE:

TO: DCM 400 Commerce Ave. Morehead City, NC 28557

FOR: NAME OF MARINA Contract #

Table with 3 columns: DESCRIPTION, RATE, AMOUNT. Includes line items for Materials and Labor, a total amount due of \$0000000, and a signature line.

**The following forms are required for recipients of grants from the NC Department of Environment and Natural Resources. Please sign the forms and return them with your grant application.**

**Entity's Letterhead**

**[Date of Certification (mmddyyyy)]**

To: State Agency Head and Chief Fiscal Officer

**Certification:**

We certify that the **[insert organization's name]** does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143-6.2(b2) is guilty of a criminal offense punishable as provided by N.C.G.S. 143-34(b).

**Sworn Statement:**

**[Name of Board Chair or Owner]** and **[Name of Second Authorizing Official]** being duly sworn, say that we are the **Board Chair or Owner** and **[Title of the Second Authorizing Official]**, respectively, of **[insert name of organization]** of **[City]** in the State of **[Name of State]**; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

\_\_\_\_\_  
**Board Chair or Owner**

\_\_\_\_\_  
**[Title of Second Authorizing Official]**

Sworn to and subscribed before me on the day of the date of said certification.

\_\_\_\_\_  
(Notary Signature and Seal)

My Commission Expires: \_\_\_\_\_

**If there are any questions, please contact the North Carolina Office of the State Auditor:**  
Angela Gunn @ (919) 807-7556 or  
Harriet Abraham @ (919) 807-7673.



**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 35 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the determination is made to award the covered transaction, grant, or cooperative agreement.

**1. LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or

commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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### 3. DRUG-FREE WORKPLACE

This certification is required by the Drug-Free Workplace Act of 1988 (Pub.L. 100-690, Title V, Subtitle D) and is implemented through additions to the Debarment and Suspension regulations, published in the Federal Register on January 31, 1989, and May 25, 1990.

#### *ALTERNATE I (GRANTEES OTHER THAN INDIVIDUALS)*

(1) The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.

Employers of convicted employees must provide notice, including position title, to every grant officer

or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a),(b),(c),(d),(e), and (f).

(2) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (include street address, city, county, state, and zip code):

***ALTERNATE II (GRANTEES WHO ARE INDIVIDUALS)***

(1) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant.

(2) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

As the duly authorized representative of \_\_\_\_\_, I hereby

certify that \_\_\_\_\_ will comply with the above certifications.

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative and Date

## State Grant Certification – For Non-Governmental Grantees Conflict of Interest

Date of Certification: \_\_\_\_\_

To: N.C. Department of Environment and Natural Resources

### Certification:

I certify that **NAME OF MARINA**, as the recipient of this Grant Contract, does not have a Conflict of Interest as defined as an actual or perceived interest by a staff member and/or employee and/or Board member in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain as defined by North Carolina G.S. 143-6.2 (b1).

Should a conflict of interest arise involving the grantee’s management employees and/or the members of its board of directors and/or other governing body, **NAME OF MARINA**, shall address the situation in the following manner:

**INSERT YOUR RULES OR PROCEDURES FOR CONFLICT OF INTEREST HERE. EXAMPLE TEXT INCLUDES:**

*If at any point in the decision making process it becomes evident that a conflict of interest exists with any person in the decision making process, said person shall be relieved of their decision making abilities until said issue is resolved.*

**OR:**

*Name of marina will report the alleged conflict of interest to the Grantor for review and wait for recommended actions and advice on the situation.*

I further understand that a false statement made is in violation of North Carolina G.S. 143-6.2(b1) and such false statement would be a criminal offense punishable as provided by North Carolina G.S. 143-34(b).

### Sworn Statement:

I, **NAME OF AUTHORIZING OFFICIAL**, of **NAME OF MARINA** in the State of North Carolina also acknowledge and understand that any misuse of state funds will be reported to the appropriate authorities for further action.

\_\_\_\_\_  
**NAME OF AUTHORIZING OFFICIAL**

Sworn to and subscribed before me on the day of the date of said certification.

\_\_\_\_\_  
Notary Signature and Seal

My commission expires \_\_\_\_\_

<sup>1</sup> N.C. General Statute 143.6.2(b)(b1) – Conflict of Interest – Every grantee shall file with the State agency or department disbursing funds to the grantee, a copy of that grantee’s policy addressing conflicts of interest that may arise involving the grantee’s management employees or the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the grantee’s employees or members of its board or other governing body, from the grantee’s disbursing of State funds and shall include actions to be taken by the grantee or the individual, or both to avoid conflicts of interest and the appearance of impropriety. The policy shall be filed before the disbursing State department or agency may disburse the grant funds.

