

ONC Recipient Reporting Data Dictionary (Grants)

PRIME RECIPIENT – REPORTING INFORMATION		
Field Name	Data Entry	Comments/Notes
Award Type	Grant	
Award Number	Format is: State HIE – 90HT#### REC – 90RC#### Beacon – 90BC#### SHARP – 90TR#### University-Based Training – 1T15OC##### Community Colleges – 90CC#### Curriculum Development – 1U24OC##### Competency Examination – 1U24OC#####	Base award number. No extraneous numbers (e.g. /01) or extraneous characters (e.g. dash, slash etc.). For supplements, use the parent award number – that is, the same number identified in the column to the left.
Final Report	Y – If submitting a final report N – If not submitting a final report	Drop-down list

PRIME RECIPIENT – AWARD RECIPIENT INFORMATION		
Field Name	Data Entry	Comments/Notes
Recipient DUNS Number	Format is: #####	If applicable, include leading “0” to ensure nine digits are entered in this field.
Recipient Account Number	If applicable, recipients internal account number for the award. If not applicable, leave blank	For recipients use only. Not required by the Federal awarding agency.
Recipient Congressional District	Two digit congressional district aligned with the address and DUNS identified on the award.	If applicable, include leading “0” to ensure all numbers are entered as two digits. Recipients located in territories without Congressional representatives should report “00” for this field.

PRIME RECIPIENT – AWARD INFORMATION

Field Name	Data Entry	Comments/Notes
Funding Agency Code	7500	
Awarding Agency Code	7500	The Awarding Agency Code governs the agency to which reports are directed through FederalReporting.gov. As such, it is critical that recipients enter the correct Awarding Agency Code to ensure HHS receives the report.
Award Date	State HIE Wave 1 – 02/08/2010 State HIE Wave 2 – 03/15/2010 REC Cycle 1 – 02/08/2010, 02/12/2010 REC Cycle 2 – 03/30/2010, 03/31/2010, 04/06/2010 REC Cycle 3 – 09/27/2010 Beacon Cycle 1 – 05/04/2010 Beacon Cycle 2 – 09/02/2010 SHARP – 03/19/2010 University-Based Training – 04/02/2010 Community Colleges -04/02/2010 Curriculum Development -04/02/2010 Competency Examination – 04/02/2010	For REC Awards, there may be slight variations due to differing dates in which the award were signed for any given cycle. For supplements, use the parent award date – that is, the same date identified in the column to the left.
Award Amount		Parent and supplemental awards are reflected on one recipient report. As such, the Award Amount must equal the sum of the parent award and supplemental award(s).
CFDA Number	State HIE – 93.719 REC – 93.718 University-Based Training – 93.721 Community Colleges – 93.721 Curriculum Development – 93.721 Competency Examination – 93.721 Beacon – 93.727 SHARP – 93.728	
Program Source (TAS)	75-0131	The Program Source (TAS) governs the organizational component within HHS to which reports are directed through FederalReporting.gov. As such, it is critical that recipients enter the correct Program Source (TAS) to ensure ONC receives the report.

PRIME RECIPIENT – AWARD INFORMATION, continued

Field Name	Data Entry	Comments/Notes
Sub-Account Number for Program Source (TAS)	Leave blank.	
Total Number of Sub-Awards to Individuals		OMB defines “individual” as a single person.
Total Amount of Sub-Awards to Individuals		
Total Number of Payments to Vendors Less than \$25,000/award		Per OMB, aggregation is based on individual PAYMENTS under \$25,000 and not on award amounts or amounts invoiced. Must reflect aggregated payments made by Prime Recipients to Vendors that are less than \$25,000. These two fields do not include the number or dollar amount of payments from sub-recipients to vendors (which are not captured at all).
Total Amount of Payments to Vendors Less than \$25,000/award		
Total Number of Sub Awards Less Than \$25,000/award		Sub awards should only be reported at such time there is a binding agreement between the Prime Recipient and the Sub Recipient.
Total Amount of Sub Awards Less Than \$25,000/award		
Award Description	Overall purpose of the grant award, including significant deliverables and anticipated results.	Must be 25 words or greater. Do not use acronyms or jargon. This field has been under scrutiny by the Government Accountability Office (GAO).

