Department of Health and Human Services
Administration for Children and Families

Special Instructions for Continuation Applications

IMPORTANT NOTE:

This application is ONLY to be used for the purpose of applying for a continuation funding period for a grant project that is already approved and previously funded by the Administration for Children and Families (ACF). The only eligible applicants are those that have already received funding and are applying for a continuation year of the grant project for which they are currently funded.

This application is NOT to be used for a new grant or cooperative agreement, or for any purpose other than a continuation application.

- **Box #2 "Type of Application" on the SF-424 application must indicate "CONTINUATION".**

- **Box #4 "Applicant Identifier" on the SF-424 application must contain the AWARD NUMBER that appears in Box #3 "Award No." of the award letter or notification of award. The AWARD NUMBER for this application should indicate the next sequential budget period:**

  For example: The Award No. on the award letter or notification of award may read, "90XX1234/02." "02" indicates the second budget period of support within the project period. When applying for a new budget period, indicate the next sequential budget period within the project period for which the application is being submitted. In the example, the Applicant Identifier for the third budget period would be: 90XX1234/03.

Instructions for Electronic Submission

To submit an application electronically for a continuation award, applicants must use the http://www.Grants.gov website. ACF will not accept applications via facsimile or email.

Electronic application submission is voluntary, but strongly encouraged. However, ACF will not penalize any applicant that submits an application in hard copy.

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). Incorrect registration and authorization to submit on behalf or your organization will cause errors in electronic submission of your application.

The "Applicant User Guide" provides instructions for registration, finding, and applying for grant opportunities and can be downloaded from Grants.gov at http://www.grants.gov/assets/ApplicantUserGuide.pdf.

Applicants also must be registered in the Central Contractor Registry (CCR). CCR registration must be updated annually. 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. Applicants will not be able to upload an application to Grants.gov without current CCR registration and electronic signature credentials for the AOR.

Be sure to complete all Grants.gov registration processes listed on the Organization Registration Checklist before preparing your electronic application. The Organization Registration Checklist is available on the Grants.gov website at http://www.grants.gov/assets/Organization_Steps_Complete_Registration.pdf.

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

- Applicants may access the electronic application and downloadable application package for the continuation award by using the FIND function at 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 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.

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

- If any difficulties are encountered in using Grants.gov you may:
    1. Visit the Submit Application FAQs at Grants.gov at http://www07.grants.gov/help/submit_application_faqs.jsp

    2. Contact the Grants.gov Contact Center to report a problem and obtain assistance prior to the deadline.
        - By phone: 1-800-518-4726
        - By email: support@grants.gov
        - **Hours of Operation:** 24 hours a day, 7 days a week. Closed on Federal holidays http://www.grants.gov/aboutgrants/federal_holidays.jsp

    3. **Retain your service ticket number** on any interaction with the Grants.gov Contact Center for reference.

- It is strongly recommended that the applicant retain a printed hard copy of the application.

- Though applying electronically, the application must still comply with any page limitation requirements set by the funding Program Office.

- When submitting an application via Grants.gov, applicants must comply with all due dates AND times set by the funding Program Office.

- Applicants may submit all required documents electronically, including all information typically included on the SF-424s, narratives, charts, etc.

- Attachments to the application package must be of a compatible file type. Those file types are defined at http://www07.grants.gov/help/submit_application_faqs.jsp#13

- Applicants that must demonstrate proof of non-profit status may submit such 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."

    - Proof of non-profit status is any one of the following:
        - A reference to the applicant organization's listing in the IRS's most recent list of tax-exempt organizations described in the IRS Code.
        - A copy of a currently valid IRS tax-exemption certificate.
        - A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
        - A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

- Any of the items in the subparagraphs immediately above for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

- 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 in hard copy by the time of award.

- After the application is submitted electronically, the applicant will receive two emails from Grants.gov:
    1. An automatic acknowledgement of the application's submission that will provide a Grants.gov tracking number.
    2. 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. and send applicants an email notification 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 U.S. Rehabilitation Act of 1973, as amended (29 U.S.C. § 794d). 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.

Instructions for the SF-424, SF-P/PSL, SF-424A, and SF-424B are included in this package and may also be found at http://www.acf.hhs.gov/grants/grants_resources.html.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the

method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant 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 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 primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available

to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

The Pro-Children Act of 2001, 20 U.S.C. 7181 through 7184, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

REGARDING MAINTENANCE OF EFFORT

In accordance with the applicable program statute(s) and regulation(s), the undersigned certifies that financial assistance provided by the Administration for Children and Families, for the specified activities to be performed under the _____ _____ Program by _____(Applicant Organization), will be in addition to, and not in substitution for, comparable activities previously carried on without Federal assistance.

