

provides reliable estimates of the accuracy of benefit payments and denied claims in the UI program, and identifies the sources of mispayments and improper denials so that their causes can be eliminated.

**Ira L. Mills,**

*Departmental Clearance Officer/Team Leader.*

[FR Doc. 06-5796 Filed 6-28-06; 8:45 am]

**BILLING CODE 4510-30-P**

## DEPARTMENT OF LABOR

### Office of the Secretary

#### Submission for OMB Review: Comment Request

June 22, 2006.

The Department of Labor (DOL) has submitted the following public information collection request (ICR) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. Chapter 35). A copy of this

ICR, with applicable supporting documentation, may be obtained by contacting Ira Mills at the Department of Labor on 202-693-4122 (this is not a toll-free number) or E-Mail: [Mills.Ira@dol.gov](mailto:Mills.Ira@dol.gov). This ICR can also be accessed online at <http://www.doleta.gov/OMBCN/OMBControlNumber.cfm>.

Comments should be sent to Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for ETA, Office of Management and Budget, Room 10235, Washington, DC 20503, 202-395-7316 (this is not a toll free number), within 30 days from the date of this publication in the **Federal Register**.

The OMB is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information,

including the validity of the methodology and assumptions used;

- Enhance the quality, utility and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

*Agency:* Employment and Training Administration (ETA).

*Type of Review:* Extension of a currently approved collection.

*Title:* Work Opportunity Tax Credit (WOTC) and Welfare-to-Work (WtW) Tax Credit.

*OMB Number:* 1205-0371.

*Frequency:* Quarterly.

*Affected Public:* State, Local, or Tribal Government; Individuals or households; Business or other for-profit; Federal Government.

*Type of Response:* Recordkeeping; reporting.

| Requirement                                 | Total respondents | Frequency         | Annual responses | Average response time (Hrs) | Annual burden hours |
|---------------------------------------------|-------------------|-------------------|------------------|-----------------------------|---------------------|
| Form 9058* .....                            | 52                | Quarterly .....   | 208              | 1.00                        | 208                 |
| Employer/Jobseeker Complete Form 9061 ..... | 990,000           | On Occasion ..... | 990,000          | .33                         | 326,700             |
| States Process Form 9061 .....              | 52                | On Occasion ..... | 990,000          | .33                         | 326,700             |
| Form 9062 .....                             | 52                | On Occasion ..... | 40               | .33                         | 13                  |
| Form 9063 .....                             | 52                | On Occasion ..... | 440,000          | .33                         | 145,200             |
| Form 9065 .....                             | 52                | Quarterly .....   | 208              | 1.00                        | 208                 |
| Record Keeping* .....                       | 52                | Annually .....    | 52               | 931                         | 48,412              |
| Form 9057 .....                             | 52                | Quarterly .....   | 208              | 1.00                        | 208                 |
| Form 9059 .....                             | 52                | Quarterly .....   | 208              | 1.00                        | 208                 |
| Planning Guidance* .....                    | 52                | One Time .....    | 52               | 8.00                        | 416                 |
| Modification Planning Guidance* .....       | 52                | One Time .....    | 52               | 1.00                        | 52                  |
| <b>Total</b> .....                          | <b>990,520</b>    | .....             | <b>2,421,028</b> | .....                       | <b>848,325</b>      |

*Total Annualized Capital/Startup Costs:* 0.

*Total Annual Costs (operating/maintaining systems or purchasing services):* 0.

*Description:* Data and information provided by the states on these forms are used for program planning, evaluation of Program performance and outcomes through states' quarterly report and for oversight/verification activities as mandated by the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101-508) section 11405(c), which extended indefinitely the \$5 million set-aside for testing whether individuals certified as members of WOTC targeted groups are eligible for certification (including use of statistical sampling techniques). As long as there is a WOTC appropriation, this requirement

continues in force and in accordance with Sections 51 and 51A of the Internal Revenue Code of 1986, as amended, Small Business Act of 1996, Taxpayer Relief Act of 1997, the Ticket to Work and Work Incentives Improvement Act of 1999 (Pub. L. 106-170), the Job Creation and Worker Assistance Act of 2002 (Pub. L. 107-147), The Social Security and Protection Act of 2004 (Pub. L. 108-203), and the Working Families Tax Relief Act of 2004 (Pub. L. 108-311).

**Ira L. Mills,**

*Departmental Clearance Officer/Team Leader.*

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**BILLING CODE 4510-30-P**

## DEPARTMENT OF LABOR

### Occupational Safety and Health Administration (OSHA)

#### Susan Harwood Training Grant Program, FY 2006 Budget

**ACTION:** Initial announcement of availability of funds and solicitation for grant applications.

*Funding Opportunity No.:* SHTG-FY-06-01

*Catalog of Federal Domestic Assistance No.:* 17.502

**SUMMARY:** The U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) awards funds to nonprofit organizations to provide training and education programs for employers and workers about safety and

health topics selected by OSHA. Nonprofit organizations, including community-based and faith-based organizations, that are not an agency of a State or local government, are eligible to apply. State or local government-supported institutions of higher education are eligible to apply in accordance with 29 CFR part 95. This notice announces grant availability for Susan Harwood Training Program grants. This notice contains all of the necessary information and forms needed to apply for grant funding.

**DATES:** Grant applications must be received by the OSHA Office of Training and Education in Arlington Heights, Illinois, by 4:30 p.m. (central time) on Friday, July 21, 2006.

**ADDRESSES:** Grant applications must be sent to the attention of: Grants Officer, U.S. Department of Labor, OSHA Office of Training and Education, 2020 S. Arlington Heights Road, Arlington Heights, Illinois 60005-4102.

**SUPPLEMENTARY INFORMATION:**

**I. Funding Opportunity Description**

*Overview of the Susan Harwood Training Grant Program*

The Susan Harwood Training Grant Program provides funds for programs to train workers and employers to recognize, avoid, and prevent safety and health hazards in their workplaces. The program emphasizes three areas:

- Educating workers and employers in small businesses. A small business has 250 or fewer workers.
- Training workers and employers about new OSHA standards.
- Training workers and employers about high risk activities or hazards identified by OSHA through its Strategic Management Plan, or as part of an OSHA special emphasis program.

*Grant Category Being Announced*

OSHA will accept applications for the Targeted Topic training grant category in FY 2006.

*Topics for the Targeted Topic Training Category*

Organizations funded for Targeted Topic training category grants are expected to develop and provide occupational safety and health training and/or educational programs addressing one of the topics selected by OSHA, recruit workers and employers for the training, and conduct and evaluate the training. Grantees are also expected to conduct follow-up evaluations with people trained by their program to determine what, if any, changes were made to reduce hazards in their workplaces as a result of the training. If

your organization plans to train workers or employers in any of the 26 states operating OSHA-approved State Plans, State OSHA requirements must be included in the training.

Ten different training topics were selected for this grant announcement. OSHA may award grants for some or all of the listed Targeted Topic training topics. Applicants wishing to address more than one of the announced grant topics must submit a separate grant application for each topic. Each application must propose a plan for developing and conducting training programs addressing the recognition and prevention of safety and health hazards for one of the topics listed below.

