

American Recovery & Reinvestment Act
State of Alabama

PLEASE NOTE:

The fields below have been pre-populated with the information submitted in last month's Monthly Update Form.
You must complete a form for each and every grant that your agency intends to apply for and/or receive.

As of Oct 53, 2010

Agency/Institution: MESC/Dauphin Island Sea Lab

The amounts entered below should represent cumulative totals for the life of the Recovery Act program/grant.

1) Grant Name	Coastal Alabama Economic Recovery and Ecological Restoration Project: Creating Jobs to Protect shorelines, restore oyster reefs and enhance fisheries production. Is this grant/program subject to Section 1512 Reporting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' and <u>you have been awarded</u> this grant, you must fill out the <i>Internal Section 1512 ARRA Reporting Form</i> that follows.
2) CFDA Number:	11.463
3) Grant Narrative Description:	In collaboration with the Dauphin Island Sea Lab (DISL), and the Alabama Department of Conservation and Natural Resources State Lands, Coastal Division, The Nature Conservancy (TNC) will conduct an oyster reef shoreline stabilization project along two shorelines in south Mobile County, AL. The goal of this project is to create a vertical oyster reef/breakwater which will provide shoreline stabilization/restoration along two stretches of shoreline (estimated at 1500 meters of total shoreline) in two different project locations identified in Mobile Bay, AL and Portersville Bay, AL. The creation of these vertical oyster reefs will be accomplished using the REEFBLKsm system, Reef Balls, and bagged oyster shell breakwaters. Construction and installation of an estimated 1500 meters of actual breakwater, along with physical and biological monitoring of the breakwaters will occur as part of this project. In addition to the ecological restoration aspects of this project, there will be a focus on job creation resulting from the construction needs related to the project (a requirement related to the NOAA ARRA funding).
4) Status of Application:	Approved
5) Which type of recipient are you?	Sub-recipient <i>If sub-recipient is chosen, type the name of the Prime Recipient below and indicate if you are a delegated or non-delegated sub-recipient:</i> Non-Delegated sub-recipient The Nature Conservancy Alabama Chapter Coastal Program Office 257 A saint Francis Street Mobile, AL 36602
6) Application Date:	8 / 1 / 2 0 0 9 - 6 / 3 0 / 2 0 1 1

7) Award Date:	N/A
8) Status of Expenditures:	N/A No funds have been expended as of the reporting date.
9) Actual # of Jobs Created/Retained:	N/A
10) Description of Types of Actual Jobs Created / Retained:	N/A
11) ¹ARRA Funds Awarded:	\$ 463,705
12) ²ARRA Funds Received to date:	\$154,843.40
13) ³ARRA Funds Expended to date: \	\$154,843.40
14) Performance Metric 1 (if applicable)	N/A <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?
15) Performance Metric 2 (if applicable)	N/A <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?
16) Performance Metric 3 (if applicable)	N/A <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?

¹ Amount Awarded - the total amount of ARRA Funds that your agency/institution is expecting to receive over the life of the grant/program.

² Amount Received to date - the total amount of ARRA funds received for the purpose of funding an applicable project or funding a sub-recipient

³ Amount Expended to date- total amount of ARRA Funds spent on ARRA projects.

17) Administration of grant/program	<p>The Compliance Officer and Alternative Compliance Officer strive to stay current on all ARRA guidance, requirements and issues. If other ARRA opportunities arise, these officers will communicate with appropriate personnel from proposal, award, and to completion of the project. In doing so, the officers will review all the requirements prior to proposal submission in order to allow for proper planning and monitoring. A limited number of personnel are involved in the management of ARRA funds. The Compliance Officer is continually monitoring available guidance. Provide details of how program/grant will be administered and/or how funds will be distributed.</p>
Other Information Details	

Agency information verified by: David A. England, 251-861-2141 x7510, dengland@disl.org

Submit this form to: AlabamaStimulus@finance.alabama.gov

For questions, please call 334.353.2026.