PRIME RECIPIENT – PROJECT INFORMATION

Field Name	Data Entry	Comments/Notes
Project Name or Project/Program Title	Brief descriptive title of project funded in whole or in part with Recovery Act funds.	
Project Status	Options are: Not started; Less than 50% Completed; Completed 50% or More; Fully Completed	Based on evaluation of performance progress.
Total Federal Amount ARRA Funds Received/Invoiced	Total amount of funds received through draw-down.	For final reports, Total Federal Amount ARRA Funds Received/Invoiced should equal the Award Amount.
Number of Jobs	Numerator: Number of ARRA-funded hours in a quarter Denominator: Total work hours in a quarter for 1FTE (e.g. 40 hours per week*13 weeks=520 hours per quarter)	There are typically 13 (not 12) weeks in a quarter. Includes jobs created and retained by Prime Recipients, Sub-Recipients, and Vendors, for the reporting quarter (non cumulatively) that are <i>directly</i> funded with ARRA dollars.
Description of Jobs Created	Labor categories and/or job titles for positions created or retained and a brief description as to what these jobs entail.	The narrative is for each reporting quarter, thereby aligning with the Number of Jobs reported for the quarter. However, the narrative can be an overview rather than a precise articulation of each job created or retained.
Quarterly Activities/Project Description	Describe anticipated/actual deliverables, outputs and outcomes, and results.	Must be 25 words or greater. Should not repeat the “Award Description” field. Should be as quantitative as possible. This field has been under scrutiny by the GAO. Prime recipients must collect and capture information regarding sub-recipient’s activities when populating this field.
Activity Code (NAICS or NTEE-NPC)	Selection, at the recipient’s discretion.	The Activity Code should relate to the type of project the ARRA award is funding. When searching for an appropriate code, recipients are encouraged to evaluate the “E” codes which pertain to health. Within this realm, recipients are further encouraged to evaluate the E06 Series (Health Care Issues) and E09 Series (Patient Care/Health Care Delivery) for possible options.

PRIME RECIPIENT – PROJECT INFORMATION, continued

Field Name	Data Entry	Comments/Notes
Total Federal Amount of ARRA Expenditure	Amount of Federal Recovery funds received or will be received that were expended for the grant.	<p>For final reports, Total Federal Amount of ARRA Expenditure should likely equal the Award Amount.</p> <p>Amount may be captured in other fields such as “Total Sub Award Funds Disbursed” and “Total Number of Payments to Vendors less than \$25,000/award”.</p> <p>For cash basis reports, expenditures are the sum of cash disbursements for direct and indirect expenses, including disbursements to vendors and subawardees.</p> <p>For accrual basis reports, expenditures are the sum of cash disbursements for direct and indirect expenses, including disbursements to vendors and subawardees, <i>plus</i> amounts owed by the recipient for goods received and services performed by others such as contractors, subcontractors, subawardees etc. Do not include program income expended.</p>
Total Federal ARRA Infrastructure Expenditure	Leave blank.	Do not enter “\$0.00”; doing so will trigger an error message if Number of Jobs is greater than zero.
Infrastructure Contact Name	Leave blank.	
Infrastructure Contact E-Mail	Leave blank.	
Infrastructure Contact Phone	Leave blank.	
Infrastructure Contact Phone Extension	Leave blank.	
Infrastructure Contact Street Address 1	Leave blank.	
Infrastructure Contact Street Address 2	Leave blank.	
Infrastructure Contact Street Address 3	Leave blank.	
Infrastructure City	Leave blank.	
Infrastructure State	Leave blank.	
Infrastructure Zip Code + 4	Leave blank.	
Infrastructure Purpose and Rationale	Leave blank.	

PRIME RECIPIENT – PRIMARY PLACE OF PERFORMANCE

Field Name	Data Entry	Comments/Notes
Street Address 1		<p>If an award has more than one place of performance (i.e., funds are used for various projects across the entire State), the address for the municipality impacted by the largest portion of the Recovery Act award should be identified.</p> <p>If applicable, include leading “0” to ensure all numbers are entered as two digits. For territories without Congressional representatives, report “00” for this field.</p>
Street Address 2		
City		
State		
Zip Code+4		
Congressional District		
Country		

PRIME RECIPIENT – RECIPIENT HIGHLY COMPENSATED OFFICERS

Field Name	Data Entry	Comments/Notes
Prime Recipient Indication of Reporting Applicability	Selection: Yes or No.	“Yes” if in the Recipient's preceding fiscal year, the Recipient received 80% or more and \$25M or more annual gross revenue from Federal contracts, loans, grants, and cooperative agreements, and the public does not have access to senior executive compensation. “No” otherwise.
Officer Name	First Name/Last Name (e.g. Mary Jones)	
Officer Compensation		Includes salary, bonuses, and non-cash compensation such as stock. Does not include life/health insurance benefits available to all employees.

