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Signatory initials:

Please complete, sign and then upload to the on-line reporting system at https://firstpic.force.com/ncai.

Proje	: e Federal Award #: 2019-VO-GX-K145 ect Title: NCAI Fund Victim Services Micro-grant Program rantee Name:
	Financial Management Capacity and Required Certifications  Please complete and submit this form via the NCAI Fund Online Reporting System  (https://firstpic.force.com/ncai/login).
1.	Does your organization have written policies and procedures for the proper management of grants and contracts in compliance with 2 CFR 200.302? Yes No
2.	Does your organization have an established Conflict of Interest Policy? Yes No
3.	Does your organization have written policies preventing discrimination? Yes No
4.	Has any project participant or your tribal nation/organization been debarred or suspended? Yes No
5.	Does your tribal nation/organization have a procurement policy in compliance with 2 CFR 200.317-326?  Yes No
6. an	Does your tribal nation/organization have a financial management policy in compliance with 2 CFR 200.302 d .303?  Yes No
7.	What accounting system does your tribal nation/organization use?
8.	Does your tribal nation/organization outsource payroll? Yes No If yes, to whom?
9.	Does your tribal nation/organization have a travel policy in compliance with Federal Cost Principles under 2 CFR 200.474? Yes No

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10. Has your tribal nation/organization been designated as a 'high risk' grantee by the Department of Justice, Office for Victims of Crime or any other federal agency? Yes No

If so, please provide:

a.	Name of	the ag	gency: _												
b.	Date(s)	the	agend	y not	ified	the	applicant	en	tity	of	the	'high	risk'	des	ignation:
c.	Reason	for	the	'high	risk'	des	signation,	as	set	ou	t by	the	fede	ral	agency:

- d. Any actions that have been taken to resolve the issues that led to the 'high risk' designation:
- 11. If your organization is not a federally recognized tribal nation, please certify that your organization (unless an exemption applies by operation of law):
  - a. Has filed all Federal tax returns for the three tax years immediately preceding this year;
  - b. Has not been convicted of a criminal offense under the Internal Revenue Code of 1986; and
  - c. Has not, more than 90 days prior to this certification, been notified of any unpaid federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

We are a federally recognized tribal nation

We are not a federally recognized tribal nation and can certify the above statements

We are not a federally recognized tribal nation and cannot certify to the above statements If you cannot certify this information, please indicate why:

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## Federal Funding Accountability and Transparency Act

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Trai	nsparer order to	nal Congress of American Indians Fund has deter ncy Act (FFATA) reporting requirements are app to comply with FFATA regulations, please compl System ( <a href="https://firstpic.force.com/ncai/login">https://firstpic.force.com/ncai/login</a> ).	licable to the above-referenced	d subgr	ant. Theref	ore,					
1.	Amour	nt of subaward:									
2.	Officia	l legal name of entity with DUNS number registra	ation:								
3.	Entity DUNS number :										
4.	Official address registered with DUNS number:										
5.	. Principal place of award address (if different from the address listed on your Letter of Agreement):										
6.	Is your	tribal nation/organization already registered in t	he System for Award Managem	ent (SA	ιM)?						
				Yes	No						
7.	. In your tribal nation/organization's most recent completed fiscal year, did your tribal nation/organization (the legal entity to which the DUNS number it provided belongs) receive (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?  Yes No										
8.	nation filed u	the public have access to information about /organization (the legal entity to which the DUNS nder section 13(a) or 15(d) of the Securities Exchange the Internal Revenue Code of 1986?	number it provided belongs) th	rough	periodic rep	orts					
	010+0	Yes	No								
	your t detaile inform	answered "Yes" to question #7 AND "No" to ques ribal nation/organization's total compensation of ed information: (Do not fill out if your answer to # ation is already included in your SAM registration	of its top 5 employees, please 7 was "No" OR your answer to	provid	e the follow	wing					
Names and Total Compensation of Top 5 Employees:											
# Name Compensation Amount											

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This information completed by:
Signature of person completing form on Subgrantee's behal
Name of person completing form on Subgrantee's behalf
 Title of person completing form on Subgrantee's behalf