

Safety and Health Statistics (OSHS) Federal/State cooperative statistical programs.

To ensure the timely flow of information and to be able to evaluate and improve BLS/State cooperative programs, it is necessary to conduct ongoing communications between the BLS and its State partners. Whether information requests deal with program deliverables, program enhancements, or administrative issues, questions and dialogue are crucial.

In order to conduct these communications, the BLS is requesting OMB approval of general inquiries, allowing dialogue between the BLS and its State partners. Due to the day-to-day and sometimes urgent nature of these information requests, these inquiries are conducted on an ongoing basis.

Ira L. Mills,

Departmental Clearance Officer.

[FR Doc. 01-17401 Filed 7-10-01; 8:45 am]

BILLING CODE 4510-24-M

## DEPARTMENT OF LABOR

### [SGA 01-09]

#### High School/High Tech Realignment Grants

**AGENCY:** Office of Disability Employment Policy, Department of Labor.

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

**SUMMARY:** The U.S. Department of Labor (DOL), Office on Disability Employment Policy (ODEP) announces the availability of \$300,000 to award twenty competitive grants in the amount of \$15,000 each. The purpose of this Solicitation for Grant Application (SGA) is to invite proposals from eligible candidates. Grants will be awarded for a one-year period.

The purpose of these grants is to fund the realignment of currently operating High School/High Tech (HS/HT) programs with the local areas' Workforce Investment Act (WIA) of 1998 youth programs (WIA Local Workforce Investment Boards and their Youth Councils, Job Corps Centers, Youth Opportunity Grant programs, WIA Formula-Funded Youth Programs, WIA Native American Programs or WIA Migrant Worker programs). The goal of these realignment grants is to develop strategies, relationships, joint funding and/or support through which HS/HT programs for youths with disabilities enter into a new or stronger partnerships with at least one of the

WIA youth-focused programs mentioned above.

The HS/HT program is designed to provide young people with disabilities an opportunity to explore educational opportunities leading to technology-related careers. It serves either in-school or out-of-school youth with disabilities in a one-year long program of corporate site visits, mentoring, job shadowing, guest speakers, after school activities and paid summer internships. In addition, the HS/HT program responds to all four of WIA's youth programming themes: employment preparation; educational achievement; support; and leadership.

The purpose of this SGA is to help the existing HS/HT programs associated with ODEP to enter into a new or stronger partnership with local WIA operations or programs. This SGA is designed to demonstrate both the merits and techniques of bringing the High School/High Tech program into alignment and full partnership with WIA's youth-related programs.

**DATES:** One (1) ink-signed original, complete grant application plus three (3) copies of the Technical Proposal and three (2) copies of the Cost Proposal shall be submitted to the U.S. Department of Labor, Procurement Services Center, Attention Grant Officer, Reference SGA 01-09, Room N-5416, 200 Constitution Avenue, NW., Washington, DC 20210, not later than 4:45 p.m. EST, August 10, 2001. Hand-delivered applications must be received by the Procurement Services Center by that time.

**ADDRESSES:** Grant applications must be hand delivered or mailed to U.S. Department of Labor, Procurement Services Center, Attention: Grant Officer, Reference SGA 01-09, Room N-5416, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Applicants must verify delivery to this office directly through their delivery service and as soon as possible.

**FOR FURTHER INFORMATION CONTACT:** Applications will not be mailed. The **Federal Register** may be obtained from your nearest government office or library. Questions concerning this solicitation may be sent to Cassandra Willis, at the following Internet address: [willis-cassandra@dol.gov](mailto:willis-cassandra@dol.gov).

#### Late Proposals

The grant application package must be received at the designated place by the date and time specified or it will not be considered. Any application received at the Procurement Services Center after 4:45 p.m. ET, August 10, 2001, will not

be considered unless it is received before the award is made and:

1. It was sent by registered or certified mail not later than the fifth calendar August 10, 2001;

2. 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; or

3. It was sent by U.S. Postal Service Express Mail Next Day Service-Post Office to Addressee, not later than 5:00 p.m. at the place of mailing two (2) working days, excluding weekends and Federal holidays, prior to August 10, 2001.

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 place 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 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-Post Office to 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 and on the original receipt from the U.S. Postal Service. "Postmark" has the same meaning as defined above. 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 time of receipt at the U.S. Department of Labor is the date/time stamp of the Procurement Services Center on the application wrapper or other documentary evidence or receipt maintained by that office. Applications sent by telegram or facsimile (FAX) will not be accepted.