# NC E-PROCUREMENT @ YOUR SERVICE

(The State of North Carolina's web-based purchasing and procurement system)

## To all Service Providing Entities:

The State of North Carolina's Department of Environment and Natural Resources (NC DENR) requires all service providing entities (inclusive of "for-profit", "non-profit", local and state governments, and state universities and colleges) desiring to conduct business with the State/NC DENR, to be registered as "**Vendors**" in the "NC E- Procurement @ Your Service" system.

If your entity is already a registered "**Vendor**", Please disregard this Notice. However, if your entity is not a registered "**Vendor**", than registration information is provided below and you are encouraged to follow the instructions therein.

Without an entity's registration, NC DENR will be unable to complete the Execution process, thereby preventing payments from being processed against the subject contract.

## **Registration Information:**

To access the "NC E-Procurement @ Your Service" system, log onto:

<http://eprocurement.nc.gov/>

- For access to the "Vendor Registration Job Aid" (a step-by-step guide) as well as other basic program information:
  - Click the tab marked "**General Information**"
- To perform the actual **Vendor Registration**, and/or to access areas of specific information regarding the program (i.e. Terms of Use, etc.):
  - Click the tab marked "**Vendors**"

If additional registration assistance is needed, the **HELP DESK** is available at:

**1-888-211-7440 or [ephelpdesk@its.nc.gov](mailto:ephelpdesk@its.nc.gov)**

### **Important Notice to Service Providers:**

Entities/Vendors providing services are **NOT** subject to the **1.75% Marketing Fee**, referenced in the "Terms of Use" clause. This fee only applies to suppliers of commodities.

**The Marketing fee DOES NOT APPLY to this grant / service contract.**

## **NC GRANTS REPORTING REQUIREMENTS**

**G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds DIRECTLY FROM A STATE AGENCY to file annual reports on how those grant funds were used. There are 3 reporting levels with differing forms to be completed at each level. The specific forms to be completed are determined by the total direct grant receipts from all State agencies:**

**Level 1: Less than \$25,000**

**Level 2: At least \$25,000 but less than \$500,000**

**Level 3 \$500,000 or more**

**\*\*\*IMPORTANT\*\*\***

**Use the following directions to logon to NC GRANTS and register with NCID. Failure to submit the required reports will result in your being banned from receiving future State funds.**

# STATE OF NORTH CAROLINA GRANTS INFORMATION CENTER USER'S MANUAL OFFICE OF STATE BUDGET AND MANAGEMENT

Effective Date September 1, 2009

Updated October 12, 2009 37

## GENERAL INSTRUCTIONS FOR GRANTEE USERS

**Background:** G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds **DIRECTLY FROM A STATE AGENCY** to file annual reports on how those grant funds were used. There are 3 reporting levels with differing forms to be completed at each level. The specific forms to be completed are determined by the total direct grant receipts from all State agencies:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3 \$500,000 or more

**Not sure of your level? Log into NCGrants to find out.**

The Grants Information Center has been created to make the annual reporting faster, easier, and more economical for all parties involved. The forms contained in NCGrants are the same forms that grantees have been using for since 2006. **However, since March 1, 2008, all annual grantee reports required by G.S. 143C-6-23 have been required to be entered online. For a period of time, the Office of State Auditor accepted hard copy reports and entered the data for grantees that did not have internet access. This policy has changed effective September 1, 2009. OSBM will NOT accept hard copy forms. Grantees must file reports through the NCGrants online reporting function. Please check with your local library for free computer and internet resources if you do not have internet access at your home or office.**

### Data Entry for Grantees

1. Make sure to have your NCID and password. Questions: Contact the NCID Help Desk at 1-800-722-3946. If you do not have an NCID, you may register by going to the NCGrants login page and clicking the link "Don't have an NCID?".
2. Access NCGrants by going to <http://www.ncgrants.gov> and clicking on the link to "login" for online reporting. Once logged in, you will be able to enter your organization's required annual reports.
3. Log in with NCID (login and password). The first time you login to NCGrants, you will be directed to a form to request access to NCGrants. Enter required data and click "submit". If you have successfully submitted your request for access you will see a screen indicating that you will receive a confirmation email from the NCGrants administrator when you have been granted access—usually within a few hours.
4. After receiving your email from the NCGrants administrator; log back in to NCGrants. Once you have logged in, you should see your "Successful Grantor login" page and your dashboard (see example below) listing the fun

