

# Department of Health & Human Services Administration for Children & Families

## Instructions for Electronic Submission

**Notice:** On January 1, 2012, the Administration for Children and Families implemented required electronic application submission via [www.Grants.gov](http://www.Grants.gov) for discretionary grant applications. (76 Fed. Reg. 66721-66723, October 27, 2011, [New Policies and Procedural Requirements for the Electronic Submission of Discretionary Grant Applications](#)). Please see *Section III.3. Disqualification Factors*, *Section IV.2. Content and Form of Application Submission* and *Application Submission Options*, and *Section IV.3. Explanation of Due Dates and Times* in the published Funding Opportunity Announcement (FOA) for information on electronic application submission and the availability of exemptions allowing applicants to submit applications in paper format.

To submit an application electronically for an award, applicants must use the <http://www.Grants.gov> website.

- **Electronic application submission is now required by ACF.**
- **Applicants that do not have Internet access or sufficient computer capacity to upload large files to the Internet may request an exemption from required electronic application submission.** See “Request an Exemption from Required Electronic Application Submission” later in this document.
- **Electronic applications must be submitted to [www.Grants.gov](http://www.Grants.gov) by 11:59 p.m., ET, on the due date.**
- A DUNS Number and current registration at the Central Contractor Registry (CCR) are required. DUNS and CCR registration are part of the [www.Grants.gov](http://www.Grants.gov) registration process. See “Get Registered” at [http://grants.gov/applicants/get\\_registered.jsp](http://grants.gov/applicants/get_registered.jsp).
- **ACF will not accept applications via facsimile or email.**
- The electronic application can be downloaded from [www.Grants.gov](http://www.Grants.gov).
- It is to an applicant's advantage to submit their applications **at least 24 hours** in advance of the application due date and time in order to correct any failures found during the application validation check.
- Electronic submission at [www.Grants.gov](http://www.Grants.gov) is two-step process:
  - Submission by the due date and time.
  - Application validation check.

- Electronically submitted applications will not pass the validation check at Grants.gov if the AOR does not have a current CCR registration and electronic signature credentials.
- **Read and observe all application submission requirements provided at [http://www.grants.gov/applicants/apply\\_for\\_grants.jsp](http://www.grants.gov/applicants/apply_for_grants.jsp).**
- Observe the formatting requirements and page limitations provided in the *Section IV.2. Formatting ACF Applications* in the section on electronic applications in the published FOA.
- Carefully read and observe electronic file naming conventions provided in the application submission instructions at [http://www.grants.gov/applicants/apply\\_for\\_grants.jsp](http://www.grants.gov/applicants/apply_for_grants.jsp).
- Use only file formats supported by ACF. See *Section IV.2. Formatting ACF Applications* in the published FOA.
- Additional guidance on the submission of electronic applications can be found at [http://www.grants.gov/assets/Organization\\_Steps\\_Complete\\_Registration.pdf](http://www.grants.gov/assets/Organization_Steps_Complete_Registration.pdf).
- If applicants encounter any technical difficulties in using [www.Grants.gov](http://www.Grants.gov), contact the Grants.gov Contact Center at: 1-800-518-4726, or by email at [support@grants.gov](mailto:support@grants.gov), to report the problem and obtain assistance. Hours of Operation: 24 hours a day, 7 days a week. The Grants.gov Contact Center is closed on Federal holidays.
- Applicants should retain Grants.gov Contact Center service ticket number(s) as they may be needed for future reference.
- 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](mailto:support@grants.gov) for assistance.
- Applicants that submit their applications electronically should retain a hard copy of their application package.
- **Contact with the Grants.gov Contact Center prior to the listed due date and time does not ensure acceptance of your application under the validation process. If difficulties are encountered, the Grants Management Officer listed in *Section VII. Agency Contacts* in the FOA will determine whether the submission issues are due to Grants.gov system errors or to user error.**
- Instructions for the SF-424, SF-P/PSL, SF-424C, and SF-424D are included in this package. Instructions for these forms are also available at [http://www.acf.hhs.gov/grants/grants\\_resources.html](http://www.acf.hhs.gov/grants/grants_resources.html).