#### SUPPLEMENTARY INFORMATION:

##### I. Authority

Consolidated Appropriations Act, 2001, Public Law 106-554, 114 STAT 2763A-10, 29 U.S.C. 557(b).

## II. Background

Often the challenges that young people with disabilities face when obtaining jobs and careers in technology-related occupations is overlooked. As a result, youths with disabilities are seldom afforded post-secondary preparation and educational opportunities leading to internships and placements in technology-related careers. This is a significant loss of potential when we realize that: (1) People with disabilities have already demonstrated that they can be successful in these occupations; (2) technology jobs represent an ever increasing segment of the workforce; and (3) many current school-to-careers initiatives do not always include students with disabilities.

WIA youth focused entities and programs (WIA Local Boards and their Youth Councils, Job Corps Centers, Youth Opportunity Grant programs, WIA Formula-Funded Youth Programs, WIA Native American Programs or WIA Migrant Worker programs), hold tremendous potential to support career development activities for young people with disabilities.

HS/HT programs are now in operation in 60 communities across the nation. HS/HT graduates are twice as likely as other youth with disabilities to pursue post-secondary education. In some HS/HT programs, as many as 70 percent of their HS/HT graduates move on to post-secondary education. HS/HT clearly enhances expectations, education achievement and eventual employment outcomes for a population who, without this intervention, is far more likely to move onto the Social Security rolls than to find competitive employment in technology-related occupations. As a community-based program, the HS/HT Program works within community systems to help coordinate the delivery of education and transition services to students with disabilities. Locally-based High School/High Tech programs represent community-based partnerships of local stakeholders that include employers, educators, consumers, family members, and workforce system agencies, especially rehabilitation professionals. The HS/HT program offers local WIA programs a proven technique for developing improved systems and employment outcomes for young people with disabilities.

The goals of HS/HT match WIA's youth programming themes of employment preparation, educational achievement, support, and leadership. The HS/HT model includes eight of the

10 WIA required youth programming elements:

1. Summer employment opportunities;
2. Work experience;
3. Occupational skills training;
4. Tutoring;
5. Support services;
6. Adult mentoring;
7. Comprehensive guidance; and
8. Leadership development (WIA, sec. 129(c)(2), 29 U.S.C. 2854(c)(2)).

Nonetheless, WIA and HS/HT programs have different areas of expertise. By linking these two programs, youth who are often under served and misunderstood will receive effective and appropriate services.

Thus, the purpose of this SGA is to begin to bring these two resources together in a demonstration on how they can be mutually supportive. Under a separate Solicitation for Grant Application, a proposed WIA Disability Technical Assistance Consortium for Youth is to be funded. Among its responsibilities will be to provide technical assistance to both new and existing HS/HT sites, as well as to support bringing them into alignment with WIA youth programs. Ultimately, it is envisioned that the HS/HT Program will become one more model program helping WIA youth initiatives better serve youth with disabilities.

## III. Purpose

The U.S. Department of Labor's Office on Disability Employment Policy (ODEP), the sponsoring agency of this SGA, was formed under the authority of the DOL's FY '01 appropriations, and by a supporting Executive Order 13187 of January 10, 2001, transferring the assets of the former U.S. President's Committee on Employment of People with Disabilities (PCEPD) to the DOL. ODEP operates a number of programs that are designed to assist with the employment and training of persons with disabilities, including youth with disabilities.

One of ODEP's key youth programs is the High School/High Tech (HS/HT) program. The High School/High Tech programs work with community systems to coordinate the delivery of educational and transitional services to youths with disabilities. Local High School/High Tech programs represent partnerships of local, state and national stakeholders that include employers, educators, rehabilitation professionals, consumers, and parents.

As a community-based, work-based, and school-based program, High School/High Tech is designed to provide opportunities for students with disabilities to explore careers in

technology-related occupations. HS/HT students across the nation learn first-hand what it's like to work in high tech environments. Site visits, mentoring, job/career shadowing, and paid summer internships all provide students with the opportunities to learn more about careers in science, engineering and technology-related fields. HS/HT students also work on developing career goals. In localities where a High School/High Tech program is in place, 20 percent to 70 percent of the program participants go on to post-secondary education. The national average for the population, without this intervention, is six percent to nine percent (9%) (American Council on Education, 1999).

To learn about the structure and operations of the High School/High Tech Program, consult the HS/HT Program Web site: <http://www.dol.gov/odep/public/programs/high.htm> and the High School/High Tech Program Guide at: <http://www.dol.gov/odep/public/programs/high.htm>.

