

# On-line Data Collection System

## OLDC

Internet/Computer input and  
submission of reports to ACF

# NOTICE

Federal Register Vol 78, No. 125/Friday, June 28, 2013

HHS/ACF – New Policies and Procedural Requirements for **Electronic Submission** of State Plans, and Program and Financial Reporting Forms, for **Mandatory Grant Programs**

Comments Due: August 27, 2013

Effective: October 1, 2013

## OLDC REGIONAL CONTACTS

Region	Contact Name	Contact Phone	Contact Email
I	Merrill Burckart	617-565-1116	Merrill.burckart@acf.hhs.gov
II	Keith Chin	212-264-2890 ext111	<a href="mailto:Keith.chin@acf.hhs.gov">Keith.chin@acf.hhs.gov</a>
III			
IV	Rhonda Hill Nicole Oliver	404-562-2941 404-562-0018	Rhonda.williams@acf.hhs.gov Nicole.oliver@acf.hhs.gov
V	Sherman Doss	312-886-4928	Sherman.doss@acf.hhs.gov
VI	Janice Caldwell	214-767-2965	Janice.caldwell@acf.hhs.gov
VII	Ruth Anne Decker	816-426-2294	Ruthanne.decker@acf.hhs.gov
VIII	Kathy Rademacher Susan Glenn	303-844-1203 303-844-7292	<a href="mailto:Kathy.rademacher@acf.hhs.gov">Kathy.rademacher@acf.hhs.gov</a> Susan.glenn@acf.hhs.gov
IX	Pearl Wong	415-437-8466	Pearl.wong@acf.hhs.gov
X	Gale Merfalen	206-615-2601	Gale.merfalen@acf.hhs.gov

# OLDC RESOURCES

OLDC “NEWS & TIPS” website:

<https://extranet.acf.hhs.gov/oldcdocs/materials.html>

OLDC “E-EXPERIENCE” website:

<https://extranet.acf.hhs.gov/oldcdocs/index.htm>

**Help/Support:** Contact your Regional Rep first.

**If all else fails, email:** [ACFApp\\_Support@acf.hhs.gov](mailto:ACFApp_Support@acf.hhs.gov)

# Online Data Collection Access Form

- Currently, User ID requests are sent to the ACF Regional Grants Office
- New User IDs and passwords are sent via two e-mails from Secure Sign-In (the gateway to OLDC)

## OLDC Request Form

### PERSONAL INFORMATION

First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Title*:	<input type="text"/>	State:	<input type="text"/>
Street Address:	<input type="text"/>	Zip:	<input type="text"/>
E-Mail Address:	<input type="text"/>		
Browser Name (e.g. Internet Explorer, Netscape, Firefox):	<input type="text"/>	Browser Version (e.g. 4.0.1):	<input type="text"/>

\*Required for person with the role Certify with Signature Authority

Person Type (Please select one):  Federal (ACF Federal Staff)  Contractor (ACF Contractor)  Non-Federal (Grantee Staff)

Do you currently have an OLDC account?  Yes  No

For which State(s)/Territory(s)/Tribe(s)/Grant do you need access?

Do you need access to all EINs associated with the State(s)/Territory(s)/Tribe(s)/Grant?  Yes  No

If No, please specify the necessary EIN(s):

Are you replacing someone or taking on responsibilities previously assigned to a co-worker?  Yes  No

If Yes, please complete the contact information for that person below:

First Name:  Last Name:

E-mail Address:  Phone Number:

Programs:	Forms:	Job Type: (One Per Program)	Additional Roles:	Primary * Contact:	E-Mail Notification upon Submit and Unsubmit:
<input type="text"/>	<input type="checkbox"/> All	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Specific Forms:</b>				
	Form Name(s): <input type="text"/>		<input type="text"/>		
	Form Name(s): <input type="text"/>		<input type="text"/>		
	Form Name(s): <input type="text"/>		<input type="text"/>		
	Form Name(s): <input type="text"/>		<input type="text"/>		
<input type="text"/>	<input type="checkbox"/> All	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Specific Forms:</b>				
	Form Name(s): <input type="text"/>		<input type="text"/>		

# Online Data Collection Access Form (cont.)

- The first time you log into Secure Sign-In, you are asked to change your password for security purposes
- You must also enter a Challenge Question and Answer
  - If you ever forget your password, you can answer your own question and have a new password automatically sent to your e-mail

# Log In



Enter the secure Web Address in your browser address line (Internet Explorer)

<https://extranet.acf.hhs.gov/ssi/>

Save the address as a Favorite for quick access.