## **Application Validation at [www.Grants.gov](http://www.Grants.gov)**

The difference between a submission receipt and submission validation occurs after an applicant submits an application. Grants.gov generates a submission receipt via email and also sets the application status to "Received." This receipt verifies the application has been successfully delivered to the Grants.gov system.

Next, Grants.gov verifies the submission is valid by ensuring it does not contain viruses, the opportunity is still open, and the applicant login and applicant DUNS number match. If the submission is valid, Grants.gov generates a submission validation receipt via email and sets the application status to "Validated."

If the application is not validated, the application status is set to "Rejected." The system sends a rejection email notification to the applicant and the applicant must re-submit the application package. See "[What to Expect After Submitting](#)" at [www.Grants.gov](http://www.Grants.gov) for more information.

Each time an application is submitted, or resubmitted, via [www.Grants.gov](http://www.Grants.gov), the application will receive a new date and time stamp. Only those applications with on-time date and time stamps that result in a validated application, which are transmitted to ACF, will be acknowledged.

Applicants will be provided with an acknowledgement from [www.Grants.gov](http://www.Grants.gov) that the submitted application package has passed, or failed, a series of checks and validations. Applications that are submitted on time that fail the validation check will not be transmitted to ACF and will not be acknowledged.

### **Request an Exemption from Required Electronic Application Submission**

ACF recognizes that some applicants may have limited or no Internet access, and/or limited computer capacity, which may prohibit them from uploading large files to the Internet at [www.Grants.gov](http://www.Grants.gov). To accommodate such applicants, ACF offers an exemption from required electronic submission. The exemption will allow applicants to submit hard copy, paper applications by hand-delivery, applicant courier, overnight/express mail couriers, or by other representatives of the applicant.

To receive an exemption from required electronic application submission, applicants must submit a written request to ACF stating that the applicant qualifies for the exemption for one of two reasons:

- Lack of Internet access or Internet connection, or
- Limited computer capacity that prevents the uploading of large documents (files) to the Internet at [www.Grants.gov](http://www.Grants.gov).

Applicants may request and receive the exemption from required electronic application submission by either:

- Submitting an email request to [electronicappexemption@acf.hhs.gov](mailto:electronicappexemption@acf.hhs.gov), or
- Sending a written request to the Office of Grants Management Contact listed in *Section VII. Agency Contacts* in this announcement.

An exemption is applicable to all applications submitted by the applicant organization during the Federal Fiscal Year (FFY) in which it is received. Applicants need only request an exemption once in a FFY. Applicants will need to request a new exemption from required electronic submission for any succeeding FFY.

**Please Note:** [electronicappexemption@acf.hhs.gov](mailto:electronicappexemption@acf.hhs.gov) may be used only to request an exemption from required application submission. All other inquiries must be directed to the appropriate Agency Contact listed in *Section VII.* of this announcement. Queries other than requests for approval of an exemption to allow submission of an application in paper format submitted to this email address will not be acknowledged or answered.

Exemption requests by email to [electronicappexemption@acf.hhs.gov](mailto:electronicappexemption@acf.hhs.gov) and by postal mail must include:

- FOA Title,
- Funding Opportunity Number (FON),
- The listed Catalog of Federal Domestic Assistance (CFDA) number,
- Name of Applicant Organization and DUNS Number,
- AOR name and contact information,
- Name and contact information of person to be contacted on matters involving the application, and
- The reason for which the applicant is requesting an exemption from electronic application submission. The reason must be either the lack of Internet access or connection, or lack of computer capacity that prevents uploading large documents (files) to the Internet.

Exemption requests must be **received by** ACF no later than two weeks before the application due date, that is, 14 calendar days prior to the application due date listed in the *Overview* and in *Section IV.3. Submission Dates and Times*. If the fourteenth calendar day falls on a weekend or Federal holiday, the due date for receipt of an exemption request will move to the next Federal business day that follows the weekend or Federal holiday.