_____
Signature of Authorized Certifying Official

_____
Title

_____
Date

INSTRUCTIONS FOR THE SF-424

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the federal agency (agency). Required fields on the form are identified with an asterisk (*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

Item	Entry:	Item:	Entry:
1.	**Type of Submission:** (Required) Select one type of submission in accordance with agency instructions. • Pre-application • Application • Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.	10.	**Name Of Federal Agency**: (Required) Enter the name of the federal agency from which assistance is being requested with this application.
		11.	**Catalog Of Federal Domestic Assistance Number/Title:** Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	**Type of Application**: (Required) Select one type of application in accordance with agency instructions. • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award D. Decrease Duration B. Decrease Award E. Other (specify) C. Increase Duration	12.	**Funding Opportunity Number/Title:** (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	**Competition Identification Number/Title:** Enter the competition identification number and title of the competition under which assistance is requested, if applicable.
		14.	**Areas Affected By Project:** This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.
3.	**Date Received:** Leave this field blank. This date will be assigned by the Federal agency.	15.	**Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
4.	**Applicant Identifier:** Enter the entity identifier assigned buy the Federal agency, if any, or the applicant's control number if applicable.		
5a.	**Federal Entity Identifier**: Enter the number assigned to your organization by the federal agency, if any.	16.	**Congressional Districts Of**: 15a. (Required) Enter the applicant's congressional district. 15b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation – 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed.
5b.	**Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.		
6.	**Date Received by State:** Leave this field blank. This date will be assigned by the state, if applicable.		
7.	**State Application Identifier:** Leave this field blank. This identifier will be assigned by the state, if applicable.		
8.	**Applicant Information**: Enter the following in accordance with agency instructions:		
	a. Legal Name: (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting www.Grants.gov.	17.	**Proposed Project Start and End Dates**: (Required) Enter the proposed start date and end date of the project.
	b. Employer/Taxpayer Number (EIN/TIN): (Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	**Estimated Funding:** (Required) Enter the 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.
	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting www.Grants.gov.	19.	**Is Application Subject to Review by State Under Executive Order 12372 Process?** (Required**)** 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. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
	d. Address: Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US).	20.	**Is the Applicant Delinquent on any Federal Debt?** (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.

	e. Organizational Unit: Enter the name of the primary organizational unit, department or division that will undertake the assistance activity. **f. Name and contact information of person to be contacted on matters involving this application:** Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.	21.	**Authorized Representative**: To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the 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.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify)		

Project/Performance Site Location Instructions

Enter Project/Performance Site Primary Location (Required):

Indicate the primary site where the work will be performed. The primary project/performance site location is a required section.

If a portion of the project will be performed at any other site(s), identify the site location(s) in the additional block(s) provided. These additional sites are optional.

Field Name	Input
Organization Name	Indicate the organization name of the primary site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided.
DUNS	Enter the DUNS number associated with the organization where the project will be performed.
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location.
*City	Enter the City for address of the primary performance site location.
County	Select the County for the performance site location.
*State	Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.
Province	Enter the Province where the primary performance site location is located.
Country	Select the name of the country for the primary project performance site
*Zip Code	Enter the nine-digit Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.
*Project's Congressional District	Enter the Congressional District of the Primary Project/Performance location in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Note it is likely that this field will be identical to the "Congressional Districts of Applicant" field provided elsewhere in this application.

OMB Number 4040-0010
Expiration Date: 8/31/2011

Project/Performance Site Location Instructions

Project/Performance Site Location 1 (Optional): Enter up to 30 performance site locations. If more than 30 performance site locations are proposed, provide the requested information in a separate file and attach.

Field Name	Input
Organization Name	Indicate the organization name of the site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided.
DUNS	Enter the DUNS number associated with the organization where the project will be performed.
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location. This field is required.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location. This field is optional.
*City	Enter the City for address of the primary performance site location. This field is required.
County	Select the County for the performance site location.
*State	Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.
Province	Enter the Province where the primary performance site location is located.
Country	Select the name of the country for the primary project performance site.
*Zip Code	Enter the nine-digit Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.
*Project's Congressional District	Enter the Congressional District of this Project/Performance site in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Note it is likely that this field will be identical to the "Congressional Districts of Applicant" field provided elsewhere in this application.

Add additional sites as necessary by using the "Next Site" button.

Instructions For Completing SF-424A Budget Information for Non-Construction Programs

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 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.

Instructions For Completing SF-424B Assurances for Non-Construction Programs

Title

Enter the title of the official certifying that the applicant organization will comply with the requirements set forth in this assurance form

Applicant Organization

Enter the name of the applicant organization