*Construction Industry Hazards.*

Programs that train workers and employers in the recognition and prevention of safety and health hazards on one of the following topics:

- Falls in construction, including residential construction. Applicants must propose to conduct this training in English and Spanish. Additional languages may also be proposed.
- Focus Four construction hazards (falls, electrocution, caught-in and struck-by). Proposed training programs must include all four hazards.
- Work zone safety, including highway construction work zone safety and disaster site cleanup and recovery work zones.

*General Industry Hazards.* Programs that train workers and employers in the recognition and prevention of safety and health hazards on one of the following topics:

- Amputation hazards, including lockout/tagout hazards
- Landscaping and Horticulture (NAICS 56173/SIC 078)
- Oil and gas field services (NAICS 21311-12/SIC 138)

*Other Safety and Health Topic Areas.*

Programs that train workers and employers in the recognition and prevention of safety and health hazards on one of the following topics:

- Disaster response and recovery
- Hexavalent chromium
- Workplace emergency planning, including the healthcare industry
- Overview of OSHA safety and health requirements for Tribal organizations and affected workers

**II. Award Information**

Targeted Topic grants will be awarded for a 12-month period. The project period for these grants begins September 30, 2006, and ends September 30, 2007. There is approximately \$6.8 million available for this grant category. The average Federal award will be \$175,000.

**III. Eligibility Information**

*1. Eligible Applicants*

Nonprofit organizations, including community-based and faith-based organizations, that are not an agency of a State or local government are eligible to apply. State or local government supported institutions of higher education are eligible to apply in accordance with 29 CFR part 95. Eligible organizations can apply independently for funding or in partnership with other eligible organizations, but in such a case, a lead organization must be identified. Sub-contracts must be awarded in accordance with 29 CFR 95.40-48, including OMB circulars requiring free and open competition for procurement transactions.

A 501(c)(4) nonprofit organization, as described in 26 U.S.C. 501(c)(4), that engages in lobbying activities will not be eligible for the receipt of Federal funds constituting an award, grant or loan. See 1 U.S.C. 1611.

Applicants other than State or local government supported institutions of higher education will be required to submit evidence of nonprofit status, preferably from the Internal Revenue Service (IRS).

**Authority:** The Occupational Safety and Health Act of 1970 and the Consolidated Appropriations Act, 2006, Pub. L. 109-149, authorize this program.

*2. Cost Sharing or Matching*

Applicants are not required to contribute non-Federal resources.

*3. Other Eligibility Requirements*

**A. Legal Rules Pertaining to Inherently Religious Activities by Organizations that Receive Federal Financial Assistance**

The U.S. Government is generally prohibited from providing "direct" financial assistance for inherently religious activities.<sup>1</sup>

The Grantee may be a faith-based organization or work with and partner with religious institutions; however, "direct" Federal assistance provided

<sup>1</sup> In this context, the term direct financial assistance means financial assistance that is provided directly by a government entity or an intermediate organization, as opposed to financial assistance that an organization receives as the result of the genuine and independent private choice of a beneficiary. In other contexts, the term "direct" financial assistance may be used to refer to financial assistance that an organization receives directly from the Federal government (also known as "discretionary" assistance), as opposed to assistance that it receives from a State or Local government (also known as "indirect" or "block" grant assistance). The term "direct" has the former meaning throughout this solicitation for grant applications (SGA).

under grants with the U. S. Department of Labor may not be used for religious instruction, worship, prayer, proselytizing or other inherently religious practices. 29 CFR Part 2, Subpart D governs the treatment in Department of Labor government programs of religious organizations and religious activities; the Grantee and sub-contractors are expected to be aware of and observe the regulations in this subpart.

#### IV. Address To Request Application Forms

##### 1. Application Forms

Application forms are published as part of this **Federal Register** notice and in the **Federal Register**, which may be obtained from your nearest Federal depository library or online at <http://www.archives.gov/federal-register/index.html>. The complete **Federal Register** notice and application forms may also be downloaded from the OSHA Susan Harwood Training Grant Program Web site at <http://www.osha.gov/dcsp/ote/sharwood.html>.

##### 2. Content and Form of Application Submission

Each grant application must address only one of the announced topics. Organizations interested in applying for grants for more than one of the announced topics must submit separate applications for each topic.

##### A. Required Contents

To be considered for a Harwood grant, an applicant must submit one (1) blue-ink signed original complete application in English plus two (2) copies that includes all of the information listed below. A complete application will contain the following forms and narrative sections. The parts are listed in the order in which they should appear in the application.

(a) Application for Federal Assistance form (SF 424). The individual signing the SF 424 form on behalf of the applicant must be authorized to bind the applicant. Your organization is required to have a Data Universal Number System (DUNS) number from Dun and Bradstreet to complete this form. Information about "Obtaining a DUNS Number—A Guide for Federal Grant and Cooperative Agreement Applicants" is available at [http://www.whitehouse.gov/omb/grants/duns\\_num\\_guide.pdf](http://www.whitehouse.gov/omb/grants/duns_num_guide.pdf).

(b) Survey on Ensuring Equal Opportunity for Applicants form (OMB No. 1890-0014).

(c) Program Summary (described further in subsection B below). The

program summary is a short one-to-two page abstract that succinctly summarizes the proposed project and provides information about the applicant organization.

(d) Budget Information form (SF 424A).

(e) Detailed Project Budget Backup. The detailed budget backup will provide a detailed break out of the costs that are listed in Section B of the SF 424A Budget Information form.

*If applicable:* Provide a copy of approved indirect cost rate agreement, and statement of program income.

(f) A description of any voluntary non-Federal resource contribution to be provided by the applicant, including source of funds and estimated amount.

(g) Technical Proposal program narrative (described further in subsection B below), not to exceed 30 single-sided pages, double-spaced, 12-point font, containing: Problem Statement/Need for Funds; Administrative and Program Capability; and Workplan.

(h) Assurances form (SF 424B).

(i) Certifications form (OSHA 189).

(j) Supplemental Certification Regarding Lobbying Activities form.

(k) Organizational Chart.

(l) Evidence of Non-Profit status, preferably from the Internal Revenue Service (IRS), if applicable. (Does not apply to State and local government-supported institutions of higher education.)

(m) Accounting System Certification, if applicable. Organizations that receive less than \$1 million annually in Federal grants must attach a certification signed by your certifying official stating that your organization has a functioning accounting system that meets the criteria below. Your organization may also designate a qualified entity (include the name and address in the documentation) to maintain a functioning accounting system that meets the criteria below. The certification should attest that your organization's accounting system provides for the following:

1. Accurate, current and complete disclosure of the financial results of each Federally sponsored project.

2. Records that identify adequately the source and application of funds for Federally sponsored activities.

3. Effective control over and accountability for all funds, property and other assets.

4. Comparison of outlays with budget amounts.

5. Written procedures to minimize the time elapsing between the transfer of funds.

6. Written procedures for determining the reasonableness, allocability and allowability of costs.

7. Accounting records, including cost accounting records that are supported by source documentation.

(n) Any attachments such as resumes of key personnel or position descriptions, exhibits, information on prior government grants, and signed letters of commitment to the project.

