INSTRUCTIONS FOR ELECTRONIC APPLICATION SUBMISSIONS

- The Administration for Children and Families (ACF) required electronic submission of discretionary grant applications via www.Grants.gov.

- ACF has implemented an application submission upload requirement that limits the submission of two files for all information except for Standard Forms and OMB-approved forms that are available in the application package.

    - No more than two files will be accepted for review. Additional files will be removed and will not be reviewed by the panel. Standard Forms (SFs) and OMB-approved forms, assurances, and certification are not considered additional files.

For more information on submitting your application, please make sure to thoroughly review the following sections of the Funding Opportunity Announcement (FOA):

Application Requirements	**Location in the FOA**
Application Disqualification Factors	*Section III.3. Other, Application Disqualification Factors*
Formatting the Application Submission and Application Page Limitations	*Section IV.2 Content and Form of Application Submission, Formatting the Application Submission*
Required Forms, Assurances and Certifications	*Section IV.2. Content and Form of Application Submission*
Submission Dates and Times	*Section IV.4. Submission Dates and Times, Explanation of Due Dates*

NAMING THE APPLICATION FILES
Application file names are limited to 50 characters (letters and spaces) only.

Please use only the following UTF-8 characters when naming your attachments: A-Z, a-z, 0-9, underscore, hyphen, space, period, parenthesis, curly braces, square brackets, ampersand, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number sign, dollar sign, percent sign, plus sign, equal sign, and **limit the file name to 50 or fewer characters.** **http://www.grants.gov/web/grants/applicants/submitting-utf-8-special-characters.html.**

ELECTRONIC APPLICATION SUBMISSION via http://www.Grants.gov

ACF strongly recommends that applicants review and observe all Grants.gov application upload requirements. Please refer to Tips for Uploading an Application at http://www.grants.gov/web/grants/applicants/apply-for-grants/step-2-complete-your-application-package.html.

- **It is to an applicant's advantage to begin submission of their application well ahead—at least 72 to 96 hours in advance—of the application due date and deadline.**

- Electronic submission at www.Grants.gov is a two-step process:

    - Submission to Grants.gov by the due date and time.
    - Application validation check by Grants.gov.

- The full FOA is available at http://www.acf.hhs.gov/grants/open/foa. A link to the FOA is available under "Link to Additional Information" in the FOA's Grants.gov Synopsis.

- Electronic applications must be submitted to www.Grants.gov by 11:59 p.m., ET, on the due date.

- **A DUNS Number (http://fedgov.dnb.com/webform) and current registration at the System for Award Management (SAM) (https://www.sam.gov) are required for all applicants.**

    - Validation of DUNS Numbers and SAM registration is part of the www.Grants.gov registration and validation processes**.** See "Get Registered" at http://www.grants.gov/web/grants/applicants/organization-registration.html.

    - Applicants that do not have an **active SAM.gov** registration will fail the Grants.gov validation check so allow sufficient time to complete a new or renewed SAM.gov registration:

        - New registrations can take an average of 7 to 10 *business* days to process in SAM.

        - SAM registration must be renewed and revalidated at least every 12 months from the date it was last certified in SAM, and sooner, if your entity's information changes.

Please note if your update/renewal registration requires IRS or CAGE revalidation, it will take an additional 3 to 5 business days for it to become active and replace your previous registration.

- For help with SAM.gov, please visit their support page at: https://www.fsd.gov/app/sam.

- Applications will not pass the Grants.gov validation check if the Authorized Organization Representative (AOR) does not have a current SAM registration and electronic signature credentials.

- **IMPORTANT GRANTS.GOV APPLICATION UPLOAD REQUIREMENTS**

  - **GRANTS.GOV APPLICATION FILE SIZE LIMIT**
    The total application submission size cannot exceed 200 MB. It is recommended that applicants keep individual attachments to fewer than 100 MB. It is up to the applicant to make sure that application submissions do not exceed these limits. Failure to keep the application submission file under the limit may cause an application package to be rejected by Grants.gov.

  - **ADOBE COMPATIBILITY AT GRANTS.GOV**
    Be sure to review the Adobe Compatibility information and verify your Adobe Software at http://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html.

    - **Pay special attention to the "Security Settings" section.**

CONTACTING GRANTS.GOV SUPPORT

- If applicants encounter technical difficulties in using Grants.gov, contact the Grants.gov Support through the Grants.gov Support page at http://www.grants.gov/web/grants/support.html,

- To report a technical problem and obtain assistance. Hours of Operation: 24 hours a day, 7 days a week. **Grants.gov Support is closed on Federal holidays.**

- **Contact with the Grants.gov Support prior to the listed due date and time does not ensure acceptance of an application under the submission or validation processes**

- Applicants should retain Grants.gov Support service ticket number(s) as they may be needed for future reference.

