



NOAA GMD Guidance for “DO NOT PAY” Functionality

In Grants Online Release 4.14 an indication was added to the CD-450, Amendment (CD-451), and SF-270 workflow so the Grants Specialist or Grants Officer can acknowledge the Federally mandated “DO NOT PAY” check of the recipient on the action. *The actual check of the “DO NOT PAY” list is done outside of Grants Online.*

CD-450 / 451: The award file on a FUNDED action cannot be approved by the Grants Officer until the “DO NOT PAY” check box is marked as complete.

The Grants Specialist *can* forward the Award File to the Grants Officer without acknowledging the “DO NOT PAY” check; however, the Grants Officer will be unable to approve the action. Either the Grants Specialist or Grants Officer can acknowledge the “DO NOT PAY” check.

CD-450 Details Page:

Financial Assistance Award			
Recipient Name:	BANGOR PUBLISHING COMPANY	Federal Share of Cost:	\$500.00
Street Address:	491 MAIN ST	Recipient Share of Cost:	\$0.00
City, State, Zip:	BANGOR, ME 04401-6296	Project Title:	TEST GOL-99
CFDA Number:	11.482	Award Number:	NA14NOS4820078
		Total Estimated Cost:	\$500.00
		Award Period:	02/01/2014 - 03/10/2014
Internal Use Only			
ASAP Authorize Amount:	\$0.00	Prior Year Fund:	No
		DoNotPay List Checked	<input checked="" type="checkbox"/>
CD-450 Items			
<input checked="" type="checkbox"/>	Department of Commerce Financial Assistance Standard Terms and Conditions		Required
<input type="checkbox"/>	Government Wide Research Terms and Conditions		Not Allowed
<input checked="" type="checkbox"/>	Bureau Specific Administrative Standard Award Conditions		Required
<input type="checkbox"/>	Award Specific Special Award Conditions		
<input checked="" type="checkbox"/>	Line Item Budget (Attach File)		Required
<input type="checkbox"/>	15 CFR Part 14, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, Other Nonprofit, and Commercial Organizations		
<input type="checkbox"/>	15 CFR Part 24, Uniform Administrative Requirements for Grants and Agreements to State and Local Governments		
<input type="checkbox"/>	OMB Circular A-21, Cost Principles for Educational Institutions		
<input type="checkbox"/>	OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments		
<input type="checkbox"/>	OMB Circular A-122, Cost Principles for Nonprofit Organizations		
<input checked="" type="checkbox"/>	48 CFR Part 31, Contract Cost Principles and Procedures		Required
<input type="checkbox"/>	OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations		
<input checked="" type="checkbox"/>	Department of Commerce Pre-Award Notification Requirements for Grants and Cooperative Agreements 77 FR 74634 (December 17, 2012)		Required
<input type="checkbox"/>	American Recovery and Reinvestment Act of 2009 - DoC Standard Terms and Conditions		Not Allowed
<input type="checkbox"/>	Other(s)		

Amendment (CD-451) Details Page:

Costs Are Revised As Follows:				Previous Estimated Cost	Add	Deduct	Total Estimated Cost
Federal Share of Cost	\$470.00	\$200.00	\$0.00	\$670.00			
Recipient Share of Cost	\$0.00	\$0.00	\$0.00	\$0.00			
Total Estimated Cost	\$470.00	\$200.00	\$0.00	\$670.00			

Internal Use Only			
ASAP Authorize Amount:	\$0.0	Prior Year Funds:	No
			DoNotPay List Checked <input checked="" type="checkbox"/>

Reason(s) for Amendment: [Enter Reasons](#) [Amendment details page](#)

This Amendment approved by the Agency Grants Officer constitutes an obligation of Federal Funding. By electronically signing, the Recipient agrees to comply with the Amendment provisions checked on this document, as well as previous provisions incorporated into the Award. If not electronically signed without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally terminate this Amendment.

Special Award Conditions Other(s)

The Workflow Analysis box on the Award File will contain a message if the “DO NOT PAY” check has not been acknowledged.