To be considered responsive to this solicitation, the application must consist of the above mentioned separate parts. Major sections and sub-sections of the application should be divided and clearly identified (e.g., with tab dividers), and all pages shall be numbered. Standard forms, attachments, exhibits and the Program Summary abstract are not counted toward the page limit.

The forms listed above are included as a part of this **Federal Register** notice. The forms are also available on the OSHA grant web page at <http://www.osha.gov/dcsp/ote/sharwood.html>.

##### B. Budget Information

Applicants must include the following grant project budget information.

(a) Budget Information form (SF 424A).

(b) A Detailed Project Budget that clearly details the costs of performing all of the requirements presented in this solicitation. The detailed budget will break out the costs that are listed in Section B of the SF 424A Budget Information form.

Applicants are reminded to budget for compliance with the administrative requirements set forth. (Copies of all regulations that are referenced in this SGA are available on-line at no cost at <http://www.osha.gov/dcsp/ote/sharwood.html>.) This includes the costs of performing activities such as travel for two staff members, one program and one financial, to the Chicago area to attend a new grantee orientation meeting; financial audit, if required; project closeout; document preparation (e.g., quarterly progress reports, project document); and ensuring compliance with procurement and property standards. The Detailed Project Budget should identify administrative costs separately from programmatic costs for both Federal and non-Federal funds. Administrative costs include indirect costs from the costs pool and the cost of activities, materials, meeting close-out requirements as described in Section VI, and personnel (e.g., administrative assistants) who support the management and administration of the project but do not provide direct services to project

beneficiaries. Indirect cost charges, which are considered administrative costs, must be supported with a copy of an approved Indirect Cost Rate Agreement form. Administrative costs cannot exceed 25% of the total grant budget. The project budget should clearly demonstrate that the total amount and distribution of funds is sufficient to cover the cost of all major project activities identified by the applicant in its proposal, and must comply with Federal cost principles (which can be found in the applicable OMB Circulars).

(c) A description of any voluntary non-Federal resource contribution to be provided by the applicant, including source of funds and estimated amount.

### C. Program Summary and Technical Proposal

The Program Summary and the Technical Proposal will contain the narrative segments of the application. The Program Summary abstract is not to exceed two pages. The Technical Proposal program narrative section is not to exceed 30 single-sided (8½" x 11" or A4), double-spaced, 12-point font, typed pages, consisting of the Problem Statement/Need for Funds, Administrative and Program Capability, and Workplan. Reviewers will only consider Technical Proposal information up to the 30-page limit. The Technical Proposal must demonstrate the capability to successfully administer the grant and to meet the objectives of this solicitation. The Technical Proposal will be rated in accordance with the selection criteria specified in Section V.

The Program Summary and Technical Proposal must include the following sections.

(a) Program Summary. An abstract of the application, not to exceed two pages, that must include the following information.

- Applicant organization's full legal name.
- Project director's name, title, street address, and mailing address if it is different from the street address, telephone and fax numbers, and e-mail address. The Project Director is the person who will be responsible for the day-to-day operation and administration of the program.
- Certifying Representative's name, title, street address, and mailing address if it is different from the street address, telephone and fax numbers, and e-mail address. The Certifying Representative is the official in your organization who is authorized to enter into grant agreements.
- Funding requested. List how much Federal funding you are requesting. If

your organization is contributing non-Federal resources, also list the amount of non-Federal resources and the source of the funds.

- Grant Topic. List the grant topic and industry or subject area your organization has selected to target in its application.

• Summary of the Proposed Project. Write a brief program summary of your proposed project.

- Applicant Background. Describe your applicant organization, including its mission and a description of your membership, if any.

(b) The Technical Proposal program narrative segment, which is not to exceed 30 single-sided, double-spaced, 12-point font pages in length, must address each section listed below.

- Problem Statement/Need for Funds. Describe the hazards that will be addressed in your program, the target population(s) that will benefit from your training and education program, and the barriers that have prevented this population from receiving adequate training. When you discuss target populations, include geographic location(s), and the number of workers and employers.

• Administrative and Program Capability. Briefly describe your organization's functions and activities. Relate this description of functions to your organizational chart that is included in the application. If your organization is conducting, or has conducted within the last five years, any other government (Federal, State, or local) grant programs, the application must include an attachment (which will not count towards the page limit) providing information regarding previous grants including (a) the organization for which the work was done, and (b) the dollar value of the grant. If your organization has not had previous grant experience, you may partner with an organization that has grant experience to manage the grant. If you use this approach, the management organization must be identified and its grant program experience discussed.

Program Experience. Describe your organization's experience conducting the type of program that you are proposing. Include program specifics such as program title, numbers trained and duration of training. Experience includes safety and health experience, training experience with adults, and programs operated specifically for the selected target population(s). Nonprofit organizations, including community-based and faith-based organizations, that do not have prior experience in safety and health may partner with an established safety and health

organization to acquire safety and health expertise.

Staff Experience. Describe the qualifications of the professional staff you will assign to the program. Include resumes of staff already on board. If some positions are vacant, include position descriptions/minimum hiring qualifications instead of resumes. Qualified staff are those with safety and health experience, training experience, or experience working with the target population.

- Workplan. The 12-month workplan should correlate with the grant project period that will begin September 30, 2006, and end September 30, 2007. An outline of specific items required in your workplan follows.

Plan Overview. Describe your plan for grant activities and the anticipated outcomes. The overall plan will describe such things as the development of training materials, the training content, recruiting of trainees, where or how training will take place, and the anticipated benefits to workers and employers receiving the training.

Activities. Break your overall plan down into activities or tasks. For each activity, explain what will be done, who will do it, when it will be done, and the results of the activity. When you discuss training, include the subjects to be taught, the length of the training sessions, and training location (classroom, worksites). Describe how you will recruit trainees for the training.

Quarterly Projections. For training and other quantifiable activities, estimate how many, e.g., number of advisory committee meetings, classes to be conducted, workers and employers to be trained, etc., you will do each quarter of the grant (grant quarters match calendar quarters, i.e., January to March, April to June) and provide the training number totals for the grant. Quarterly projections are used to measure your actual performance against your plans. If you plan to conduct a train-the-trainer program, estimate the number of individuals you expect to be trained during the grant period by those who received the train-the-trainer training. These second tier training numbers should only be included if your organization is planning to follow up with the trainers to obtain this data during the grant period.

Materials. Describe each educational material you will produce under the grant, if not treated as a separate activity under *Activities* above. Provide a timetable for developing and producing the material. OSHA must review and approve training materials for technical accuracy and suitability of content before the materials may be used in your

grant program. Therefore, your timetable must include provisions for an OSHA review of draft and camera-ready products. For Targeted Topic training grants, any commercially-developed training materials you are proposing to utilize in your grant training must also go through an OSHA review before being used.