- **All questions concerning the content of the FOA must be directed to the Agency Contacts listed in *Section VII.* of the FOA. Please do not expect Grant.gov Support to help you with the FOA content.**

ACF POLICY FOR APPLICANTS EXPERIENCING ISSUES WITH FEDERAL APPLICATION SYSTEM:

If difficulties are encountered with either of the federal systems used in application submission, Grants.gov or SAM.gov, the Grants Management Officer listed in *Section VII. HHS Awarding Agency Contact(s)* in the FOA will determine whether the submission issues are due to the federal system or to user error.

For more information, please review the "ACF Policy for Applicants Experiencing System Issues" available in these instructions and on the ACF Website at https://www.acf.hhs.gov/sites/default/files/assets/systems_issue_policy_final.pdf

ACCESSIBILITY AND COMPLIANCE

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 web pages 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 or call 1-800-518-4726 for assistance.

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, SW, Washington, DC 20201 | www.acf.hhs.gov/

ACF Policy for Applicants Experiencing System Issues

The grant application submission process requires applicant organizations to register and interact with several federal electronic systems, including Grants.gov and the System for Award Management (www.SAM.gov). On occasion, technical problems with one of these systems could result in an applicant failing to meet the application submission deadline. This page clarifies ACF's policy regarding the submission of late applications if a system issue beyond an applicant's control is the cause of the late application.

Applicants experiencing issues with a federal system that may prevent the on-time submission of their application must follow these guidelines for reporting the issue. System issues are defined as technical problems with federal systems that prevent an applicant from successfully submitting their application by 11:59 p.m., ET on the due date listed in the funding opportunity announcement. Problems with computer systems at an applicant organization or with a non-federal third party (e.g., an organization partnering with the applicant) are not considered federal system issues; nor are the applicant's failure to complete required registrations by the submission deadline.

Applicants are strongly encouraged to complete the electronic application submission process several days before the application due date to ensure the application is successfully accepted by Grants.gov. Applicants should consider that some application due dates will have a high volume of submissions, which may slow down federal systems and increase the time needed for applications to be received and time stamped at Grants.gov. Applications must be received and time stamped on or before the deadline. Applicants must take this processing time into consideration by allowing enough time to make any corrected submissions so that the application is submitted error-free by the deadline. For more information see *Section IV.2. Electronic Submission via www.Grants.gov* and *Timely Receipt Requirements and Proof of Timely Submission* in the funding opportunity announcement.

Guidelines for Applicants Experiencing System Issues

To confirm a federal system issue, contact the appropriate system support service **as soon as possible after experiencing an issue. System issues must be fully documented as outlined below by 4:30 p.m. ET, on the federal business day immediately following the application submission due date.**

For Grants.gov system issues

1. Contact the Grants.gov Contact Center to document and receive help to resolve any Grants.gov related submission issues. Applicants will receive a Grants.gov Contact Center ticket number. **This ticket number should be retained by the applicant as**

part of their documentation of the issue.

2. Document and explain the issue preventing submission in an email to the following address: acfogme-grants@acf.hhs.gov. The email must include:
   a. The full name of and contact information for the applicant organization;
   b. The DUNS number;
   c. The name of the Authorized Organizational Representative (AOR) and E-Biz POC;
   d. Grants.gov tracking number, if applicable;
   e. The full name and number of the FOA to which the applicant is attempting to apply;
   f. A **detailed** description of the system issue preventing the application's on-time submission;
   g. A description of the applicant's request (e.g., to submit an application after the deadline);
   h. The Grants.gov support ticket(s) number;
   i. Any emails or correspondence with the Grants.gov Contact Center as an email attachment.

For SAM.gov system issues:

1. Contact the SAM.gov Federal Service Desk (FSD) to document and help resolve any SAM.gov related registration issues.

2. Document and explain the issue preventing submission in an email to the following address: acfogme-grants@acf.hhs.gov. The email must include the following information:

   a. Full name of and contact information for the applicant organization;
   b. The DUNS number;
   c. The name of the Authorized Organizational Representative (AOR) and E-Biz POC;
   d. Grants.gov tracking number, if applicable;
   e. Full name and number of the FOA to which the applicant is attempting to apply;
   f. A detailed description of the system issue that has prevented the completion of the registration process;
   g. A description of the applicant's request (e.g., to submit an application after the deadline);
   h. The FSD support ticket(s) number;
   i. Any emails or correspondence with the FSD as an email attachment.