# Welcome to Secure Sign-In

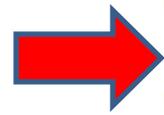
## Pop-up Blockers and OLDC:

Please turn off any pop-up blockers or "Allow pop-ups" for this site. OLDC will not display if you have a pop-up blocker.

SSI (Single Sign-In) is the security gateway to supported applications. It provides user account maintenance, application access control and user authentication. If you have questions about existing user accounts, possible training or have difficulty using SSI for login then please feel free to contact the Helpdesk at 1-866-577-0771 or e-mail the Team at app\_support@acf.hhs.gov. Applications are supported on an individual basis depending on the support agreement with the application owner and by the program office on a program by program basis. It is always best, if you have questions on the applications to contact your program office (or regional office) first for assistance. They will either refer your issue to the proper place or ask you to contact the support office involved. The Helpdesk covers support for about 50% of our users for the applications and programs, by agreement. If you have any suggestions as to how you

## Sign-in to My Account

Log In



User Name

Password

Login

[Forgot Login Info?](#)

[Login Help](#)

[PIV Login](#)

# Log In (cont.)

- The first window is the Secure Sign-In Login screen
- Enter your ID and password, then click the “Login” button

United States Department of Health & Human Services

Secure Sign-In

ID\*

Password\*  [Forgot Password?](#)

Login

GATES :: OLDC :: ERS

*Warning: This is a U.S. Government computer system, which may be accessed and used only for official Government business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. All information on this computer system may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel.*

## After first time Log In:

- \*Select Change Password to change your password
- \*Select Change Challenge Question to change your Challenge Question and/or Answer

Don't remember your password? Click the “Forgot Password?” link and Secure Sign-In sends a new password to you via e-mail (only after your first logon and if you entered a Challenge Question and Answer)



Current User: **KRADEMACHER**  
Current Environment: **Production**  
Last Login: **06/26/13 04:17:00 PM**

Tip: If OLDC does not open - Hold down the CTRL button on your keyboard and then click OLDC. Continue holding the CTRL button until OLDC opens.

- [Personal Information](#)
- [Log Off](#)
- [Privacy](#)
- [Accessibility](#)
- [Help / FAQ](#)

Please choose Application then press the Application Button. System alerts and announcements are displayed below the Application Launch table.

<u>Select Application</u>	
<input type="button" value="ARTMS"/>	
<input type="button" value="ERS"/>	
<input type="button" value="GATES"/>	
<input type="button" value="OLDC"/>	



**Alerts & Announcements**

[Pop-up Blockers and OLDC:](#)

OLDC Home

Click here



[Report Form Entry](#)

[User / System Settings](#)

[End OLDC](#)

[Privacy](#)

[Accessibility](#)

[Help / FAQ](#)

[News & Tips](#)



## On-Line Data Collection

You may change your password, correct contact information, and choose other system defaults to individually customize OLDC. Officials can make OLDC changes such as sharing permissions with others within your organization and address corrections.

[OLDC Home](#)[Grantee Selection](#)

Follow  
the Steps



## Program & Grantee Selection

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1:	<u>Program Name:</u>	<input type="text" value="Select Program:"/>
Step 2:	<u>Grantee Name:</u>	<input type="text" value="Select Grantee:"/>
Step 3:	<u>Report Name:</u>	<input type="text" value="Select Report Type:"/>

## Program & Grantee Selection

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1:    Program Name:    Temporary Assistance for Needy Families

Step 2:    Grantee Name:    [Empty dropdown menu]

Step 3:    Report Name:    Expenditure (Tribes Only) (ACF - 696T)

**Enter**

Click Expenditure





### Grant & Report Period Selection

Program Name: Temporary Assistance for Needy Families  
Grantee Name:   
Report Name: ACF-196T Financial Report

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1: Funding / Grant Period:  ▾

Step 2: Report Period:

Select	Reporting Period	Status
<input checked="" type="radio"/>	10/01/2011 - 09/30/2012	
<input type="radio"/>	10/01/2010 - 09/30/2011	Submission Accepted by RO
<input type="radio"/>	10/01/2009 - 09/30/2010	Submission Accepted by RO

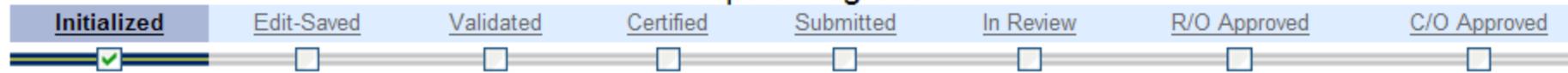
Step 3:  Select Action:  ▾

Select New/Edit...

**Enter**

Program Name: Temporary Assistance for Needy Families  
Grantee Name:   
Report Name: ACF-196T Financial Report  
Funding/Grant Period: 10/01/2009 - 09/30/2012 CCDF (10PMNDCCDF)  
Report Period: 10/01/2011 - 09/30/2012 (Liquidation Period)  
Report Status: Initialized

### Report Progress



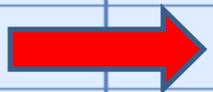
[Save](#)
[View/Add Attachments](#)
[Validate](#)
[Print](#)

### Reporting Period

<u>Tribe:</u> <input type="text"/>	<u>Fiscal Year Grant was Awarded:</u> 2010	<u>Final Report</u> <input type="radio"/> YES <input type="radio"/> NO	<u>Submission</u> <input type="radio"/> Original <input type="radio"/> Revised
	<u>Expenditure Period:</u> 10/01/2011	<u>To:</u> 09/30/2012	<u>Grant Document #:</u> 10PMNDCCDF

### Cumulative Fiscal Year Totals

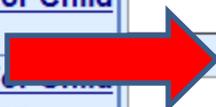
Grant Amounts are Pre-populated



	<u>Column (A) Tribal Mandatory Funds</u>	<u>Column (B) Discretionary Funds (Not Including Base)</u>	<u>Column (C) Discretionary Funds Base Amount</u>	<u>Column (D) Const. &amp; Renovation Tribal Mandatory</u>	<u>Column (E) Const. Renovation Discretionary</u>
<u>1. Federal Funds Awarded</u>	\$60,723	\$34,100	\$20,000	\$0	\$
<u>2. Transfer To Construction /</u>	\$0	\$0	\$0		

<b>1. Federal Funds Awarded</b>	\$60,723	\$34,100	\$20,000	\$0	\$
<b>2. Transfer To Construction / Renovation</b>	\$0	\$0	\$0		
<b>3. Total Funds Available</b>	\$60,723	\$34,100	\$20,000	\$0	\$
<b>4. Expenditures For Child Care Services</b>	\$30,000	\$0	\$0	\$0	\$
<b>5. Expenditures For Child Care Administration</b>	\$0	\$0	\$20,000	\$0	\$
<b>6. Expenditures For Non-Direct Services (Including Systems, Certificate Program, and Eligibility Determination Costs)</b>	\$0	\$0	\$0	\$0	\$
<b>7. Expenditures For Quality Activities</b>	\$0	\$4,100	\$0	\$0	\$
<b>8. Expenditures For Construction / Renovation</b>				\$0	\$
<b>9. Total Federal Expenditures</b>	\$0	\$0	\$0	\$0	\$
<b>10. Total Federal Unliquidated Obligations</b>	\$30,723	\$30,000	\$0	\$0	\$
<b>11. Total Federal Unobligated Balance</b>	\$0	\$0	\$0	\$0	\$

Enter Expenditures to date



Reallotted Funds

Please Refer To Reallotted Funds Information On Page Five (5) Of The Instructions.

If Available, Does The Tribe Request Reallotted Discretionary Funds?

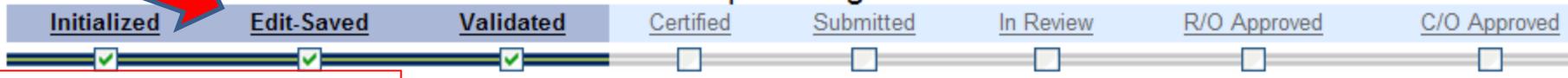
YES

Report Period: 10/01/2011 - 09/30/2012 (Liquidation Period)  
Report Status: Saved -- Validated

Report has been Saved and Validated



### Report Progress



As each step in the submission process is completed, the Progress bar fills and check boxes are marked.

