

RSA-692 for FY 2022: Submission #10

Grant Reallotment Form

Status

Reviewed

Assigned to the new user

{Empty}

contact info

Financial Management Specialist Contact

No data entry required.

Financial Management Specialist Phone

No data entry required.

Financial Management Specialist Email

No data entry required.

Submitting Organization

No data entry required.

Information

The Rehabilitation Act of 1973 (Rehabilitation Act) authorizes the Commissioner of the Rehabilitation Services Administration (RSA) to reallot to other grant recipients that portion of a recipient's annual grant that cannot be used. The reallotment process maximizes the use of appropriated funds under the State Vocational Rehabilitation Services (VR), Independent Living Services for Older Individuals Who are Blind (OIB), State Supported Employment Services (Supported Employment), Client Assistance Program (CAP), and Protection and Advocacy for Individual Rights (PAIR) formula grant programs. Each formula grant recipient is required to submit a Grant Reallotment Form to RSA during the reallotment period of the Federal fiscal year (FFY) in which the funds were awarded to determine whether the grantee is relinquishing grant funds, requesting additional grant funds, or seeking no change in the current award amount. RSA will notify grantees if ample funds are not relinquished and, therefore, RSA can not reallot funds for an award.

Section 19(a) of the Rehabilitation Act authorizes formula grantees to carry over any funds appropriated, including original allotments and reallotments, which are not obligated or expended by recipients by September 30th of the FFY of appropriation. Funds carried over remain available for obligation and expenditure during the following fiscal year, provided the grantee has fully met, by September 30th of the FFY of appropriation, any matching requirement of the funds to be carried over.

Funds received during reallotment are considered an increase to the State's allotment for the FFY for which funds were appropriated (see Sections 110(b)(3), 112(e)(2), 509(e), and 603(b) of the Rehabilitation Act and 34 C.F.R. § 367.32(d)). As such, any VR or Supported Employment funds received or relinquished during reallotment will affect a State's calculation of the amount of funds to be reserved and expended for the provision of pre-employment transition services under the VR program and the amount to be reserved and expended for the provision of Supported Employment services, including extended services, to youth with the most significant disabilities under the Supported Employment program (ALN 84.187B) (Sections 110(d)(1) and 603(d) of the Rehabilitation Act), respectively.

Because a State's Supported Employment allotment refers to the total amount of ALN 84.187A and ALN 84.187B funds awarded pursuant to Section 603 of the Rehabilitation Act, the total allotment amount must remain balanced in order to comply with the statutory requirements for a State to reserve and expend funds for the provision of supported employment services for youth with the most significant disabilities and the requirement to provide match for the half of the allotment reserved for youth with the most significant disabilities (50 percent of award in ALN 84.187A and 50 percent in ALN 84.187B). In order to maintain this balance during the reallotment process, grantees only directly enter amounts on the RSA-692 form for the Supported Employment-A (ALN 84.187A) award. The amount of Supported Employment-A funds relinquished or requested will be automatically assigned, in an equal amount, to the Supported Employment-B (ALN

84.187B) program. For example, if a grantee enters a relinquishment amount of \$100,000 in Supported Employment-A funds, the RSA-692 form for the Supported Employment-B award will automatically indicate relinquishment of \$100,000.

Grantee Information

Grantee Name

Data entry not required.

Address: Street: Data entry required.

City: Data entry required.

State: Data entry required.

Zip: Data entry required.

Due Date

Data entry not required.

Program

Annual Client Assistance Program (CAP)

CAP Grant Award Number

Data entry not required.

CAP Grant Award Total (Pre-reallotment)

Data entry not required.

CAP Amount Relinquished

Data entry may be required if relinquishing funds.

Re-enter CAP Amount Relinquished to Confirm

Data entry may be required if relinquishing funds.

CAP Additional Amount Requested

Data entry may be required if requesting funds.

Re-enter CAP Additional Amount Requested to Confirm

Data entry may be required if requesting funds.

CAP Additional Amount Approved (RSA use only)

Data entry not required.

CAP Revised Grant Award Total (Post-reallotment)

Data entry not required.

Certification

If requesting reallotment funds:

- I certify that, for grants with a matching requirement, the State is capable of providing the required match (21.3 percent for VR, 10 percent for OIB, and 10 percent for the total amount of expenditures incurred with the half of the allotment reserved to provide Supported Employment services to youth with the most significant disabilities) for the additional funds received by September 30th of the FFY of appropriation.
- I understand that any funds received during reallotment are one-time funds and do not represent an ongoing addition to the State's formula award allotment.

If relinquishing funds:

- I understand that once the funds have been de-obligated from the award and reallotted, the funds will not be available for re-obligation should the State determine such funds should not have been relinquished.

Name and Title of Authorized Certifying Official _____

I agree to submit this form by electronic means. By signing this form electronically, I certify under penalty

of perjury that my answers are correct and complete to the best of my knowledge. I understand that an electronic signature has the same legal meaning and can be enforced in the same way as a written signature.

Full Legal Name of Signer:

Data entry required.

Certifying Official Title:

Data entry required.

By checking this box and typing my full legal name above, I am electronically signing this form.

Data entry required.

Signed date

Data entry not required.

OMB Notice

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0692. Public reporting burden for this collection of information is estimated to average 2 minutes/hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact David Steele, U.S. Department of Education, Rehabilitation Services Administration, Washington, D.C. 20202 or email RSAfiscal@ed.gov and reference the OMB Control Number 1820-0692. Note: Please do not return the completed form to this address.