   Note: SAM registration/renewal can be a lengthy process. Failure to allow enough time for registration or renewal is not considered a system issue.

Additional Requirements

ACF expects applicants to respond quickly, that is, within one business day, to federal systems' Contact Center/Help Desk requests for actions necessary to resolve issues with completion of registration or application submission.

Reports of system issues will be investigated on a case-by-case basis. If ACF confirms that an applicant experienced a systems issue, which was beyond their control, their application will not be considered late and disqualified as long as the applicant works diligently with the appropriate federal system Contact Center/Help Desk to resolve their problem quickly.

Any application that is allowed to be submitted after the deadline and due date because of a confirmed federal system issue must include a cover letter documenting the confirmed system issues, Contact Center and/or Help Desk ticket(s) number(s), and the action(s) taken to resolve the issue(s).

Late applicants that fail to document their federal systems issues before 4:30 p.m. ET, on the federal business day immediately following the application submission due date will be disqualified from the competitive review and from receiving an award under the announcement.

Problems with computer systems at the applicant organization (barring a widespread or regional electrical failure), failure to follow instructions in the announcement, or failure to complete required registrations by the submission due date and deadline **ARE NOT** considered to be federal system issues.

Paper Format Applications

Applicants that have received an exemption from required electronic application submission at Grants.gov should follow the instructions provided for issues with registration at Sam.gov as this registration is required of all applicants. The deadline for paper format applications with an exemption is 4:30 p.m., ET, on the due date.

Examples of events that may be considered federal system issues:

- Significant Grants.gov service interruption on deadline day lasting multiple hours.
- Failure of Grants.gov to acknowledge receipt of an application within half a business day.
- Inability to complete SAM registration or renewal due to a technical problem at www.Sam.gov.

Examples of events that would NOT be considered federal system issues:

- Failure to follow the instructions in the funding opportunity announcement.
- Failure to complete required applicant registrations prior to the application deadline and due date.
- Failure to correct Grants.gov errors/warnings by the application deadline and due date.
- Failure to re-submit a corrected application by the application due date and deadline when the application fails the validation process at Grants.gov.

- Local internet problem at applicant organization except for widespread or regional electrical failures.
- Grants.gov AOR is not authorized to submit applications for organization.
- The applicant organization has forgotten its credentials.
- Failure to notify the grants management contact in listed in *Section VII*. of the announcement of submission issues before the deadline.
- The applicant did not receive the Grants.gov notification when application's status is available at Grants.gov.

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)		

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	Project/Performance Site Location(s)
Form Version Number	2.0
OMB Number	4040-0010
OMB Expiration Date	12/31/2019

Form Field Instructions

Field Name	Required or Optional	Information
I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.	Optional	Select if submitting application as an individual and not on behalf of or representing any organization.
Organization Name:	Conditionally Required	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 sites(s), identify the site location(s) in the block(s) provided. (This field is not applicable for applicants using SF 424 Individual Form Set.)
DUNS Number:	Optional	Enter the DUNS number associated with the organization where the project will be performed. This field is optional.
Street1:	Required	Enter first line of the street address in "Street 1" field of the primary performance site location. This field is required.
Street2:	Optional	Enter second line of the street address in "Street 2" field for the primary performance site location. This field is optional.
City:	Required	Enter the City for address of the primary performance site location. This field is required.
County:	Optional	Enter the County of the performance site location.

Instructions for Project/Performance Site Location(s)

Project/Performance Site Location 1 (Optional): If additional performance site locations are proposed, provide the requested information by selecting the "Next Site" button.

Field Name	Information
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. (This field is not applicable for applicants using the SF 424 Individual Form Set.)**
DUNS	**Enter the DUNS number associated with the organization where the project will be performed. (Note this field is not required for applicants using the SF424 Individual Form set.)**
***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 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

Instructions For Completing SF-424C Budget Information for Construction Programs

1. Administration and Legal Expenses

a. Total Cost of Administrative and legal expenses

b. Costs Not Allowable for Participation in Administrative and legal expenses

2. Land, structures, rights-of-way, appraisals, etc.

a. Total Cost of Land, structures, rights-of-way, appraisals, etc.

b. Costs Not Allowable for Participation in Land, structures, rights-of-way, appraisals, etc.