[Save](#)
[View/Add Attachments](#)
[Validate](#)
[Certify](#)
[Print](#)

### Reporting Period

<b>Tribe:</b>	<b>Fiscal Year Grant was Awarded:</b> 2010	<b>Final Report</b> <input type="radio"/> YES <input checked="" type="radio"/> NO	<b>Submission</b> <input checked="" type="radio"/> Original <input type="radio"/> Revised
	<b>Expenditure Period:</b> 10/01/2011	<b>To:</b> 09/30/2012	<b>Grant Document #:</b> 10PMNDCCDF

### Cumulative Fiscal Year Totals

	<u>Column (A) Tribal Mandatory Funds</u>	<u>Column (B) Discretionary Funds (Not Including Base)</u>	<u>Column (C) Discretionary Funds Base Amount</u>	<u>Column (D) Const. &amp; Renovation Tribal Mandatory</u>	<u>Column (E) Const. Renovation Discretionary</u>
<b>1. Federal Funds Awarded</b>	\$60,723	\$34,100	\$20,000	\$0	\$
<b>2. Transfer To Construction / Renovation</b>	\$0	\$0	\$0		
<b>3. Total Funds Available</b>	\$60,723	\$34,100	\$20,000	\$0	\$
<b>4. Expenditures For Child Care Services</b>	\$30,000	\$0	\$0	\$0	\$

<u>9. Total Federal Expenditures</u>	\$30,000	\$4,100	\$20,000	\$0	\$
<u>10. Total Federal Unliquidated Obligations</u>	\$30,723	\$30,000	\$0	\$0	\$
<u>11. Total Federal Unobligated Balance</u>	\$0	\$0	\$0	\$0	\$

### Reallotted Funds

Please Refer To Reallotted Funds Information On Page Five (5) Of The Instructions.

If Available, Does The Tribe Request Reallotted Discretionary Funds?

NO

If This Report Is Not Received Within 90 Days After The End Of The Fiscal Year (12/29), The Tribe Will Not Be Eligible For Reallotment.

### Signature Information

This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief. This also certifies that the tribal lead agency has expended required funds in accordance with the earmark for Child Care Resource and Referral and School-Age Care Activities.

Signature: Tribal Official: 

Signature Date  
07/10/2013

Form: ACF-696T

Submit Date  
07/10/2013

Typed Name: Kathy Rademacher

Title: Grants Mgmt. Specialist

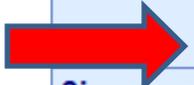
Agency Name:

Phone #: ( 303) 844- 1203 Ext.

FAX#:

