

SUBRECIPIENT INVOICE SUBMISSION SCHEDULE

Q4 – ACTION ITEMS	DATE	TURNAROUND
Expenditure Cut-Off	12/15/2023	No invoice submissions: 12/22 and 12/29
Reporting Due	1/12/2024	Reporting portal opens: 1/2/24 Invoice submission resumes: 1/5/24
Quarterly Expenditure Report	1/31/2024	Due to U.S. Treasury
Q1 – ACTION ITEMS	DATE	TURNAROUND
Expenditure Cut-Off	3/15/2024	No invoice submissions: 3/22 and 3/29
Reporting Due	4/12/2024	Reporting portal opens: 4/1 Invoice submission resumes: 4/5
Quarterly Expenditure Report	4/30/2024	Due to U.S. Treasury
Q2 – ACTION ITEMS	DATE	TURNAROUND
Expenditure Cut-Off	6/14/2024	No invoice submissions: 6/21 and 6/28
Reporting Due	7/12/2024	Reporting portal opens: 7/1 Invoice submission resumes: 7/5
Quarterly Expenditure Report	7/31/2024	Due to U.S. Treasury

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND DISCLOSURE FORM

Introduction: This Electronic Signature Acknowledgement and Consent Form is for subrecipients who are required to upload information on AmpliFund. By signing this Form electronically, you acknowledge and consent to the use of organizational documents for the purposes of grant management.

Consent to Electronic Signatures: You hereby agree to the use of electronic signatures for all documents and communications related to Anser Advisory and AmpliFund. You understand that electronic signatures are legally binding in the same manner as traditional handwritten signatures.

Electronic Signature Process: When uploading information on AmpliFund, you may be prompted to sign documents electronically. This process will involve verifying your identity and providing an electronic signature through a secure, online process. All electronically signed documents will be maintained and accessible in your AmpliFund account. You are responsible for maintaining copies of all signed documents for your records.

Acknowledgements:

By providing your electronic signature below, you acknowledge that you have read, understood, and agree to the terms outlined in this Electronic Signature Acknowledgement and Disclosure Form.

Duplication of Benefits:

This statement is provided by individuals or entities seeking financial assistance to ensure that they are not receiving duplicate or overlapping benefits from multiple sources for the same loss or damage resulting from the qualifying activity. Has this project previously received funding from other Federal and/or State sources, or does your entity anticipate receiving funding from other sources for the same requested activity?

Yes:

No:

If yes, explain:

Program Income:

This statement is provided by individuals or entities relating to program income which is gross income received by the grantee or subgrantee and earned only as a result of the grant during the grant period. Has this project generated program income? This may include, but is not limited to, fees for services, proceeds of a sale, rental income, etc.

Yes:

No:

If yes, explain:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Authorized Representative Signature:

Print Name: _____

Electronic Signature: _____

Date: _____