Evaluations. There are three types of evaluations that should be conducted. First, describe plans to evaluate the training sessions. Second, describe your plans to evaluate your progress in accomplishing the grant work activities listed in your application. This includes comparing planned and actual accomplishments. Discuss who is responsible for taking corrective action if plans are not being met. Third, describe your plans to assess the effectiveness of the training your organization is conducting. This will involve following-up, by survey or on-site review, if feasible, with people who attended the training to find out what changes were made to abate hazards in their workplaces. Include timetables for follow-up and for submitting a summary of the assessment results to OSHA.

(c) An organizational chart of the staff that will be working on this grant and their location within the applicant organization.

Attachments: Summaries of other relevant organizational experiences; information on prior government grants; resumes of key personnel and/or position descriptions; and signed letters of commitment to the project.

### 3. Submission Date, Times, and Addresses

**Date:** The closing date for receipt of applications is Friday, July 21, 2006. Applications must be received by 4:30 p.m. (central time) at the address below. Applications sent by e-mail, telegram, or facsimile (FAX) will not be accepted. Applications sent by other delivery services, such as Federal Express, UPS, etc., will be accepted; the applicant, however, bears the responsibility for timely submission. Applications that do not meet the conditions set forth in this notice will not be honored. No exceptions to the mailing and delivery requirements set forth in this notice will be granted.

Applications must be delivered to: Grants Officer, U.S. Department of Labor, OSHA Office of Training and Education, 2020 S. Arlington Heights Road, Arlington Heights, Illinois 60005-4102.

One (1) blue ink-signed original complete application in English plus two (2) copies of each application must be received at the designated place by

the date and time specified or it will not be considered unless:

(a) It was sent by registered or certified mail no later than the fifth calendar day before the closing date; or

(b) It was sent by U.S. Postal Service Express Mail/Next Day Service from the post office to the addressee no later than 4:45 p.m. at the place of mailing two (2) working days (excluding weekends and Federal holidays and days when the Federal government is closed), prior to the closing date; or

(c) It is determined by the Government that the late receipt was due solely to mishandling by the Government after receipt at the U.S. Department of Labor at the address indicated.

The only acceptable evidence to establish the date of mailing of a late application sent by registered or certified mail is the U.S. Postal Service postmark on the envelope or wrapper and on the original receipt from the U.S. Postal Service. If the postmark is not legible, an application received after the above closing time and date shall be processed as if mailed late. "Postmark" means a printed, stamped, or otherwise placed impression (not a postage meter machine impression) that is readily identifiable without further action as having been applied and affixed by an employee of the U.S. Postal Service on the date of mailing. Therefore, applicants should request that the postal clerk place a legible hand cancellation "bull's-eye" postmark on both the receipt and the envelope or wrapper. The only acceptable evidence to establish the date of mailing of a late application sent by U.S. Postal Service Express Mail/Next Day Service from the Post Office to the addressee is the date entered by the Post Office receiving clerk on the "Express Mail/Next Day Service—Post Office to Addressee" label and the postmark on the envelope or wrapper on the original receipt from the U.S. Postal Service. "Postmark" has the same meaning as defined above.

### 4. Intergovernmental Review

The Harwood Training Grant Program is not subject to Executive Order 12372 Intergovernmental Review of Federal Programs.

### 5. Funding Restrictions

Grant funds may be spent on the following.

(a) Conducting training.

(b) Conducting other activities that reach and inform workers and employers about workplace occupational safety and health hazards and hazard abatement.

(c) Conducting outreach and recruiting activities to increase the number of workers and employers participating in the program.

(d) Developing educational materials for use in training.

Grant funds may not be used for the following activities under the terms of the grant program.

(a) Any activity that is inconsistent with the goals and objectives of the Occupational Safety and Health Act of 1970.

(b) Training individuals not covered by the Occupational Safety and Health Act.

(c) Training workers or employers from workplaces not covered by the Occupational Safety and Health Act. Examples include: State and local government workers in non-State Plan States, and workers referenced in section 4(b)(1) of the Act.

(d) Training on topics that do not cover the recognition, avoidance, and prevention of unsafe or unhealthy working conditions. Examples of unallowable topics include: Workers' compensation, first aid, and publication of materials prejudicial to labor or management.

(e) Assisting workers in arbitration cases or other actions against employers, or assisting employers and workers in the prosecution of claims against Federal, State or local governments.

(f) Duplicating services offered by OSHA, a State under an OSHA-approved State Plan, or consultation programs provided by State designated agencies under section 21(d) of the Occupational Safety and Health Act.

(g) Generating membership in the grantee's organization. This includes activities to acquaint nonmembers with the benefits of membership, inclusion of membership appeals in materials produced with grant funds, and membership drives.

(h) Administrative costs cannot exceed 25% of the total grant budget.

While the activities described above may be part of an organization's regular programs, the costs of these activities cannot be paid for by grant funds, whether the funds are from matching resources or from the Federally funded portion of the grant.

Determinations of allowable costs will be made in accordance with the applicable Federal cost principles, e.g., Nonprofit Organizations—2 CFR Part 230, formerly OMB Circular A-122; Educational Institutions—2 CFR Part 220, formerly OMB Circular A-21. Disallowed costs are those charges to a grant that the grantor agency or its representative determines to not be allowed in accordance with the

applicable Federal Cost Principles or other conditions contained in the grant.

No applicant at any time will be entitled to reimbursement of pre-award costs.

## V. Application Review Information

Grant applications will be reviewed by technical panels comprised of OSHA staff. The results of the grant reviews will be presented to the Assistant Secretary of OSHA, who will make the selection of organizations to be awarded grants. OSHA may award grants for some or all of the listed topic areas. It is anticipated that the grant awards will be announced in September 2006.

### 1. Evaluation Criteria

The technical panels will review grant applications against the criteria listed below on the basis of 100 maximum points.

Targeted Topic training grant category applications will be reviewed and rated as follows.

#### A. Technical Approach, Program Design—45 Points Total

##### Program Design

(1) The proposed training and education program must address the recognition and prevention of safety and health hazards for one of the Targeted Topic subject areas. (3 points)

##### *Construction Industry Hazards.*

Programs that train workers and employers in the recognition and prevention of safety and health hazards on one of the following topics:

- Falls in construction, including residential construction. Applicants must propose to conduct this training in English and Spanish. Additional languages may also be proposed.

- Focus Four construction hazards (falls, electrocution, caught-in and struck-by). Proposed training programs must include all four hazards.

- Work zone safety, including highway construction work zone safety and disaster site cleanup and recovery work zones.

*General Industry Hazards.* Programs that train workers and employers in the recognition and prevention of safety and health hazards on one of the following topics:

- Amputation hazards, including lockout/tagout.