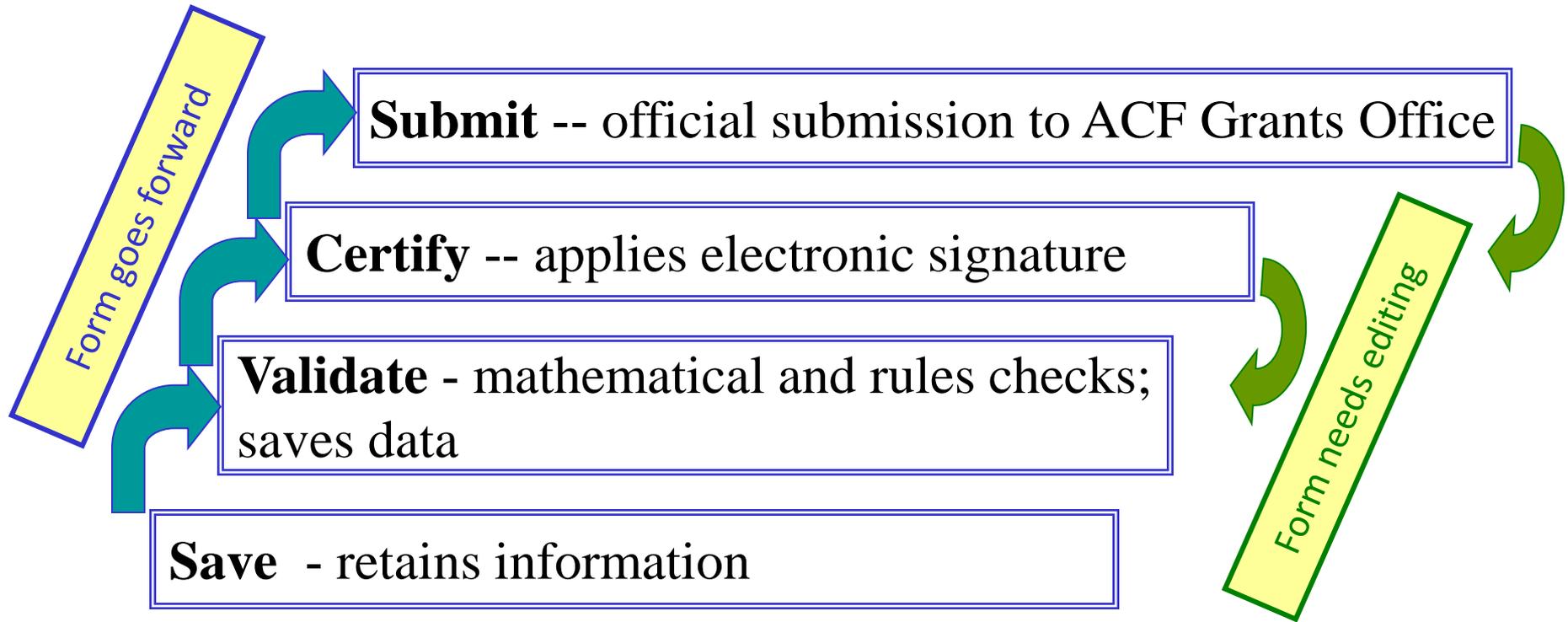
Has Any Contact Information Changed Since Last Year  
NO

**Report has been Certified and needs to be Submitted**



[View Attachments](#) | [UnCertify](#) | [Submit](#) | [Print](#)

# Submitting Report Forms



*To edit a form, it must be Unsubmitted and UnCertified*

**Note:** Some programs do not require certification of a report form before submission. Please contact your ACF contact if you have questions.

# End OLDC

After each use, End OLDC. A report form is locked or unavailable for 30 minutes when someone working on a form exits OLDC without clicking **End OLDC**.

However, if the **person who locked the form** logs back into OLDC and re-opens the form, then it is unlocked.

A timeout warning message appears after 30 minutes of inactivity to the OLDC server. Activity includes clicking any of the actions buttons (e.g. Save, Validate, Certify, and Submit). You will have another 20 minutes before the actual the timeout.

Please log out between uses to prevent forms from locking.

Program Name: Child Care and Development Fund Mandatory & Matching  
Grantee Name: POARCH BAND OF CREEK INDIANS  
Report Name: ACF - 696T Financial Report  
Funding/Grant Period: 10/01/2004 - 09/30/2007 CCDF (05PAALCCDF)  
Report Period: 10/01/2005 - 09/30/2006  
Report Status: Submitted with Warnings

Report Progress

Initialized	Edit-Saved	Validated	Certified	Submitted	In Review	R/O Approved	C/O Approved
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

