

U.S. DEPARTMENT OF LABOR/ETA/OGM

DIVISION OF FEDERAL ASSISTANCE
200 CONSTITUTION AVENUE NW - ROOM N-4716
WASHINGTON, D.C. 20210



May 13, 2014

PIMA COUNTY
2797 E AJO WAY
TUCSON, ARIZONA 85713

Dear Arthur Eckstrom:

Enclosed is an executed copy of your recently awarded grant or agreement with the U. S. Department of Labor (DOL) Employment and Training Administration (ETA).

The following provides information on how to access funds via the Payment Management System (PMS), and access to Grantee Reporting System for financial reporting. These systems require two separate password/pins. PMS instructions are in step one and financial reporting is in step two. Please complete both steps.

1. Payment Management System

To Create an ETA PMS Account	<p>To establish a PMS account with DOL ETA for the first time, submit the following documents:</p> <ul style="list-style-type: none">- Complete an SF-1199A Direct Deposit Sign-up form- Provide the information contained in the ETA Accounting Contact Information document <p>Send both documents via overnight mail to:</p> <p>Van Yung U. S. Department of Labor/ETA OMAS/Office of Comptroller 200 Constitution Avenue, NW N4702 Washington, D.C. 20210 Telephone (202) 693-2936</p> <p>The SF-1199A Direct Deposit Sign-up Form and the ETA Accounting Contact Information document are both available at www.dolleta.gov/grants/ under Payment Information.</p> <p>Allow at least 3 weeks from ETA's receipt of the SF-1199A for access.</p> <p>Direct any inquiries regarding the status of the SF-1199A to Van Yung at (202) 693-2936 or e-mail Yung.Van@dol.gov.</p>
For Existing ETA PMS Users	<p>If a PMS account is already established for other ETA grants, send an email to Heidi Ren, Ren.Heidi@dol.gov or Van Yung, Yung.Van@dol.gov with the following information:</p> <ul style="list-style-type: none">- Grant agreement number- Grant award amount- PMS account number <p>Once the email is received, the funds awarded under the new grant agreement will be available under the designated PMS Account in a separate Subaccount within 2-3 business days.</p>

To Designate a Separate Entity as the Fiscal Agent	<p>To designate a separate entity to act as the fiscal agent to access and disburse grant funds, submit the following:</p> <ul style="list-style-type: none"> - A letter from the Authorized Representative of the grant to the ETA contact mentioned above with the Fiscal Agent's name, address and Employer Identification Number - The grantee completes sections A through C on the SF-1199A for the grantee organization. (Banking information is not needed for the grantee) - The grantee must provide the page number in their grant proposal that identifies the fiscal agent or request a grant modification to make this change (subject to Grant Officer review and approval). - The Fiscal Agent completes the entire SF-1199A separate from the grantee's SF-1199A. - The Fiscal Agent provides the information contained in the Payment Management System Access Form. <p>Once both SF-1199A forms and the Payment Management System Access Form are received and the account has been established in PMS, the primary contact indicated will receive a certified letter from the Payments Management System with drawdown instructions, PMS pin/account number and temporary password.</p> <p>These documents are available at www.doleta.gov/grants/ under Payment Information.</p> <p>Allow at least three weeks from ETA's receipt of the SF-1199A for access. Direct all inquiries for the SF-1199A to Van Yung (202) 693-2936 or e-mail Yung.Van@dol.gov.</p>
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2. Financial Status Reporting

Access to Financial Reporting - ETA 9130	<p>Identify two individuals in the organization responsible for financial reporting:</p> <ul style="list-style-type: none"> - The Primary Contact person will certify the accuracy of the report by entering the PIN. The PIN acts as an electronic signature. - The Secondary Contact will enter the reporting data. <p>Provide the following information to both Shantay Logan, Logan.Shantay@dol.gov and Avery Malone, Malone.Avery@dol.gov:</p> <ul style="list-style-type: none"> - Grant agreement number - Name & phone number of both individuals - Email address for Primary contact person <p>The Financial Reporting Access document can be found at www.doleta.gov/grants under Financial Reporting.</p> <p>Only the Primary Contact person will be emailed the password/PIN upon receipt of the required information.</p> <p>Direct inquiries regarding the Password/PIN to Shantay Logan and Avery Malone. Contact your Federal Project Officer for questions on Financial Reporting.</p>
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Lastly, the Federal Project Officer (FPO) assigned to this grant is Elina Fandunts. Elina Fandunts will serve as your first line point of contact and can be contacted via phone (415) 975-4618 or e-mail FANDUNTS.ELINA@dol.gov. If your FPO is not available, please call your Regional Office at 415-625-7900 for assistance.

