

Instructions for Electronic Submission

Applicants to ACF may submit their applications in either electronic or paper (hard copy) format. To submit an application electronically, applicants must use the <http://www.Grants.gov> site. ACF will not accept applications via facsimile or email.

IMPORTANT NOTE: Before submitting an application electronically, applicants must complete the organization registration process as well as obtain and register "electronic signature credentials" for the Authorized Organization Representative (AOR). Applicants also must be registered in the Central Contractor Registry (CCR). **CCR registration must be updated annually. Applicants will not be able to upload an application to Grants.gov without current CCR registration and electronic signature credentials for the AOR. This process may take more than five business days, so it is important to start this process early, well in advance of the application deadline.**

Be sure to complete all Grants.gov registration processes listed on the Organization Registration Checklist at http://www.acf.hhs.gov/grants/registration_checklist.html

Applicants will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

If planning to submit an application electronically via <http://www.Grants.gov>:

- It is strongly recommended that applicants do not wait until the application due date to begin the application process through Grants.gov. Applicants are encouraged to submit their applications well before the closing date and time so that, if difficulties are encountered, there will still be sufficient time to submit a hard copy via express mail.
- In order to address any difficulties that may be encountered during the submission process, it may be to an applicant's advantage to submit their applications 24 hours ahead of the closing date and time.
- Applicants are encouraged to check the Grants.gov webpage for announcements concerning system issues and updates that may affect the submission of applications.
- Checklists and registration brochures are maintained at the Grants.gov website to assist applicants in the registration process and may be found at: http://www.grants.gov/applicants/get_registered.jsp
- If any difficulties are encountered in using Grants.gov, contact the Grants.gov Contact Center at: 1-800-518-4726, or by email at support@grants.gov, to report the problem and obtain assistance. Remember to retain your service ticket number for reference whenever you have any interaction with the Grants.gov Contact Center.
- Electronic submission is voluntary, but strongly encouraged. Applicants will not receive additional point value for submitting an application in electronic format, nor will ACF penalize any applicant that submits an application in hard copy.

- Applicants may access the electronic application and downloadable application package for this program announcement by using the FIND function at <http://www.Grants.gov>.
- Applicants may submit all required documents electronically, including all information typically included on the SF-424s, narratives, charts, etc.
- Electronic formats for the application attachments, such as narratives, charts, etc., should use standard software formats, e.g., Microsoft (Word and Excel), Word Perfect, Adobe PDF, JPEG, and GIF, etc..
- Though applying electronically, the application must still comply with any page limitation requirements described in this program announcement.
- When submitting an application via Grants.gov, applicants must comply with all due dates **AND** times referenced in Section IV.3. Submission Dates and Times of this program announcement.
- Applicants that must demonstrate proof of non-profit status may submit proof at the time of application by attaching the documentation to the electronic application, if they wish to do so. Proof of non-profit status, and any other required documentation, may be scanned and attached as an "Other Attachment." Assurances, certifications, and/or proof of non-profit status that are not submitted electronically at the time of application, are required to be submitted to ACF by the time of award and in hard copy. Acceptable types of proof of non-profit status are stated earlier in this section of the program announcement under "Eligibility Certification."
- It is **strongly recommended** that the applicant retain a printed hard copy of the application in case a hard copy must be submitted to ACF.

After the application is submitted electronically, the applicant will receive two emails from Grants.gov:

- An automatic acknowledgement of the application's submission that will provide a Grants.gov tracking number.
- An acknowledgement that the submitted application package has passed or failed a series of checks and validations.

ACF will retrieve the electronically submitted application from Grants.gov. Applicants will receive an email notification from ACF acknowledging that ACF has received the application.

ACF may request that the applicant provide original signatures on forms at a later date.

The Grants.gov website complies with Section 508 of the Rehabilitation Act of 1973. Grants.gov webpages are designed to work with assistive technologies such as screen readers. If an applicant uses assistive technology and is unable to access any material on the site, contact the Grants.gov Contact Center at support@grants.gov for assistance.

Detailed instructions for the SF-424 may be found at:
http://www.acf.hhs.gov/grants/pdf/instructions_sf424.pdf (42kb)

Detailed instructions for the SF-424A may be found at:
http://www.acf.hhs.gov/grants/pdf/instructions_sf424a.pdf (39kb)

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any sub-awards which contain provisions for the children's services and that all sub-grantees shall certify accordingly.