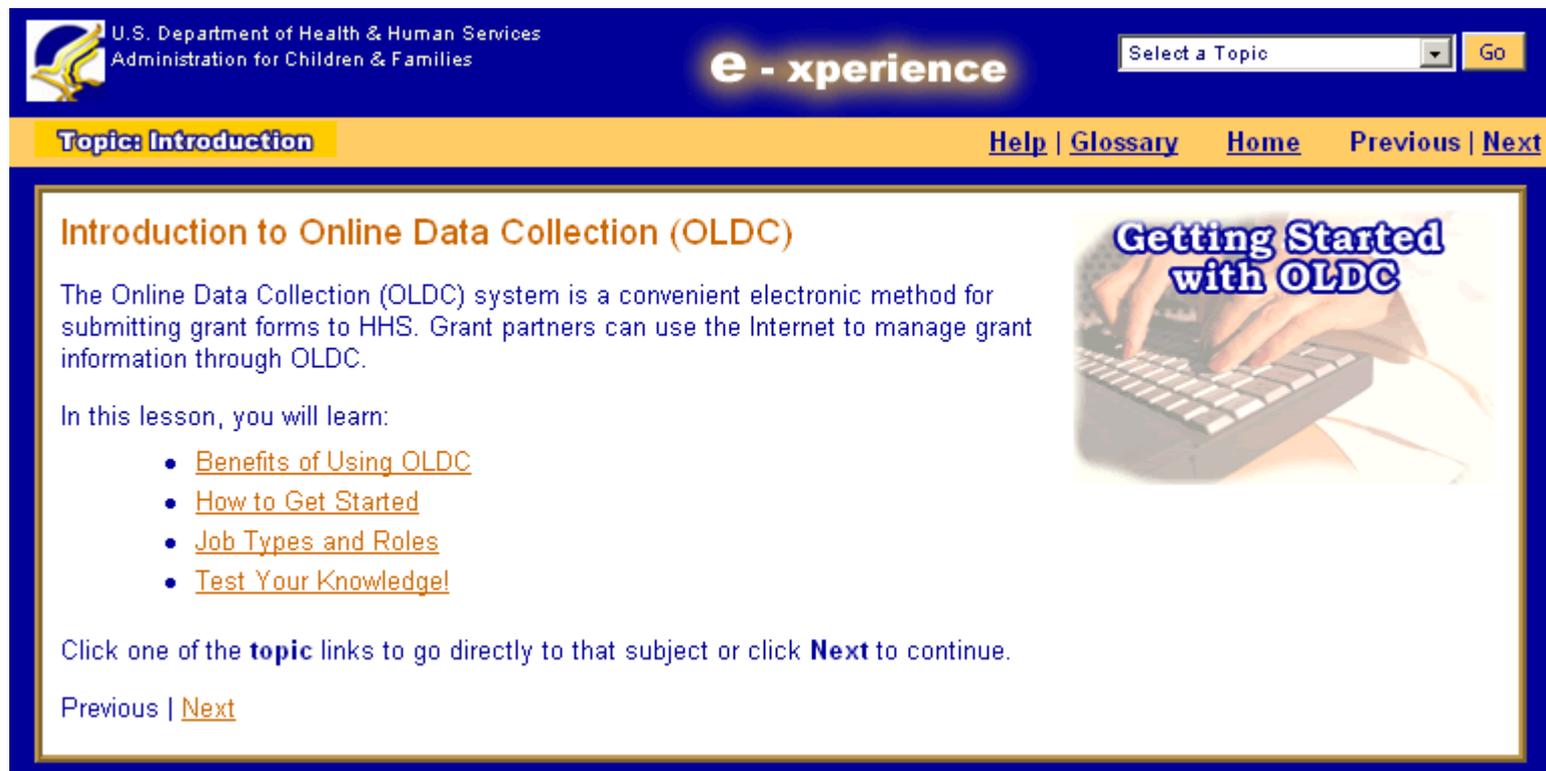
View Attachments Print

Warning #1: [927] Report must be submitted by 12/29 for reallocated funds.  
[Long Description](#)

Reporting Period			
Tribe:	Fiscal Year Grant was Awarded:	Final Report	Submission
POARCH BAND OF CREEK INDIANS	2005	NO	New
Grant Document #:			
05PAALCCDF			

# OLDC “E-xperience”

- Use the OLDC “E-xperience” online training anytime and anyplace by going to <https://extranet.acf.hhs.gov/oldcdocs/index.htm>.



The screenshot shows the OLDC "e-xperience" online training interface. At the top left is the U.S. Department of Health & Human Services Administration for Children & Families logo. The main header is "e - xperience" in a stylized font. To the right of the header is a search box labeled "Select a Topic" with a "Go" button. Below the header is a yellow navigation bar with "Topic: Introduction" on the left and "Help | Glossary | Home | Previous | Next" on the right. The main content area has a blue border and contains the following text:

## Introduction to Online Data Collection (OLDC)

The Online Data Collection (OLDC) system is a convenient electronic method for submitting grant forms to HHS. Grant partners can use the Internet to manage grant information through OLDC.

In this lesson, you will learn:

- [Benefits of Using OLDC](#)
- [How to Get Started](#)
- [Job Types and Roles](#)
- [Test Your Knowledge!](#)

Click one of the **topic** links to go directly to that subject or click **Next** to continue.

Previous | [Next](#)



**Thank You!**