## IV. Statement of Work

These grants are to assist operating existing High School/High Tech programs to re-align and enhance their program to achieve the following objectives:

1. Develop model strategies, relationships, joint funding or support, and joint programming through which the HS/HT program for youths with disabilities enters into new or stronger partnerships with at least one WIA entity or program component (WIA Local Boards and their Youth Councils, Job Corps Centers, Youth Opportunity Grant programs, WIA Formula-Funded Youth Programs, WIA Native American Programs or WIA Migrant Worker programs);
2. Demonstrate how the HS/HT model can provide the WIA program with a program model to improve the continuing (post-secondary) education and employment of young people with disabilities;
3. Demonstrate how the HS/HT model can deliver WIA's youth program themes and meet the required elements for young people with disabilities;
4. Serve at least 10 young people with disabilities for one year with the core elements of a HS/HT program (corporate site visits, mentioning, job shadowing, relevant guest speakers, after school activities and paid summer internships) in alignment with a WIA program;
5. Cooperate with ODEP and its technical assistance consortium to provide information and advice to other WIA youth programs on how either the HS/HT model can be replicated in their communities or how existing HS/HT

programs can be brought into alignment with local WIA programs; and

6. Describe plans to report demographic characteristics of program participants, types of programming activities and program outcomes (post-secondary education and employment) of youth with disabilities served through HS/HT.

#### V. Funding Availability

The period of performance will be 12 months from the date of execution by the Government.

#### VI. Eligible Applicants

Eligible applicants are limited to the operators of existing High School/High Tech programs working in cooperation with the Office on Disability Employment Policy of the U.S. Department of Labor.

Please note that eligible grant/cooperative agreement applicants must not be classified under the Internal Revenue Code as a Section 501(c)(4) entity. See 26 U.S.C. 506(c)(4). According to Section 18 of the Lobbying Disclosure Act of 1995, an organization, as described in Section 501(c)(4) of the Internal Revenue Code of 1986, that engages in lobbying activities will not be eligible for the receipt of federal funds constituting an award, grant, or loan.

#### VII. Application Contents

General Requirements—Two copies and an original of the proposal must be submitted, one of which must contain an original signature. Proposals may be submitted by the applicant only.

The proposal shall consist of a Project Narrative which must be no more than 10 double-spaced, single sided, numbered pages. The Project Narrative must meet the statement of work outlined in Section II above.

Applications must include a detailed financial plan which identifies by line item the budget plan designed to achieve the goals of this grant. The Financial Proposal must contain the SF-424, Application for Federal Assistance, (Appendix A) and Budget Information Sheet SF-424A (Appendix B).

In addition, the budget must include on a separate page a detailed cost analysis of each line item. Justification for administrative costs must be provided. Approval of a budget by DOL is not the same as the approval of actual costs. The individual signing the SF-424 on behalf of the applicant must represent the responsible financial and administrative entity for a grant should that application result in an award. The applicant must also include the

Assurances and Certifications Signature Page (Appendix C).

#### VIII. Evaluation Criteria/Selection

##### A. Evaluation Criteria

The application should include appropriate information of the type described below:

##### 1. Significance of the Proposed Project (15 Points)

In evaluation the significance of the proposed project, the Department will consider the following factors.

1. The current relationship, if any with your area's WIA program.
2. The numbers of young persons with disabilities served in your HS/HT program, their outcomes (post-secondary education and employment), and the program's potential for serving more students.

3. Related issues that affect the realignment of your HS/HT program with your local WIA program.

##### 2. Quality of the Project Design (30 Points)

In evaluation the quality of the proposed project, the Department will consider the following factors.

- a. The technical plan for creating a new or greater alignment between your HS/HT program and your area's WIA program through partnership formation, joint funding arrangements, and/or joint programming opportunities. This should include a plan for providing your WIA program with a presentation on how your HS/HT program can help them meet your shared objective of improving the continuing (post-secondary) education and employment of young people with disabilities in technology-related occupations. This discussion should also cover a review on how the HS/HT model can deliver WIA's youth program themes and elements to young people with disabilities; and how it will increase your program's capacity to serve more students with disabilities.
- b. The plan for tracking the demographic characteristics of program participants, types of programming activities conducted as well as HS/HT participant outcomes. These include:
  1. numbers of youths with disabilities placed in competitive employment, including paid internships;
  2. numbers of youths with disabilities who continue with post secondary education; and,
  3. comparative data on local youths with disabilities not served in the HS/HT program.

##### 3. Collaboration and Coordination (20 Points)

In evaluating the collaboration and coordination of the proposed project, the Department will consider the following factors.