3. Relocation expenses and payments

a. Total Cost of Relocation expenses and payments

b. Costs Not Allowable for Participation in Relocation expenses and payments

4. Architectural and engineering fees

a. Total Cost of Architectural and engineering fees

b. Costs Not Allowable for Participation in Architectural and engineering fees

5. Other architectural and engineering fees

a. Total Cost of Other architectural and engineering fees

b. Costs Not Allowable for Participation in Other architectural and engineering fees

6. Project inspection fees

a. Total Cost of Project inspection fees

b. Costs Not Allowable for Participation in Project inspection fees

7. Site work

a. Total Cost of Site work

b. Costs Not Allowable for Participation in Site work

8. Demolition and removal

a. Total Cost of Demolition and removal

b. Costs Not Allowable for Participation in Demolition and removal

9. Construction

a. Total Cost of Construction.

b. Costs Not Allowable for Participation in Construction

10. Equipment

a. Total Cost of Equipment

b. Costs Not Allowable for Participation in Equipment.

11. Miscellaneous

a. Total Cost of Miscellaneous

b. Costs Not Allowable for Participation in Miscellaneous.

12. SUBTOTAL (sum of lines 1-11)

13. Contingencies

a. Total Cost of Contingencies

b. Costs Not Allowable for Participation in Contingencies.

14. SUBTOTAL

15. Project (program) income

a. Total Cost of Project (program) income

b. Costs Not Allowable for Participation in Project (program) income

16. TOTAL PROJECT COSTS (subtract #15 from #14)

17. Federal assistance requested

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

Title
Enter the title of the Certifying Official.

APPLICATION FOR FEDERAL ASSISTANCE SF 424 – KEY CONTACTS

Applicant Organization Name:

Enter the legal name of the applicant that will undertake the assistance activity. This field is required.

Contact 1 Project Role:

Enter the project role of the contact person (e.g., project manager, fiscal contact). At least one contact person is required.

Prefix:

Select the Prefix from the provided list or enter a new Prefix not provided on the list.

First Name:

Enter the First Name. This field is required.

Middle Name:

Enter the Middle Name.

Last Name:

Enter the Last Name. This field is required.

Suffix:

Select the Suffix from the provided list or enter a new Suffix not provided on the list.

Title:

Enter the position title.

Organizational Affiliation:

Enter the Organizational Affiliation of the person to contact on matters related to this application.

Street1:

Enter the first line of the Street Address. This field is required.

Street2:

Enter the second line of the Street Address.

City:

Enter the City. This field is required.

County / Parish:

Enter the County or Parish.

State:

Select the state, US possession or military code from the provided list. This field is required if Country is the United States.

Province:

Enter the Province.

Country:

Select the Country from the provided list. This field is required.

Zip / Postal Code:

Enter the nine-digit Postal Code (e.g., ZIP code). This field is required if Country is the United States.

Telephone Number:

Enter the daytime Telephone Number. This field is required.

Fax:

Enter the Fax Number.

Email:

Enter a valid Email Address. This field is required.

Contact 2 Project Role:

Enter the project role of the contact person (e.g., project manager, fiscal contact). Additional contacts are optional.

Prefix:

Select the Prefix from the provided list or enter a new Prefix not provided on the list.

First Name:

Enter the First Name. This field is required.

Middle Name:

Enter the Middle Name.

Last Name:

Enter the Last Name. This field is required.

Suffix:

Select the Suffix from the provided list or enter a new Suffix not provided on the list.

Title:

Enter the position title.

Organizational Affiliation:

Enter the Organizational Affiliation of the person to contact on matters related to this application.

Street1:

Enter the first line of the Street Address. This field is required.

Street2:

Enter the second line of the Street Address.

City:

Enter the City. This field is required.

County / Parish:

Enter the County or Parish.

State:

Select the state, US possession or military code from the provided list. This field is required if Country is the United States.

Province:

Enter the Province.

Country:

Select the Country from the provided list. This field is required.

Zip / Postal Code:

Enter the nine-digit Postal Code (e.g., ZIP code). This field is required if Country is the United States.

Telephone Number:

Enter the daytime Telephone Number. This field is required.

Fax:

Enter the Fax Number.

Email:

Enter a valid Email Address. This field is required.

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employeeof a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizationallevel below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 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 (0348-0046), Washington, DC 20503.

[This is a sample Maintenance of Effort (MOE) agreement. Section IV.2 and/or the Checklist in Section VIII of the Funding Opportunity Announcement will note whether MOEs are required as part of the application submission.]

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