

Checklist - HHS OIG GRANT SELF-DISCLOSURE SUBMISSION FORM

I. OFFICIAL SUBMITTING DISCLOSURE
Name:
Title/Position:
Work Address:
Telephone Numbers:
Email Address:

II. DISCLOSER DATA
Discloser (Parent and local title as relevant):
Affected Organization Branch/Division:
Doing Business as (dba):
Grantee's Address:
Tax I.D.:
Telephone Number:
Grantee Type (check all that apply or describe otherwise): Health Center Hospital University Community Action Organization For-Profit Non-Profit Local Government State Government Tribe Other social service organization Mental Health Provider Substance Abuse Prover Other: _____
Data Universal Numbering System (DUNS):
Point of Contact (POC):
Telephone Number (POC):
Email Address (POC):

III. AFFECTED GRANT(S) For each affected grant provide information from each section
CFDA Number:
Short Title:
Award Type: Subgrantee of Block grant Direct grant Cooperative agreement Other: _____

Grant Amount:
Year Awarded:
Principal Investigator (if applicable)
Description of Purpose of Grant:
Awarding Operating Division within HHS:
Awarding Program Office within HHS:
Have you already informed the relevant program office?
Grant Officer Name:
Grant Office Address:
Grant Officer's Telephone Number:
Grant Performance Location:
Other Agency Grant Contacts as applicable:
List ALL Federal agencies from whom the Discloser is receiving federal awards:

IV. DISCLOSURE
Date Discloser Learned of Potential Violation:
Provide a full description of the nature of the violation(s) being disclosed, including the period during which the violation occurred, names of individuals involved and an explanation of their roles in the allegations and the relevant periods of their involvement:
List Any Measures Taken to Remediate, Correct, and Prevent Harm to Beneficiaries of the Grant Sponsored Services if applicable:

V. OVERPAYMENT
Estimated Financial Impact to the Federal Government:
Relevant time frame and grants with amounts broken out as necessary:
Description of how overpayment was calculated with specific methodology:

VI. INTERNAL INVESTIGATION
Who conducted the investigation?
Describe the scope of the investigation (records reviewed, number and position of employees interviewed, etc.):
Describe Measures Taken to Prevent Recurrence:

VII. CERTIFICATION
Certification by an authorized representative on behalf of the discloser stating that, to the best of the individual's knowledge, the submission contains truthful information and is based on a good faith effort to bring the matter to the Government's attention.