- Landscaping and Horticulture (NAICS 56173/SIC 078)

- Oil and gas field services (NAICS 21311-12/SIC 138)

##### *Other Safety and Health Topics*

Areas. Programs that train workers and employers in the recognition and prevention of safety and health hazards on one of the following topics:

- Disaster response and recovery
- Hexavalent chromium
- Workplace emergency planning, including the healthcare industry
- Overview of OSHA safety and health requirements for Tribal organizations and affected workers

(2) The proposal plans to train workers and/or employers, clearly estimates the numbers to be trained, and clearly identifies the types of workers and employers to be trained. The training will reach workers and employers from multiple employers. (4 points)

(3) If the proposal contains a train-the-trainer program, the following information must be provided: (4 points)

- What ongoing support the grantee will provide to new trainers;
- The number of individuals to be trained as trainers;
- The estimated number of courses to be conducted by the new trainers;
- The estimated number of students to be trained by these new trainers; and
- A description of how the grantee will obtain data from the new trainers documenting their classes and student numbers.

(4) The workplan activities and training are described. The planned activities and training are tailored to the needs and levels of the workers and employers to be trained. The target audience to be served through the grant program is described. The training materials and training programs are tailored to the training needs of one or more of the following target audiences: small businesses; new businesses; limited English proficiency, non-literate and low literacy workers; youth; immigrant and minority workers, and other hard-to-reach workers; and workers in high-hazard industries and industries with high fatality rates. Organizations proposing to develop Spanish-language training materials should utilize the OSHA Dictionaries (English-to-Spanish and Spanish-to-English) for terminology. The dictionaries are available on the OSHA Web site at: [http://www.osha.gov/dcsp/compliance\\_assistance/spanish\\_dictionaries.html](http://www.osha.gov/dcsp/compliance_assistance/spanish_dictionaries.html). Organizations proposing to develop materials in languages other than English will also be required to provide an English version of the materials. (20 points)

(5) There is a plan to recruit trainees for the program. (3 points)

(6) If the proposal includes developing educational materials for use in the training program, there is a plan for OSHA to review the educational materials for technical accuracy and

suitability of content during development. If commercially-developed training products will be used for the Targeted Topic training program, applicants should also plan for OSHA to review the materials before using the products in their grant program. (3 points)

(7) There are plans for three different types of evaluation. The plans include evaluating your organization's progress in accomplishing the grant work activities and accomplishments, evaluating your training sessions, and evaluating the program's effectiveness and impact to determine if the safety and health training and services provided resulted in workplace change. This includes a description of the evaluation plan to follow up with trainees to determine the impact the program has had in abating hazards and reducing worker injuries. (5 points)

(8) The application is complete, including forms, budget detail, narrative and workplan, and required attachments. (3 points)

#### B. Budget—20 Points Total

(1) The budgeted costs are reasonable. No more than 25% of the total budget is for administration. (10 points)

(2) The budget complies with Federal cost principles (which can be found in the applicable OMB Circulars) and with OSHA budget requirements contained in the grant application instructions. (5 points)

(3) The cost per trainee is less than \$500 and the cost per training hour is reasonable. (5 points)

#### C. Past Performance—18 Points Total

(1) The organization applying for the grant demonstrates experience with occupational safety and health. Applicants that do not have prior experience in providing safety and health training to workers or employers may partner with an established safety and health organization to acquire safety and health expertise. (5 points)

(2) The organization applying for the grant demonstrates experience training adults in work-related subjects or in recruiting, training and working with the target audience for this grant. (5 points)

(3) The application organization demonstrates that the applicant has strong financial management and internal control systems. (5 points)

(4) The applicant organization has administered, or will work with an organization that has administered, a number of different Federal and/or State grants over the past five years. (3 points)

#### D. Experience and Qualification of Personnel—17 Points Total

(1) The staff to be assigned to the project has experience in occupational safety and health, the specific topic chosen, and in training adults. (10 points)

(2) Project staff has experience in recruiting, training, and working with the population your organization proposes to serve under the grant. (7 points)

#### 2. Review and Selection Process

OSHA will screen all applications to determine whether all required proposal elements are present and clearly identifiable. Those that do not may be deemed non-responsive and may not be evaluated. A technical panel will objectively rate each complete application against the criteria described in this announcement. The panel recommendations to the Assistant Secretary are advisory in nature. The Assistant Secretary may establish a minimally acceptable rating range for the purpose of selecting qualified applicants. The Assistant Secretary will make a final selection determination based on what is most advantageous to the Government, considering factors such as panel findings, geographic presence of the applicants, Agency priorities, the best value to the government, cost, and other factors. The Assistant Secretary's determination for award under this solicitation for grant applications (SGA) is final.

#### 3. Anticipated Announcement and Award Dates

Announcement of these awards is expected to occur by September 30, 2006. The grant agreement will be awarded by no later than September 30, 2006.

### VI. Award Administration Information

#### 1. Award Process

Organizations selected as grant recipients will be notified by a representative of the Assistant Secretary, usually from an OSHA Regional Office. An applicant whose proposal is not selected will be notified in writing.

Notice that an organization has been selected as a grant recipient does not constitute approval of the grant application as submitted. Before the actual grant award, OSHA will enter into negotiations concerning such items as program components, staffing and funding levels, and administrative systems. If the negotiations do not result in an acceptable submittal, the Assistant Secretary reserves the right to terminate

the negotiation and decline to fund the proposal.

**Note:** Except as specifically provided, OSHA's acceptance of a proposal and an award of Federal funds to sponsor any program(s) does not provide a waiver of any grant requirement or procedures. For example, if an application identifies a specific sub-contractor to provide the services, the USDOL OSHA award does not provide the justification or basis to sole-source the procurement, *i.e.*, to avoid competition.

#### 2. Administrative and National Policy Requirements

All grantees, including faith-based organizations, will be subject to applicable Federal laws and regulations (including provisions of appropriations law) and the applicable Office of Management and Budget (OMB) Circulars. The grant award(s) awarded under this SGA will be subject to the following administrative standards and provisions, if applicable.

29 CFR Part 2, Subpart D, new equal treatment regulations.

29 CFR Parts 31, 32, 35 and 36 as applicable.

29 CFR Part 93, new restrictions on lobbying.

29 CFR Part 95, which covers grant requirements for nonprofit organizations, including universities and hospitals. These are the Department of Labor regulations implementing 29 CFR Part 215, formerly OMB Circular A-110.

29 CFR Part 98, government-wide debarment and suspension (nonprocurement) and government wide requirements for drug-free workplace (grants).

2 CFR Part 220, formerly OMB Circular A-21, which describes allowable and unallowable costs for educational institutions.

2 CFR Part 230, formerly OMB circular A-122, which describes allowable and unallowable costs for other nonprofit organizations.

OMB Circular A-133, 29 CFR parts 96 and 99, which provide information about audit requirements.

Certifications. All applicants are required to certify to a drug-free workplace in accordance with 29 CFR part 98, to comply with the New Restrictions on Lobbying published at 29 CFR part 93, to make a certification regarding the debarment rules at 29 CFR part 98, and to complete a special lobbying certification.