Grant Application Data Summary, Administration for Native Americans (ANA Application Information)

(DO NOT ANSWER QUESTIONS 6 & 8)

Item	Entry
Please select the appropriate program: (required)	Funding opportunities for Native American programs fall into one of three program areas. Please identify the appropriate program area for the funding opportunity for which you are submitting this application. A selection is required from one of the following: SEDS – Social and Economic Development Strategies; LANGUAGE – Native Language Preservation and Maintenance; ENVIRONMENT– Environmental Regulatory Enhancement
1. Organization Name (required)	When completed electronically, this is pre-populated from the SF-424 Legal Name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.
2. EIN (Employer Identification Number) (required)	When completed electronically, this is pre-populated from the SF-424 Employer/Taxpayer Number (EIN/TIN). This is the Employer/Taxpayer Identification Number (EIN/TIN) assigned by the Internal Revenue Service.
3. DUNS Number (Data universal Numbering System) (required)	When completed electronically, this is pre-populated from the SF-424 Organizational DUNS. This is the applicant's DUNS number or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.
4. Federal Amount Requested - Amount Requested Year 1 (required)	Enter amount of federal funding requested for program for the first funding/budget period. This field is required.
Amount Requested Year 2	Enter amount of federal funding requested for program for the second funding/budget period.

Item	Entry
Amount Requested Year 3	Enter amount of federal funding requested for program for the third funding/budget period.
5. Proposed project time frame (required)	Enter the number of months indicating the length of the project. A selection is required from one of the following: 12 Months; 24 Months; 36 Months
6. Applicant Type: SEDS and Language (choose ONE that best applies)	<p>First select the program at the top. If the program at the top is "SEDS" or "Language", then identify the type of organization applying for federal funding. Choose only one that best applies.</p> <p>If the program is "Social and Economic Development (SEDS) Strategies" or "Native Language Preservation and Maintenance", select one of the following:</p> <ul style="list-style-type: none"> Federally Recognized Indian Tribe; Consortium of Indian Tribes; Incorporated Non-Federally Recognized Tribe; Incorporated Non-Profit Multi-Purpose Community-Based Native American Organization; Urban Indian Center; National or Regional Incorporated Non-Profit Native American Organization; Alaska Native Village or Non-Profit Village Consortium; Incorporated Non-Profit Alaska Native Multi-purpose Community Based Organization; Non-Profit Alaska Native Regional Corporation/Association in Alaska; Non-Profit Native Organization in Alaska; Public or Non-Profit Private Agency Serving Native Hawaiians; Agency Serving Native Peoples from Guam, American Samoa, or Northern Mariana Islands; Tribally Controlled College or University, or Post-secondary Vocational Institution; College or University Located in HI, GU, AS or MP Serving Native Pacific Islanders; Non-Profit Alaska Native Community Entity or Tribal Governing Body

Item	Entry
<p>Applicant Type: Environmental (Choose ONE that best applies)</p>	<p>If the program selected at the top is “Environmental”, then identify the type of organization applying for federal funding. Choose only one that best applies.</p> <p>If program is "Environmental Regulatory Enhancement", select one of the following: Federally Recognized Indian Tribe; Consortium of Indian Tribes; Incorporated Non-Federally Recognized Tribe; Alaska Native Village or Non-Profit Village Consortium; Non-Profit Alaska Native Regional Corporation/Association in Alaska; Other Tribal or Village Organization; Tribal Governing Body</p>
<p>7. Partnerships (Collaboration) Choose all that apply:</p>	<p>Other Federal Agencies. Select if this involves a partnership/collaboration or providing support for proposed project with another Federal agency?</p> <p>Community Organizations. Select if this involves a partnership/collaboration or providing support for proposed project with a community organization or organizations?</p> <p>National/Local Non-Profit Organizations. Select if this involves a partnership/collaboration or providing support for proposed project with a national or local non-profit organization or organizations.</p> <p>Tribe. Select if this involves a partnership/collaboration or providing support for proposed project with a tribe?</p> <p>State or Local Government. Select if this involves a partnership/collaboration or providing support for proposed project with a State or Local government?</p> <p>Private Business. Select if this involves a partnership/collaboration or providing support for proposed project with a private business?</p> <p>Philanthropy. Select if this involves a partnership/collaboration or providing support for proposed project with a philanthropic organization or organizations?</p>

Item	Entry
	Faith Based Organization. Select if this involves a partnership/collaboration or providing support for proposed project with a faith-based organization or organizations?
8. Please indicate only one SINGLE, ANA area of Interest that best describes the focus of your project:	
If program is SEDS, select one of the following:	<p>Economic Development: Business Development Economic Development: Community Strategic Planning; Economic Development: Organizational Capacity Building; Economic Development: Subsistence Project; Economic Development: Emergency Response Activities; Economic Development: Transportation for Elders and Disabled; Economic Development: Transportation for Workforce Development; Economic Development: International Tourism and Trade; Economic Development: Job Training; Social Development: Youth Development; Social Development: Strengthening Family Relationship Skills; Social Development: Cultural Preservation Activities; Social Development: Family Violence Prevention; Social Development: Education Development; Social Development: Foster Parent Training; Social Development: Supporting Elders; Social Development: Supporting People with Disabilities; Governance: Tribal Government Program Enhancement; Governance: Management and Leadership Development; Governance: Information Management Systems; Governance: Codes and Ordinances; Governance: Constitutional Reform; Governance: Operational Planning; Governance: Tribal Court Systems</p>
If the program is “Language”, select one of the following:	<p>Category 1: Assessment Category 2: Planning Category 3: Project Implementation Category 4: Esther Martinez Projects</p>

