

Worksheet for Identifying Funding Program Information

1. Grant title:

Texas State Library and Archives Commission (TSLAC) Tex Treasures Program

2. Federal/State program name:

Same as above

3. Award number:

Not yet awarded

3. Agency:

US Institute of Museum and Library Sciences

4. *Catalog of Federal Domestic Assistance* (CFDA) (www.cfda.gov) and Award number

CDFA 45.310/Federal ID# LS-00-18-0044-18

5. Award period (indicate if the award is multi-year):

9/1/18 – 8/30/19

6. Have there been any extensions (e.g. no-cost) or amendments to this grant? If so, please describe:

No

7. Is this grant for research and development programs? If so, identify major subdivision of Agency:

No

8. Name of pass-through entity (if applicable):

Texas State Library Archives Commission

9. Pass-through entity's identifying number (if applicable):

10. Amount awarded: \$ 35,000 requested



Grant Worksheet for Identifying Funding Program Information

11. Is the Federal award noncash assistance? Yes _____ No x

12. Is this a loan or loan guarantee program? Yes _____ No x

13. What basis does the grant permit cash draws?

Reimbursement _____

14. Has the federal agency or the pass-through entity requested that this program be audited as major under the provisions of the Office of Management and Budget Circular 101 (over \$750,000)?

Yes x No _____

If yes, please provide additional information (e.g. agency requestor, program name, CFDA number, documentation of request):

See above

15. Is FFATA Reporting Required? Yes _____ No x



Grant Worksheet for Identifying Funding Program Information

18. Check the compliance requirements identified in Appendix XI in the most current edition of the *OMB Circular 2 CFR 200 Uniform Grant Guidance* applicable to the program and identify personnel responsible for compliance:

<u>Type of Compliance Requirement</u>	<u>Person(s) Responsible</u>
<input type="checkbox"/> A. Activities allowed or unallowed	
<input type="checkbox"/> B. Allowable costs/cost principles	
<input type="checkbox"/> C. Cash management	
<input type="checkbox"/> D. Davis-Bacon Act	
<input type="checkbox"/> E. Eligibility	
<input type="checkbox"/> F. Equipment & real property management	
<input type="checkbox"/> G. Matching, level of effort, & earmarking	
<input type="checkbox"/> H. Period of availability of federal funds	
<input type="checkbox"/> I. Procurement and suspension & debarment	
<input type="checkbox"/> J. Program income	
<input type="checkbox"/> K. Real property acquisition & relocation assistance	
<input type="checkbox"/> L. Reporting	
<input type="checkbox"/> M. Subrecipient monitoring	
<input type="checkbox"/> N. Special tests and provisions	

Please identify other relevant information.

Prepared by _____ Date _____