Students. Grant-funded training programs must serve multiple employers and their employees. Grant-funded training programs must serve individuals covered by the

Occupational Safety and Health Act of 1970. As a part of the grant close-out process, grantees must self-certify that their grant-funded programs and materials were not provided to ineligible audiences.

Other. In keeping with the policies outlined in Executive Orders 13256, 12928, 13230, and 13021 as amended, the grantee is strongly encouraged to provide subgranting opportunities to Historically Black Colleges and Universities, Hispanic Serving Institutions, and Tribal Colleges and Universities.

#### 3. Special Program Requirements

*OSHA review of educational materials.* OSHA will review all educational materials produced by the grantee for technical accuracy and suitability of content during development and before final publication. OSHA will also review training curricula and purchased training materials for technical accuracy and suitability of content before the materials are used. Grantees developing training materials must follow all copyright laws and provide written certification that their materials are free from copyright infringements.

When grant recipients produce training materials, they must provide copies of completed materials to OSHA before the end of the grant period. OSHA has a lending program that circulates grant-produced audiovisual materials. Audiovisual materials produced by the grantee as a part of its grant program may be included in this lending program. In addition, all materials produced by grantees must be provided to OSHA in hard copy as well as in a digital format (CD ROM/DVD) for possible publication on the Internet by OSHA. Two copies of the materials must be provided to OSHA. Acceptable formats for training materials include Microsoft XP Word and PowerPoint.

As listed in 29 CFR 95.36, the Department of Labor reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use any work produced under a grant, for Federal purposes, and to authorize others to do so. Applicants should note that grantees must agree to provide the Department of Labor a paid-up, nonexclusive and irrevocable license to reproduce, publish, or otherwise use for Federal purposes all products developed, or for which ownership was purchased, under an award including, but not limited to, curricula, training models, technical assistance products, and any related materials, and to authorize them to do so. Such uses include, but are not limited to, the right

to modify and distribute such products worldwide by any means, electronic or otherwise.

**Acknowledgment of USDOL Funding.** In all circumstances, all approved grant-funded materials developed by a grantee shall contain the following disclaimer:

This material was produced under grant number \_\_\_\_\_ from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

**Public reference to grant:** When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all Grantees receiving Federal funds must clearly state:

- The percentage of the total costs of the program or project, that will be financed with Federal money;
- The dollar amount of Federal financial assistance for the project or program; and
- The percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

**Use of U.S. Department of Labor (USDOL) OSHA Logo:** In consultation with USDOL—OSHA, the Grantee(s) must acknowledge USDOL's role as described below:

- The USDOL—OSHA logo may be applied to USDOL-funded material prepared for world-wide distribution, including posters, videos, pamphlets, research documents, national survey results, impact evaluations, best practice reports, and other publications of global interest. The Grantee(s) must consult with USDOL—OSHA on whether the logo may be used on any such items prior to final draft or final preparation for distribution. In no event shall the USDOL—OSHA logo be placed on any item until USDOL—OSHA has given the Grantee written permission to use the logo on the item.
- All documents must include the following notice: "This document does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government."

#### 4. Reporting

Grantees are required by Departmental regulations to submit program and financial reports each

calendar quarter. All reports are due no later than 30 days after the end of the fiscal quarter and shall be submitted to the appropriate OSHA Regional Office.

The Grantee(s) shall submit financial reports on a quarterly basis. The first reporting period shall end on the last day of the fiscal quarter (December 31, March 31, June 30, or September 30) during which the grant was signed. Financial reports are due within 30 days of the end of the reporting period (*i.e.*, by January 30, April 30, July 30, and October 30).

The Grantee(s) shall use Standard Form (SF) 269A, Financial Status Report, to report the status of the funds, at the project level, during the grant period. A final SF269A shall be submitted no later than 90 days following completion of the grant period.

If the Grantee(s) uses the U.S. Department of Health and Human Services Payment Management System (HHS PMS), it must also send USDOL copies of the PSC 272 that it submits to HHS, on the same schedule. Otherwise, the Grantee(s) shall submit Standard Form (SF) 272, *Federal Cash Transactions Report*, on the same schedule as the SF269A.

**Technical Program:** After signing the agreement, the Grantee(s) shall submit technical progress reports to USDOL/ OSHA Regional Offices at the end of each fiscal quarter. Technical progress reports provide both quantitative and qualitative information and a narrative assessment of performance for the preceding three-month period. OSHA Form 171 shall be used for reporting training numbers and a narrative report shall be provided that details grant activities conducted during the quarter, information on how the project is progressing in achieving its stated objectives, and notes any problems or delays along with corrective actions proposed. The first reporting period shall end on the last day of the fiscal quarter (December 31, March 31, June 30, or September 30) during which the grant was signed. Quarterly progress reports are due within 30 days of the end of the report period (*i.e.*, by January 30, April 30, July 30, and October 30.) Between reporting dates, the Grantees(s) shall also immediately inform USDOL/ OSHA of significant developments and/or problems affecting the organization's ability to accomplish work.

#### VII. Agency Contacts

Any questions regarding this SGA should be directed to Cynthia Bencheck, e-mail address: [bencheck.cindy@dol.gov](mailto:bencheck.cindy@dol.gov), tel: 847–297–4810 (note that this is not a toll-free

number), or Ernest Thompson, [thompson.ernest@dol.gov](mailto:thompson.ernest@dol.gov), tel: 847–297–4810. To obtain further information on the Susan Harwood Training Grant Program of the U.S. Department of Labor, visit the OSHA Web site of the Occupational Safety and Health Administration at <http://www.osha.gov>.

Signed at Washington, DC, this 23rd day of June, 2006.

**Edwin G. Foulke, Jr.,**  
Assistant Secretary of Labor.

#### Project Document Format

SF 424, Application for Federal Assistance form

Your organization is required to have a Data Universal Number System (DUNS) number (received from Dun and Bradstreet) to complete this form.

Information about "Obtaining a DUNS Number—A Guide for Federal Grant and Cooperative Agreement Applicants" is available at

[http://www.whitehouse.gov/omb/grants/duns\\_num\\_guide.pdf](http://www.whitehouse.gov/omb/grants/duns_num_guide.pdf).

Survey on Ensuring Equal Opportunity for Applicants form, OMB No. 1890–0014

Program Summary (not to exceed two pages)

Budget Information, SF 424A form  
Detailed Project Budget Backup

*If applicable:* provide a copy of approved indirect cost rate agreement, and statement of program income.