Item	Entry
<p>If the program is “Environment”, select one of the following:</p>	<p>Environmental Assessment; Infrastructure Improvement; Develop Regulations, Ordinances, or Laws; Develop a Technical Program; Training; Enforcement; Energy Assessment; Energy Projects for Export; Renewable Energy Resources</p>

Project Abstract Summary

Item	Entry
Program Announcement (CFDA)	When completed electronically, this is pre-populated from the SF-424 Catalog for Federal Domestic Assistance Number assigned to the Program.
Program Announcement (Funding Opportunity Number) (required)	When completed electronically, this is pre-populated from the SF-424 Funding Opportunity Number. This is the Funding Opportunity Number for the particular program announcement.
Closing Date (required)	When completed electronically, this is pre-populated from the SF-424 Opportunity Close Date. This is the closing date for the particular funding opportunity.
Applicant Name (required)	When completed electronically, this is pre-populated from the SF-424 Legal Name. This is the legal name of applicant which will undertake the assistance activity.
Length of Proposed Project (required)	Enter the length of the performance period for the project in months.
Application Control No.	Enter the length of the performance period for the project in months.
Federal Share Requested for each year Non-Federal Share 1st Year (required)	Enter the Non-Federal share amount to be provided in the first year of the project. If none, enter zero.
Non-Federal Share 2nd Year (required)	Enter the Non-Federal share amount to be provided in the second year of the project. If none, enter zero.
Non-Federal Share 3rd Year (required)	Enter the Non-Federal share amount to be provided in the third year of the project. If none, enter zero.

Item	Entry
Project Title (required)	When completed electronically, this is pre-populated from the SF-424 Descriptive Title of Applicant's Project. This is the project title or brief description of the project.
Project Summary (required)	See Evaluation Criteria One for the critical elements that need to be included in this area.
Estimated number of people to be served as a result of the award of this grant. (required)	Enter the number of people to be served as a result of this project.

Objective Work Plan

Item	Entry
Project (required):	When completed electronically, this is pre-populated from the SF-424 Descriptive Title of Applicant's Project: This is a brief descriptive title of the project.
Year (required):	Select the project year of support 1, 2 or 3.
ANA Goal (required):	Funding opportunities for Native American programs fall into one of three program areas. Please identify the appropriate program area for the funding opportunity for which you are submitting this application: SEDS – Social and Economic Development Strategies or Alaska SEDS LANGUAGE – Native Language Preservation and Maintenance: Cat I or Cat II ENVIRONMENT– Environmental Regulatory Enhancement NAHMI – Cat I or Cat II
Objective	Enter an objective of the project.
Results or Benefits Expected:	Enter the results or benefits expected for this objective. This field is required if an objective has been entered.
Activities	Enter the activities undertaken or to be undertaken to achieve objective results or benefits. This field is required if an objective has been entered.
Position Responsible	Enter the title(s) of the position of the person or persons responsible for achieving the objective(s). This field is required if an activity has been entered.
Time Period Begin	Enter the actual or anticipated start date of the activities (electronic forms) . This field is required if an activity has been entered. Hard copy forms will enter mo 1 / mo 3, etc.
Time Period End	Enter the actual or anticipated end date of the activities (electronic forms). This field is required if an activity has been entered. Hard copy forms can enter a mo # i.e. mo 1 – mo 3, 2tc.

Item	Entry
Non-Salary Personnel Hours	Enter the hours expended or expected to be expended in under-taking the activities by non-salaried personnel. This field is required if an activity has been entered.
Criteria for Evaluating Results or Benefits Expected:	Enter the evaluation criteria expected to be used in evaluating the anticipated results or benefits of this objective. This field is required if an objective has been entered.
Additional Budget Years and Objectives can be added by adding another form.	Add additional objectives or activities for the same budget year or add additional budget years by pressing the "ADD FORM" button. A maximum of 15 forms can be included.
Select to extract the Objective Work Plan Attachment	By selecting the button "Select to extract the Objective Work Plan Attachment" another version of the form (without attachments) can be opened and completed and saved. Note: Any files you attach must be a Pure Edge document.
Additional Objectives	You can duplicate this page to include additional Objective Work Plans.