Welcome to Grants Online Mr. Lamar Dwayne Revis. You are logged in to TEST1. Log Off

Advisories >> Tasks >> Award File 0 - NA14NOS4820078

Award File 0 - NA14NOS4820078

Id: 2428083
Status: GrantsOfficerActions - In Progress

Action:

Your Comments:

- Edit Special Award Conditions
- Reject Award File
- Return Award File to Grants Specialist
- Review CD 450
- View FAIS Sheet
- View Reporting Frequencies

no option to approve award file --Correct

Workflow Analysis


The Award File is in the Grants Officer's inbox.
 The DoNotPay Check in CD-450 must be checked before it can be approved.

▶ **Workflow History**

If a GMD Checklist exists on the Award File it will also display a status message regarding the "DO NOT PAY" check.

GMD Checklist - NA14NOS4820078

Attachments:
No attachments.
Add new Attachment: [\[+\]](#)
Any changes to information on this page should be saved before adding or removing attachments.
[Large File Guidance](#)

 (No Comments) - Comments

Checklist Items	
Not Required	<input type="checkbox"/> Budget/Cost Analysis Memo
As Needed	<input type="checkbox"/> Intergovernmental Review of Federal Program
Applicants Management and Financial Capabilities	
Required	<input checked="" type="checkbox"/> Credit Check
Required	<input checked="" type="checkbox"/> Delinquent Federal Debt
Required	<input checked="" type="checkbox"/> A-133 Single Audit
Required	<input checked="" type="checkbox"/> List of Parties excluded from Procurement/Non-Procurement Activities
Required	<input checked="" type="checkbox"/> Past Performance
Not Required	<input type="checkbox"/> Pre-Award Accounting System Survey
As Needed	<input type="checkbox"/> High Risk Recipient
Not Required	<input type="checkbox"/> Awards to Insular Area <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Answered
Required	<input checked="" type="checkbox"/> Grant Type <input type="radio"/> Cooperative Agreement <input checked="" type="radio"/> Grant
Required	<input checked="" type="checkbox"/> Confirm Financial and Progress Report Requirements
Required	<input checked="" type="checkbox"/> Review Special Award Conditions
Required	<input checked="" type="checkbox"/> Project Details
Required	<input checked="" type="checkbox"/> Statutory Authority
Required	<input checked="" type="checkbox"/> Project Dates

DoNotPay check is not complete

[View/Manage Recipient Organization](#)

Save **Save and Return to Main** **Cancel**

SF-270: The Grant Specialist will not be allowed to forward the SF-270 to the Finance Office for payment until the "DO NOT PAY" check is confirmed.

SF-270: Request for Advance or Reimbursement - FINAL - NA14NOS4822082

Id: 2428195
Status: Submitted

Action: **Submit**

Your Comments:
Confirm DoNotPay List is Checked → Option available
Reassign Request for Advance or Reimbursement
Reject Request for Advance or Reimbursement → GS can't forward SF-270 to Finance -- correct
Return Request for Advance or Reimbursement for Revisions
View Request for Advance or Reimbursement

Spell Check

Save Comment

Workflow Analysis

The report can not be accepted or forwarded until DonNotPay is checked

Workflow History

There is no check box for the SF-270. Instead the Grants Specialist must select the option from the Action dropdown list to confirm that they have performed the "DO NOT PAY" check. A status message is displayed on the SF-270 Details page. This message is not visible to the recipient.

Request for Advance or Reimbursement - NA14NOS4822082

1. Type of Payment Requested* (a.) Advance Reimbursement (b.)* Final Partial

2. Basis of Request* Cash Accrual

3. Federal Agency and Organization Element to Which Report is Submitted Department of Commerce/NOAA

4. Federal Grant or Other Identifying Number Assigned by Federal Agency NA14NOS4822082

5. Partial Payment Request Number For This Request 0

6. EIN Number 636001099

7. Recipient Identifying Number or Account Number NOAA

8. Period Covered By This Request* 02/28/2014 - 03/28/2014
(MM/DD/YYYY - MM/DD/YYYY)

9. Recipient Organization
Jacksonville State University
700 PELHAM RD N, JACKSONVILLE, AL 36265


10. Payee *Where payment is to be sent if different than item 9*
Name:
Address:
Number and Street:
City, State and Zip:

[12. Alternate Computation](#)

Internal Use Only
DoNotPay check is not complete

[SF-270 Instructions](#)

Note: If the Special Award Conditions require submission of supporting documentation with the SF-270, attach that documentation here.

 **Attachments:**

No attachments.