# Attachment 7: Flex Grant Fiscal Year 2018 Funding Request

### **Funding Request for Budget Period 9/1/2018 – 8/31/2019**

## Information:

The FY 2018 Flex program will be funded through a method called an Extension with Funds. For recipients this means that, instead of submitting a new application or a Non-competing Continuation (NCC), HRSA will award an extension with funding based on the FY 2017 funding levels, with consideration of any unobligated balances that recipients may have available. All funds awarded for FY 2017 will continue to be available for expenditure until 8/31/2019.

An annual Federal Financial Report (FFR) will still be required—in January 2019 to report on spending 9/1/2017 – 8/31/2018 and in January 2020 to report on spending 9/1/2018 – 8/31/2019. However, unspent funds identified on the January 2019 FFR (from the 9/1/2017 – 8/31/2018 budget period) will not require a carryover request, but will remain available in the Payment Management System. This means that you must account for any projected unspent FY 2017 funds when you prepare your FY 2018 budgets and this FY 2018 funding request so that you do not have unexpected unspent funds at the end of the FY 2018 grant year.

HRSA wants to ensure that Flex recipients have the funding needed to complete proposed projects from 9/1/2018 through 8/31/2019 and to minimize unspent funds. Keep in mind that any unspent FY 2017 funds will continue to be available in FY 2018 and your funding request for FY 2018 should be adjusted accordingly. *In order to set appropriate funding levels, please use this attachment to request the FY 2018 funding you will need for 9/1/2018 through 8/31/2019.*

## Action:

You may request funding up to, but not more than, the total award for your state listed in Section VI of the Funding Extension instructions. Please fill in the following fields to set your requested funding for FY 2018. Save this document as a Word file, do not convert to PDF or another format, and include with your progress report as Attachment 7.

State: Two letter abbreviation

Grant Number: Ten digit grant number

Contact Person: Enter name and email

FY 2018 funding requested: $000,000

*This request may be less than or equal to the total state award listed in section VI of the Funding Extension instructions. Contingent on availability of funds, the funding requested here will be the amount on your Notice of Award for the extension year (9/1/2018 – 8/31/2019).*

Comments on this funding request: Enter any comments about this request here. Leave blank if none.

Save this document as “ST-Attach7-FY18-Flex-Fund-Request.docx”. Replace ST with your state postal abbreviation. Upload the file as Attachment 7 with the other documents for your funding extension progress report.