American Recovery & Reinvestment Act
State of Alabama
Internal Section 1512 ARRA Reporting Form

This form will be sent monthly as an addition to the Update Form (page 1) and will serve as internal documentation for your agency, the Finance Department, and the Governor's Office. Upon initial receipt, agencies/institutions are asked to complete only questions that are applicable at this time. The remaining questions will be answered as new reporting information is provided. Once all of the information has been provided, agencies/institutions will be required to update this form only if their reporting information changes. Agencies/institutions must complete this form for each and every grant that your agency/institution acts as a prime or delegated sub-recipient.

****The information entered below should represent an accurate description of your plans for reporting. This document will be sent on a monthly basis along with the Monthly Update Form for review and/or necessary revisions. ****

<p>1) If your agency serves as a prime recipient, has your agency registered in the Central Contractor Registration (CCR) database and further acquired a D-U-N-S number? Registration with www.FederalReporting.gov will require this information.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No D-U-N-S Number 07-507-0474</p>
<p>2) Has your agency registered on www.FederalReporting.gov?</p>	<p>Yes</p>
<p>3) Which format will your agency/institution use to submit reports to www.FederalReporting.gov?</p>	<p><input checked="" type="checkbox"/> Online Data Entry form provided on the website <input type="checkbox"/> Excel Spreadsheet available for download from the website <input type="checkbox"/> Custom software system extract in XML (Extensible Markup Language) Type other comments here.</p>
<p>4) Who will be your agency's reporting official designated to enter information to www.FederalReporting.gov. If you have multiple designated officials, how will you eliminate multiple reporting for the same Grant/Program?</p>	<p><input checked="" type="checkbox"/> Single Point of data entry for this Grant/Program David A. England 251-861-2141 x7510 dengland@disl.org <input type="checkbox"/> Multiple Officials reporting Grant/Program information Type the name and contact numbers of the designated reporting officials and the process you will use to ensure report submission assignments. Type other comments here.</p>
<p>5) Who will be your agency's data quality review official designated to review the data submitted by your agency? This designee will be required to review information submitted by delegated Sub-recipients.</p>	<p>David A. England 251-861-2141 x7510 dengland@disl.org</p>
<p>6) Who will be your agency's data corrections official responsible for making corrections to submitted information during the Data Quality Review Phase?</p>	<p>Same</p>

<p>(Data Quality Review phase for agencies will be from the 11th day to the 21st day after the end of each quarter. Only errors flagged by federal agencies will be unlocked for corrections from the 22nd-29th).</p>	
<p>7) How will you capture your Sub-recipient or Vendor data elements that will be reported to your agency?</p>	<p>N/A.</p>
<p>8) Will any sub-grant under this Grant/Program be for an amount less than \$25,000 which would require aggregate reporting? Do you have a reporting mechanism in place for aggregate reporting?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Briefly describe what mechanism you will use for aggregate reporting here.</p> <p>Type other comments here.</p>
<p>9) Have you or do you plan to delegate any reporting requirements to a Sub-recipient?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Type other comments here.</p>
<p>10) What agencies/institutions will serve as delegated Sub-recipients and which format will your delegated Sub-recipients submit reports to www.FederalReporting.gov?</p>	<p>N.A Click here to select which format. Type other comments here.</p>
<p>11) Please provide the name(s) and contact number(s) for the delegated Sub-recipient's reporting official(s) designated to enter information to www.FederalReporting.gov.</p>	<p>N/A</p>
<p>12) Please provide the name(s) and contact number(s) for the delegated Sub-recipient's data quality review official(s) designated to review and correct information in www.FederalReporting.gov .</p>	<p>N/A</p>
<p>13) Have your agency's delegated Sub-recipients registered on www.FederalReporting.gov?</p>	<p>N/A</p>
<p>14) After corrected information is posted to www.Recovery.gov by the federal agency, how will your agency ensure the timely update of its own recovery page?</p>	<p>Any necessary corrections will be processed by the Compliance and Alternate Compliance Officer. Any revisions will be updated to the University's ARRA website, if applicable.</p>