Technical Proposal, program narrative, not to exceed 30 single-sided pages, double-spaced, 12-point font, containing:

Problem Statement/Need for Funds  
Administrative and Program Capability  
Workplan

Assurances (SF 424B)

Certifications form (OSHA 189)

Supplemental Certification Regarding  
Lobbying Activities

Organizational Chart

Evidence of Nonprofit status, (letter from the IRS) if applicable

Accounting System Certification, if applicable

Organizations that receive less than \$1 million annually in Federal grants must attach a certification signed by your certifying official stating that your organization has a functioning accounting system that meets the criteria below. Your organization may also designate a qualified entity (include the name and address in the documentation) to maintain a functioning accounting system that meets the criteria below. The certification should attest that your organization's accounting system provides for the following:

1. Accurate, current and complete disclosure of the financial results of each Federally sponsored project.

2. Records that identify adequately the source and application of funds for Federally sponsored activities.

3. Effective control over and accountability for all funds, property and other assets.

4. Comparison of outlays with budget amounts.

5. Written procedures to minimize the time elapsing between the transfer of funds.

6. Written procedures for determining the reasonableness, allocability and allowability of costs.

7. Accounting records, including cost accounting records, that are supported by source documentation.

*Attachments such as:*

Summaries of other relevant organizational experience; information on prior government grants; resumes of key personnel or position descriptions; signed letters of commitment to the project.

*Attachments (Forms)*

SF-424, Application for Federal Assistance.

Survey on Ensuring Equal Opportunity for Applicants form, OMB No. 1890-0014.

SF-424A, Budget Information form.

SF 424B, Assurances.

OSHA 189 form, Certification.

Supplemental Certification Regarding Lobbying Activities.

The forms are also available at:

<http://www.osha.gov/dcsp/ote/sharwood.html>

**BILLING CODE 4510-26-P**

Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                                                                                                                |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----|--------------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|-------------------|----|-----|----------|----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | <b>2. DATE SUBMITTED</b><br><br><b>3. DATE RECEIVED BY STATE</b><br><br><b>4. DATE RECEIVED BY FEDERAL AGENCY</b>                                                                                                                                                                                                              | Applicant Identifier<br><br>State Application Identifier<br><br>Federal Identifier |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>5. APPLICANT INFORMATION</b><br>Legal Name: _____<br><br>Organizational DUNS: _____<br><br><b>Address:</b><br>Street: _____<br><br>City: _____<br><br>County: _____<br><br>State: _____ Zip Code: _____<br><br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | <b>Organizational Unit:</b><br>Department: _____<br><br>Division: _____<br><br><b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b><br>Prefix: _____ First Name: _____<br><br>Middle Name: _____<br><br>Last Name: _____<br><br>Suffix: _____<br><br>Email: _____ |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>____-____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | Phone Number (give area code) _____ Fax Number (give area code) _____                                                                                                                                                                                                                                                          |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>8. TYPE OF APPLICATION:</b><br><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br><br>Other (specify) _____                                                                                                                                                                                                                             |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><br>TITLE (Name of Program): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | <b>9. NAME OF FEDERAL AGENCY:</b> _____                                                                                                                                                                                                                                                                                        |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> _____                                                                                                                                                                                                                                                                     |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date: _____ Ending Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant _____ b. Project _____                                                                                                                                                                                                                                                  |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>15. ESTIMATED FUNDING:</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> </table> |    | a. Federal                                                                                                                                                                                                                                                                                                                     | \$                                                                                 | .00 | b. Applicant | \$ | .00 | c. State | \$ | .00 | d. Local | \$ | .00 | e. Other | \$ | .00 | f. Program Income | \$ | .00 | g. TOTAL | \$ | .00 | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br><br>DATE: _____<br><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |
| a. Federal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ | .00                                                                                                                                                                                                                                                                                                                            |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| b. Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ | .00                                                                                                                                                                                                                                                                                                                            |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| c. State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ | .00                                                                                                                                                                                                                                                                                                                            |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| d. Local                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ | .00                                                                                                                                                                                                                                                                                                                            |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| e. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ | .00                                                                                                                                                                                                                                                                                                                            |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| f. Program Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ | .00                                                                                                                                                                                                                                                                                                                            |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| g. TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ | .00                                                                                                                                                                                                                                                                                                                            |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b><br><b>a. Authorized Representative</b><br>Prefix _____ First Name _____ Middle Name _____<br>Last Name _____ Suffix _____<br>b. Title _____ c. Telephone Number (give area code) _____<br>d. Signature of Authorized Representative _____ e. Date Signed _____                                                                                                                                                                                                   |    | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No                                                                                                                                                                        |                                                                                    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

| Item: | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Item: | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | Select Type of Submission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11.   | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.                                                                                                                                                                                                 |
| 2.    | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12.   | List only the largest political entities affected (e.g., State, counties, cities).                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3.    | State use only (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 13.   | Enter the proposed start date and end date of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4.    | Enter Date Received by Federal Agency<br>Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                       | 14.   | List the applicant's Congressional District and any District(s) affected by the program or project                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 5.    | Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.                                                                                                                                                                                                                                       | 15.   | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 16.   | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.                                                                                                                                                                                                                                                                                                                                           |
| 7.    | Select the appropriate letter in the space provided.<br><div style="display: flex; justify-content: space-between;"> <div> A. State<br/>B. County<br/>C. Municipal<br/>D. Township<br/>E. Interstate<br/>F. Intermunicipal<br/>G. Special District<br/>H. Independent School District </div> <div> I. State Controlled Institution of Higher Learning<br/>J. Private University<br/>K. Indian Tribe<br/>L. Individual<br/>M. Profit Organization<br/>N. Other (Specify)<br/>O. Not for Profit Organization </div> </div>                                                                                                                          | 17.   | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.                                                                                                                                                                                                                                                                                                                                                   |
| 8.    | Select the type from the following list:<br><ul style="list-style-type: none"> <li>"New" means a new assistance award.</li> <li>"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>"Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter:<br/> <div style="display: flex; justify-content: space-between;"> <div>A. Increase Award<br/>C. Increase Duration</div> <div>B. Decrease Award<br/>D. Decrease Duration</div> </div> </li> </ul> | 18.   | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)                                                                                                                                                                                                                   |
| 9.    | Name of Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 10.   | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

## SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB No. 1890-0014 EXP. 02/28/09

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:** \_\_\_\_\_

**Applicant's DUNS Number:** \_\_\_\_\_

**Federal Program:** \_\_\_\_\_ **CFDA Number:** \_\_\_\_\_

1. Has the applicant ever received a grant or contract from the Federal government?

☐ Yes ☐ No

2. Is the applicant a faith-based organization?

☐ Yes ☐ No

3. Is the applicant a secular organization?

☐ Yes ☐ No

4. Does the applicant have 501(c)(3) status?

☐ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☐ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? *(Check only one box.)*

☐ 3 or Fewer ☐ 15-50  
☐ 4-5 ☐ 51-100  
☐ 6-14 ☐ over 100

7. What is the size of the applicant's annual budget?

*(Check only one box.)*

☐ Less Than \$150,000  
☐ \$150,000 - \$299,999  
☐ \$300,000 - \$499,999  
☐ \$500,000 - \$999,999  
☐ \$1,000,000 - \$4,999,999  
☐ \$5,000,000 or more

### **Survey Instructions on Ensuring Equal Opportunity for Applicants**

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

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 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** The Agency Contact listed in this grant application package.