Grant Officer



STEVEN RIETZKE

Enclosures

U.S. DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION

GRANT / AGREEMENT
NOTIFICATION OF
AWARD/OBLIGATION

Under the authority of the **American Competitiveness and Workforce Improvement Act of 1998**, this grant or agreement is entered into between the above named **Grantor Agency** and the following named **Awardee**, for a project entitled - **Youth CareerConnect Program**.

Name & Address of Awardee: PIMA COUNTY 2797 E AJO WAY TUCSON, ARIZONA 85713	Agreement #: YC-25417-14-60-A-4 CFDA #: 17.274 Accounting Code: 1630-2014-055152830XBD201451520010145HBN00A0000AOFAM0AOFAM0-A90310-410023-ETA- DEFAULT TASK- Mod Amount: \$5,351,690.00 EIN: 866000543 DUNS #: 033738662
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The Period of Performance shall be from **April 01, 2014 thru September 30, 2018**.
Total Government's Financial Obligation is **\$5,351,690.00** (unless otherwise amended).
Payments will be made under the Payments Management System, and can be automatically drawn down by the awardee on an as needed basis covering a forty-eight (48) hour period.

In performing its responsibilities under this grant agreement, the awardee hereby certifies and assures that it will fully comply with the following regulations and cost principles, including any subsequent amendments:

Uniform Administrative Requirements:

29 CFR Part 97, for State/Local Governments and Indian Tribes; OR
29 CFR Part 95, for Institutions of Higher Education, Hospitals and other Non-Profit Organizations and Commercial Organizations.

Cost Principles:

2 CFR 225, for State/Local Governments and Indian Tribes,
2 CFR 220, for Institutions of Higher Education; OR
2 CFR 230, for Non-Profit Organizations.
48 CFR Part 31.

Other Requirements (As Applicable):

29 CFR Part 96 and 99, Single Audit Act
29 CFR Part 93, Lobbying Certification
29 CFR Part 37, Nondiscrimination and Equal Opportunity Requirements
29 CFR Part 98, Debarment and Suspension; Drug Free Workplace
20 CFR Part 652 et al., Workforce Investment Act
Wagner-Peyser Act
Grant Award Document, Parts I through IV, and attachments.

The awardee's signature below certifies full compliance with all terms and conditions as well as the above stated grant regulations and certifications, and that this document has not been altered.

Signature of Approving Official - **AWARDEE**

Signature of Approving Official - **DOL / ETA**

SEE SF-424 for Signature

(Signature / Date)

No Additional Signature Required

(Type Name and Title)


STEVEN RIETZKE May 13, 2014
Grant Officer

Application for Federal Assistance SF-424

<p>* 1. Type of Submission:</p> <p><input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</p>		<p>* 2. Type of Application:</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</p>	<p>* If Revision, select appropriate letter(s):</p> <p><input type="checkbox"/></p>
<p>* 3. Date Received:</p> <p>01/27/2014</p>		<p>4. Applicant Identifier:</p> <p><input type="checkbox"/></p>	
<p>5a. Federal Entity Identifier:</p> <p><input type="checkbox"/></p>		<p>5b. Federal Award Identifier:</p> <p><input type="checkbox"/></p>	
<p>State Use Only:</p>			
<p>6. Date Received by State:</p> <p><input type="checkbox"/></p>		<p>7. State Application Identifier:</p> <p><input type="checkbox"/></p>	
<p>8. APPLICANT INFORMATION:</p>			
<p>* a. Legal Name: <input type="text" value="Pima County"/></p>			
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>86-6000543</p>		<p>* c. Organizational DUNS:</p> <p>0337386620000</p>	
<p>d. Address:</p>			
<p>* Street1: <input type="text" value="2797 East Ajo Way"/></p>			
<p>Street2: <input type="text"/></p>			
<p>* City: <input type="text" value="Tucson"/></p>			
<p>County/Parish: <input type="text"/></p>			
<p>* State: <input type="text" value="AZ: Arizona"/></p>			
<p>Province: <input type="text"/></p>			
<p>* Country: <input type="text" value="USA: UNITED STATES"/></p>			
<p>* Zip / Postal Code: <input type="text" value="85713-6223"/></p>			
<p>e. Organizational Unit:</p>			
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>	
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>			
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text" value="Dorothee"/></p>	
<p>Middle Name: <input type="text"/></p>		<p></p>	
<p>* Last Name: <input type="text" value="Harmon"/></p>		<p></p>	
<p>Suffix: <input type="text"/></p>		<p></p>	
<p>Title: <input type="text"/></p>			
<p>Organizational Affiliation: <input type="text"/></p>			
<p>* Telephone Number: <input type="text" value="520-370-8403"/></p>		<p>Fax Number: <input type="text"/></p>	
<p>* Email: <input type="text" value="dorothee.harmon@pima.gov"/></p>			