5. Once you have received your email confirming that you have been granted access, log back in using your NCID login and password. This will open your “dashboard” also called the “Grantee Summary / Data Entry Screen”. Please check the top of the screen to confirm you are logged in with the correct user name and organization – federal tax identification number (Ex: Logged in as absmith: ABC Nonprofit: 123456789)

**EXAMPLE: Logged in as absmith (ABC Nonprofit - 123456789)**

2008 - Level 2					
Agency	Grant	Certification Form	State Grants Compliance Reporting: >= \$25,000	Program Activities and Accomplishments Report	Schedule of Receipts and Expenditures
Social Services	At Risk Afterschool Program	Approved	Not Submitted	Not Submitted	Not Submitted
Public Instruction	Dropout Prevention	Approved	Approved	Approved	Approved

\* [Click here](#) to make requests to NCGrants administrator

- Your summary screen will identify your correct level of reporting (i.e. 1, 2 or 3) based on the State grant funds reported disbursed to your organization during your each of your fiscal years.
- The summary will show all the grants contained in NCGrants that have been awarded to your organization for which disbursements have been made. If there is an active grant for which no disbursements have been made for your fiscal year, the grant name will be listed but will say “no disbursements.”
- The program will automatically provide links to the reports that correspond to your reporting level, and only those reports, for each grant. Check to make sure that the grant(s) shown in the system correspond with what you show as having received from each agency **FOR YOUR FISCAL YEAR. DO NOT ENTER ANY DATA UNTIL ALL YOUR GRANTS ARE SHOWING AND THE RECEIPTS SHOWN MATCH YOUR RECORDS.**
  - **If you received less than \$25,000**, to check your receipts, click on the red X under the column headed “State Grants Compliance Report”. Go to question # 8.a to see the receipts as reported by your funding agencies.
  - **If you received \$500,000 or more**, click on the column headed “Audit” to see a listing of the receipts reported by your funding agencies.
- If you have questions, please contact your funding agency or click the link to send an e-mail to the NCGrants administrator.

**IF THE RECEIPTS SHOWN FOR YOUR FISCAL YEAR ARE CORRECT, YOU ARE NOW READY TO BEGIN DATA ENTRY.**

**NOTE: We have included a separate instructions sheet for each individual form. An index of the instructions for each form is provided on the next page. You can click on the name of the form to go to the form. You should complete the Certification form last after you have entered all other data.**

- Select the report from your summary screen (dashboard) to complete first by clicking on the “Not Submitted” folder icon. The form will be pulled up by the program, with your organization’s identifying information filled in. **CHECK ALL THE INFORMATION TO BE SURE IT IS CORRECT.** It is vital that you have a contact person and contact e-mail address listed.

- a. If you need to make changes to any of the data, go to the bottom of the form, select “Click here to send request to GIC administrator.” Explain in the e-mail that will be generated what needs to be changed and why. The GIC administrator will contact you for more information if needed. If all information needed is in your email, the administrator will make the changes and notify your funding agencies to update their records.
  - b. You may still complete the form even if some of your identifying data needs to be changed.
7. Complete each form just as you would have done previously for the hard-copy versions (with the exception of the Certification and Sworn Statement).
  8. Each report requires that **ALL** data entry fields be completed before the program will allow the report to be submitted. If you miss a data field, the program will not let you submit the form until that field has been completed.
  9. If you input some of your data but do not have the time or information to complete all fields, then you have the option to “save work in progress” by clicking the button at the bottom of each form. You may edit or revise reports that you save as “**Work in Progress**.” To make sure that you do not lose any data due to your server timing you out, we recommend that you save your work at least every 10 minutes. You also have the option to “clear all” which will delete any previously entered data.
  10. Submit each report (by clicking the “submit” button at the bottom of the form), **BUT ONLY** after it has been completed in its entirety and you have verified the information entered. Once they have been submitted on-line you cannot make changes unless your funding agency rejects the form.
  11. Once a report has been submitted, you will be taken back to your Grantee Summary Screen (dashboard) and the report you just submitted will show “**Submitted**” to indicate it has been received into the system. You may continue completing reports at this time, or you may log out and then log in another time to continue.
  12. Please use the link at the bottom of the screens to contact the NCGrants administrator regarding any questions you may have about your reports or your organization’s information as it exists in the system.