SUB RECIPIENT – REPORTING INFORMATION

OVERALL NOTE: Do not complete the Sub Recipient worksheet until such time that sub awards \$25,000 or greater are actually in place – that is, a binding agreement between the Prime Recipient and the Sub Recipient.

Field Name	Data Entry	Comments/Notes
Award Type	Grant	
Award Number	Prime Recipient’s award number, as assigned by the Federal awarding agency. Format is: State HIE – 90HT#### REC – 90RC#### Beacon – 90BC#### SHARP – 90TR#### University-Based Training – 1T15OC##### Community Colleges – 90CC#### Curriculum Development – 1U24OC##### Competency Examination – 1U24OC#####	Base award number. No extraneous numbers (e.g. /01) or extraneous characters (e.g. dash, slash etc.). For supplements, use the parent award number – that is, the same number identified in the column to the left.
Recipient DUNS Number	Prime Recipient’s DUNS	If applicable, include leading “0” to ensure nine digits are entered in this field.

SUB RECIPIENT – SUB AWARD INFORMATION		
Field Name	Data Entry	Comments/Notes
Sub Recipient DUNS Number	Format is: #####	If applicable, include leading “0” to ensure nine digits are entered in this field.
Sub Award Number	Sub award number assigned by the Prime Recipient to the sub award.	
Sub Recipient Congressional District	Two digit congressional district aligned with the address and DUNS identified on the sub-award.	If applicable, include leading “0” to ensure all numbers are entered as two digits. Sub recipients located in territories without Congressional representatives should report “00” for this field.
Amount of Sub Award	Anticipated total funds to be disbursed to the sub recipient over the life of the award.	
Total Sub Award Funds Disbursed	Cumulative amount of money actually provided to the sub recipient.	
Sub Award Date	MM/DD/YYYY	Date that the prime recipient and sub recipient enter into a binding sub-award agreement.

SUB RECIPIENT – PLACE OF PERFORMANCE		
Field Name	Data Entry	Comments/Notes
Street Address 1		If a sub award has more than one place of performance (i.e., funds are used for various projects across the entire State), the address for the municipality impacted by the largest portion of the Recovery Act award should be identified. If applicable, include leading “0” to ensure all numbers are entered as two digits. For territories without Congressional representatives, report “00” for this field.
Street Address 2		
City		
State		
Zip Code+4		
Congressional District		
Country		

SUB RECIPIENT – SUB RECIPIENT HIGHLY COMPENSATED OFFICERS

Field Name	Data Entry	Comments/Notes
Sub Recipient Indication of Reporting Applicability	”Yes” if in the sub-recipient's preceding fiscal year, the sub-recipient received 80% or more and \$25M or more annual gross revenue from Federal contracts, loans, grants, and cooperative agreements, and public does not have access to senior executive compensation. “No” otherwise.	
Officer 1 Name	First Name/Last Name (e.g. Mary Jones)	
Officer 1 Compensation		Includes salary, bonuses, and non-cash compensation such as stock. Does not include life/health insurance benefits available to all employees.
Officer 2 Name		
Officer 2 Compensation		
Officer 3 Name		
Officer 3 Compensation		
Officer 4 Name		
Officer 4 Compensation		
Officer 5 Name		
Officer 5 Compensation		

VENDORS – REPORTING INFORMATION

OVERALL NOTE: The Vendor worksheet must reflect payments made by Prime Recipients and Sub-Recipients to Vendors that are \$25,000 or greater

Field Name	Data Entry	Comments/Notes
Award Number	Prime Recipient’s award number, as assigned by the Federal awarding agency. Format is: State HIE – 90HT#### REC – 90RC#### Beacon – 90BC#### SHARP – 90TR#### University-Based Training – 1T15OC##### Community Colleges – 90CC#### Curriculum Development – 1U24OC##### Competency Examination – 1U24OC#####	Base award number. No extraneous numbers (e.g. /01) or extraneous characters (e.g. dash, slash etc.). For supplements, use the parent award number – that is, the same number identified in the column to the left.
Sub Award Number	Award number or other identifying number assigned by the sub recipient.	This field is only applicable if the vendor is the vendor of a sub recipient.
Vendor DUNS Number	Format is: #####	If applicable, include leading “0” to ensure nine digits are entered in this field. Must provide Vendor DUNS Number OR Vendor Name AND Vendor Zip Code+4
Vendor Name		
Vendor HQ Zip Code+4		
Project and Service Description	Description of product or service provided by the vendor.	This field is optional for vendors of sub recipients.
Payment Amount	Amount invoiced to the vendor that will be paid with ARRA funds.	This field is optional for vendors of sub recipients.