OMB No. 1890-0014 Exp. 02/28/09

**Paperwork Burden Statement**

## SUPPLEMENTAL CERTIFICATION REGARDING LOBBYING ACTIVITIES

Section 18. of the "Lobbying Disclosure Act of 1995," signed by the President on December 19, 1995, requires that any organization described in section 501 (c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant, or loan. To insure compliance with these requirements, all applicants must complete statement 1. below. Those that are 501(c)(4) entities must also complete statement 2. All applicants must have the form signed by the certifying representative.

1. As an officer of \_\_\_\_\_,  
*(Applicant Organization Name)*

this is to certify that we are \_\_\_\_/are not \_\_\_\_ an IRS 501 (c)(4) entity.

2. As an IRS 501(c)(4) entity, we have \_\_\_\_/have not \_\_\_\_ engaged in lobbying activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Title

OMB Approval No. 0348-0044

**BUDGET INFORMATION - Non-Construction Programs****SECTION A - BUDGET SUMMARY**

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds |                 | New or Revised Budget |                 |           |
|----------------------------------------|---------------------------------------------------|-----------------------------|-----------------|-----------------------|-----------------|-----------|
|                                        |                                                   | Federal (c)                 | Non-Federal (d) | Federal (e)           | Non-Federal (f) | Total (g) |
| 1.                                     |                                                   | \$                          | \$              | \$                    | \$              | 0.00      |
| 2.                                     |                                                   |                             |                 |                       |                 | 0.00      |
| 3.                                     |                                                   |                             |                 |                       |                 | 0.00      |
| 4.                                     |                                                   |                             |                 |                       |                 | 0.00      |
| 5. Totals                              |                                                   | \$ 0.00                     | \$ 0.00         | \$ 0.00               | \$ 0.00         | \$ 0.00   |

**SECTION B - BUDGET CATEGORIES**

| 6. Object Class Categories             | GRANT PROGRAM, FUNCTION OR ACTIVITY |         |         |         | Total (5) |
|----------------------------------------|-------------------------------------|---------|---------|---------|-----------|
|                                        | (1)                                 | (2)     | (3)     | (4)     |           |
| a. Personnel                           | \$                                  | \$      | \$      | \$      | 0.00      |
| b. Fringe Benefits                     |                                     |         |         |         | 0.00      |
| c. Travel                              |                                     |         |         |         | 0.00      |
| d. Equipment                           |                                     |         |         |         | 0.00      |
| e. Supplies                            |                                     |         |         |         | 0.00      |
| f. Contractual                         |                                     |         |         |         | 0.00      |
| g. Construction                        |                                     |         |         |         | 0.00      |
| h. Other                               |                                     |         |         |         | 0.00      |
| i. Total Direct Charges (sum of 6a-6h) | 0.00                                | 0.00    | 0.00    | 0.00    | 0.00      |
| j. Indirect Charges                    |                                     |         |         |         | 0.00      |
| k. TOTALS (sum of 6i and 6j)           | \$ 0.00                             | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00   |
| 7. Program Income                      | \$                                  | \$      | \$      | \$      | 0.00      |

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Standard Form 424A (Rev. 7-97)  
Prescribed by OMB Circular A-102

Previous Edition Usable

| SECTION C - NON-FEDERAL RESOURCES                                               |                                |                       |                   |             |             |
|---------------------------------------------------------------------------------|--------------------------------|-----------------------|-------------------|-------------|-------------|
| (a) Grant Program                                                               | (b) Applicant                  | (c) State             | (d) Other Sources | (e) TOTALS  |             |
| 8.                                                                              | \$                             | \$                    | \$                | \$          | 0.00        |
| 9.                                                                              |                                |                       |                   |             | 0.00        |
| 10.                                                                             |                                |                       |                   |             | 0.00        |
| 11.                                                                             |                                |                       |                   |             | 0.00        |
| 12. TOTAL (sum of lines 8-11)                                                   | \$                             | 0.00 \$               | 0.00 \$           | 0.00 \$     | 0.00        |
| SECTION D - FORECASTED CASH NEEDS                                               |                                |                       |                   |             |             |
|                                                                                 | Total for 1st Year             | 1st Quarter           | 2nd Quarter       | 3rd Quarter | 4th Quarter |
|                                                                                 | \$                             |                       |                   |             |             |
| 13. Federal                                                                     | 0.00 \$                        |                       | \$                | \$          |             |
| 14. Non-Federal                                                                 | 0.00                           |                       |                   |             |             |
| 15. TOTAL (sum of lines 13 and 14)                                              | 0.00 \$                        | 0.00 \$               | 0.00 \$           | 0.00 \$     | 0.00        |
| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT |                                |                       |                   |             |             |
| (a) Grant Program                                                               | FUTURE FUNDING PERIODS (Years) |                       |                   |             |             |
|                                                                                 | (b) First                      | (c) Second            | (d) Third         | (e) Fourth  |             |
| 16.                                                                             | \$                             | \$                    | \$                | \$          |             |
| 17.                                                                             |                                |                       |                   |             |             |
| 18.                                                                             |                                |                       |                   |             |             |
| 19.                                                                             |                                |                       |                   |             |             |
| 20. TOTAL (sum of lines 16-19)                                                  | \$                             | 0.00 \$               | 0.00 \$           | 0.00 \$     | 0.00        |
| SECTION F - OTHER BUDGET INFORMATION                                            |                                |                       |                   |             |             |
| 21. Direct Charges:                                                             |                                | 22. Indirect Charges: |                   |             |             |
| 23. Remarks:                                                                    |                                |                       |                   |             |             |

## INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

## General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

## Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in Column (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

## Lines 1-4, Columns (c) through (g)

For *new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For *continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For *supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

## Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program

**INSTRUCTIONS FOR THE SF-424A (continued)**

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

**Section C. Non-Federal Resources**

**Lines 8-11** Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

**Section D. Forecasted Cash Needs**

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15** - Enter the totals of amounts on Lines 13 and 14.

**Section E. Budget Estimates of Federal Funds Needed for Balance of the Project**

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

**Section F. Other Budget Information**

**Line 21** - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

**Line 23** - Provide any other explanations or comments deemed necessary.

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

|                                             |       |                                 |
|---------------------------------------------|-------|---------------------------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |                                 |
| APPLICANT ORGANIZATION                      |       | DATE SUBMITTED<br>June 12, 2006 |

**CERTIFICATIONS****U.S. DEPARTMENT OF LABOR**

Occupational Safety and Health Administration

**Certification Regarding Drug-Free Workplace Requirements**

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
  - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - (b) Establishing an ongoing drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The grantee's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
  - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
  - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
  - (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted:
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (street address, city, county, State, ZIP code)

Check ☐ if there are workplaces on file that are not identified here.

**Certification Regarding Debarment, Suspension and Other Responsibility Matters**

1. The prospective grantee certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or

a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective grantee is unable to certify to any of the statements in this certification, such prospective grantee shall attach an explanation to this proposal.

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**Lobbying Certification** (Applications of \$100,000 or more)

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an

officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activity," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

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Signature of Certifying Representative

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Date

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Typed Name and Title

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Name of Applicant Organization