- a. Statement(s) of support and leadership from one or more of your area's WIA system elements (WIA Local Board, including its Youth Council, a Job Corps Center, a Youth Opportunity Grant program, a WIA Formula Funded Youth Program, a WIA Native American or a WIA Migrant Worker program).
- b. Support from key community organizations, especially special education and vocational rehabilitation.
- c. Support from area employers, people with disabilities and family members.

##### 4. Innovations and Model Services (20 Points)

In evaluation the innovations and model services of the proposed project, the Department will consider the following factors:

- a. Recommendations for strategies to cooperate in a technical assistance effort providing information and advice to other HS/HT and WIA program operators.
- d. Strategy for meeting the needs of youth with disabilities from diverse cultures and/or ethnic groups. (Note: the NAACP, National Urban League, La Raza, and ASPIRA all operate at least one model HS/HT program dedicated to serving minority youths with disabilities).

##### 5. Demonstrated Capability of the Organization(s) (15 Points)

In evaluation the capability of the organization(s) involved in the proposed project, the Department will consider the following factors:

- a. The names and qualifications of staff and related technical experts to support the objectives of this SGA.
- b. Examples of prior successes in serving youths with disabilities and already existing relationships with local WIA programs.

##### B. Selection Criteria

Except as specifically provided, acceptance of a proposal and an award of federal funds to sponsor any program(s) is not a waiver of any grant requirement and/or procedures. Grantees must comply with all applicable Federal statutes, regulations, administrative requirements and OMB Circulars. For example, the OMB circulars require, and an entity's procurement procedures must require that all procurement transaction shall be conducted, as practical, to provide open

and free competition. If a proposal identifies a specific entity to provide the services, the award does not provide the justification or basis to sole-source the procurement, i.e., avoid competition.

A panel will objectively rate each complete application against the criteria described in this SGA. The panel recommendations to the Grant Officer are advisory in nature. The Grant Officer may elect to award grants either with or without discussion with the applicant. In situations where no discussion occurs, an award will be based on the signed SF 424 form (see Appendix A), which constitutes a binding offer. The Grant Officer may consider the availability of funds and any information that is available and will make final award decisions based on what is most advantageous to the government, considering factors such as:

A. Findings of the grant technical evaluation panel; and,

B. Geographic distribution of the competitive applications.

#### **IX. Reporting**

Grantees are required to provide typed reports to DOL/ODEP or its designee on the status of their program alignment on a quarterly basis by March 30, June 30, September 30, and December 31, for a one year period. It is estimated that the quarterly report will take two hours to complete.

#### **X. Administration Provisions**

##### *A. Administrative Standards and Provisions*

Grantees are strongly encouraged to read these regulations before submitting a proposal. The grant awarded under this SGA shall be subject to the following:

29 CFR Part 95—Uniform Administrative Requirements for Grants and Cooperative Agreements with Institutions of Higher Education, etc.

29 CFR Part 96—Federal Standards for Audit of Federally Funded Grants, Contracts, and Agreements.

29 CFR Part 97—Uniform Administrative Requirement for Grants and Cooperative Agreements to State and Local Governments.

##### *B. Allowable Cost*

Determinations of allowable costs shall be made in accordance with the following applicable Federal cost principles:

State and Local Government—OMB Circular A-87  
Nonprofit Organizations—OMB Circular A-122

Profit-making Commercial Firms—48 CFR Part 31

##### *C. Grant Assurances*

The applicant must include the attached assurances and certifications.

Profit will not be considered an allowable cost in any case.

Signed at Washington, D.C. this 6th day of July, 2001.

**Lawrence J. Kuss,**

*Grant Officer.*

**BILLING CODE 4510-23-P**

Appendix A. Application for Federal Assistance, Form SF 424

OMB Approval No. 0348-0043

**APPLICATION FOR  
FEDERAL ASSISTANCE**

|  |  |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
|--|--|--|------------------------------|----------|-----------------------------|-----------|--|--------------|-----------------------|-------------|-----------------|---------------|---------------|-------------------|------------------------|---------------------|--------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br>Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |  | <b>2. DATE SUBMITTED</b>   | Applicant Identifier         |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
|  |  | <b>3. DATE RECEIVED BY STATE</b>   | State Application Identifier |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
|  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  | Federal Identifier           |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| <b>5. APPLICANT INFORMATION</b>  |  |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| Legal Name:  |  | Organizational Unit:   |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| Address (give city, county, State, and zip code):  |  | Name and telephone number of person to be contacted on matters involving this application (give area code)   |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>[ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ]  |  | <b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <table style="width:100%; border:none;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table> |                              | A. State | H. Independent School Dist. | B. County | I. State Controlled Institution of Higher Learning | C. Municipal | J. Private University | D. Township | K. Indian Tribe | E. Interstate | L. Individual | F. Intermunicipal | M. Profit Organization | G. Special District | N. Other (Specify) _____ |
| A. State   | H. Independent School Dist.                        |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| B. County  | I. State Controlled Institution of Higher Learning |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| C. Municipal   | J. Private University                              |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| D. Township  | K. Indian Tribe                                    |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| E. Interstate  | L. Individual                                      |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| F. Intermunicipal  | M. Profit Organization                             |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| G. Special District  | N. Other (Specify) _____                           |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| <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>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____ |  | <b>9. NAME OF FEDERAL AGENCY:</b>  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>[ ][ ] - [ ][ ][ ][ ]<br>TITLE: _____   |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>   |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>   |  |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| <b>13. PROPOSED PROJECT</b>  |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b>   |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| Start Date   | Ending Date  | a. Applicant   | b. Project                   |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| <b>15. ESTIMATED FUNDING:</b>  |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| a. Federal   | \$ .00   | a. YES. 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   |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| b. Applicant   | \$ .00   |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| c. State   | \$ .00   |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| d. Local   | \$ .00   |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| e. Other   | \$ .00   |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| f. Program Income  | \$ .00   |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| g. TOTAL   | \$ 0.00  | <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   |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| <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>                                     |  |  |                              |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| a. Type Name of Authorized Representative  |  | b. Title   | c. Telephone Number          |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |
| d. Signature of Authorized Representative  |  |  | e. Date Signed               |          |                             |           |  |              |                       |             |                 |               |               |                   |                        |                     |                          |

## 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 facesheet for preapplications 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.    | Self-explanatory.   | 12.   | List only the largest political entities affected (e.g., State, counties, cities).   |
| 2.    | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).   | 13.   | Self-explanatory.  |
| 3.    | State use only (if applicable).   | 14.   | List the applicant's Congressional District and any District(s) affected by the program or project.  |
| 4.    | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.   | 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 <i>only</i> 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. |
| 5.    | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.  | 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.  |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.   | 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.  |
| 7.    | Enter the appropriate letter in the space provided.   | 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.)  |
| 8.    | Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br><br>-- "New" means a new assistance award.<br><br>-- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br><br>-- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |       |  |
| 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.   |       |  |
| 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.   |       |  |

## Appendix B. Budget Information Sheet, Form SF 424A

## 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.

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**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 |                 | Total (g) |
|--|---|-----------------------------|-----------------|-----------------------|-----------------|-----------|
|  |   | Federal (c)                 | Non-Federal (d) | Federal (e)           | Non-Federal (f) |           |
| 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**

| Object Class Categories                | GRANT PROGRAM, FUNCTION OR ACTIVITY |         |         |         |         | Total (5) |
|--|-------------------------------------|---------|---------|---------|---------|-----------|
|  | (1)                                 | (2)     | (3)     | (4)     | (5)     |           |
| 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    | 0.00      |
| j. Indirect Charges                    |                                     |         |         |         |         | 0.00      |
| k. TOTALS (sum of 6i and 6j)           | \$ 0.00                             | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 0.00      |
| 7. Program Income                      | \$                                  | \$      | \$      | \$      | \$      | 0.00      |

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| 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 \$     | 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 \$     | 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 \$     | 0.00 |
| SECTION F - OTHER BUDGET INFORMATION  |                                |             |                   |             |             |      |
| 21. Direct Charges:   | 22. Indirect Charges:          |             |                   |             |             |      |
| 23. Remarks:  |                                |             |                   |             |             |      |

## Appendix C. Assurances and Certifications Signature Page

**ASSURANCES AND CERTIFICATIONS - SIGNATURE PAGE**

The Department of Labor will not award a grant or agreement where the grantee/recipient has failed to accept the ASSURANCES AND CERTIFICATIONS contained in this section. By signing and returning this signature page, the grantee/recipient is providing the certifications set forth below:

- A. Assurances - Non-Construction Programs
- B. Certifications Regarding Lobbying, Debarment, Suspension, and Other Responsibility Matters and Drug-Free/Tobacco-Free Workplace Requirements.
- C. Certification of Release of Information

APPLICANT NAME and LEGAL ADDRESS:

If there is any reason why one of the assurances or certifications listed cannot be signed, please explain. Applicant need only submit and return this signature page with the grant application. All other instructions shall be kept on file by the applicant.

---

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TITLE

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APPLICANT ORGANIZATION

DATE SUBMITTED

**Please Note: This signature page and any pertinent attachments which may be required by these assurances and certifications shall be attached to the applicant's Cost Proposal.**