Applicants may refer to *Section VIII. Other Information* for a checklist of application requirements that may be used in developing and organizing application materials. Details concerning acknowledgment of received applications are available in *Section IV.3. Submission Dates and Times* of this announcement.

## *Formatting Your Application*

### ***For All ACF Applications:***

#### **Authorized Organizational Representative (AOR)**

The individual(s), named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or awards.

Each applicant must designate an Authorized Organizational Representative (AOR). An AOR is named by the applicant, and is authorized to act for the applicant, to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to the grant application or awards.

AOR Authorization is part of the registration process at [www.Grants.gov](http://www.Grants.gov) where the AOR will create a short profile and obtain a username and password from the Grants.gov Credential Provider. AORs will only be authorized for the DUNS number registered in the Central Contractor Registration (CCR).

#### **Point of Contact**

In addition to the AOR, a point of contact on matters involving the application must also be identified. The point of contact, known as the Project Director or Principal Investigator, should not be identical to the person identified as the AOR. The point of contact must be available to answer any questions pertaining to the application.

#### **Application Checklist**

Applicants may refer to *Section VIII. Other Information* in the published FOA for a checklist of application requirements that may be used in developing and organizing application materials. Details concerning acknowledgment of received applications are available in *Section IV.3. Submission Dates and Times* of this announcement.

**Follow the instructions provided in the formatting section to ensure that your application can be printed efficiently and consistently for the competitive review.**

#### **Observe page limitations.**

All applicants must follow the instructions provided in this section. Be sure to print all attachments (components) on paper and count the number of pages before submission. Keep the printed copy as a hard copy of your application for your files.

#### **Application Package Components**

Applications must be divided into the sections listed in the table. (The order in which components are submitted electronically via [www.Grants.gov](http://www.Grants.gov) or included in a paper application may not be the same as listed in the table.) Page limitations apply to the Project Description document and the Appendices and the following:

- The Project Summary/Abstract is limited to one single-spaced page.

- The Budget Justification should be no more than 10 single-spaced pages and will not count against page limitations.

**FORMATTING FOR ELECTRONIC APPLICATIONS SUBMITTED VIA [www.Grants.gov](http://www.Grants.gov):**

**Notice: The Administration for Children and Families has implemented required electronic application submission via [www.Grants.gov](http://www.Grants.gov). Applicants are now required to submit their applications electronically unless they have requested and received an exemption that will allow submission in paper format. See Section IV.2. Application Submission Options.**

Electronic applications will only be accepted via [www.Grants.gov](http://www.Grants.gov). ACF will not accept applications submitted via email or via facsimile. Only applications, which pass the Grants.gov validation check, will be acknowledged.

**Please read this section carefully before beginning application submission.** It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.

### **Copies Required**

Applicants must submit one complete copy of the application package electronically. Applicants submitting electronic applications need not provide additional copies of their application package.

**NOTE:** Applications submitted via [www.Grants.gov](http://www.Grants.gov) will undergo a validation check. See *Section IV.2. Application Submission Options* and *Section IV.3. Submission Due Dates and Times, Explanation of Due Dates*. The validation check can affect whether the application is accepted for review. Applications that fail the [www.Grants.gov](http://www.Grants.gov) validation check will not be transmitted to ACF. If the application fails the validation check and is not resubmitted by 11:59 p.m., ET, on the due date, it will be disqualified.

### **Signatures**

Follow the AOR Authorization and E-Biz POC instructions provided at [www.Grants.gov](http://www.Grants.gov).

### **Required OMB-Approved and Standard Forms (SFs)**

[www.Grants.gov](http://www.Grants.gov) provides its own protocols for the submission of OMB-approved and Standard Forms (SFs) such as the SF-424 application and budget forms and the SF-P/PSL, Project/Performance Site Location form. See *Section IV.2. Required Forms, Assurances, and Certifications* for required OMB-approved Standard Forms and required assurances and certifications.

### **Application Package Components**

Applications must be divided into the sections listed in the table. **It is important that each component is submitted in a separate electronic file.** Page limitations apply to the Project Description document and the Appendices and the following:

- The Project Summary/Abstract is limited to one single-spaced page.
- The Budget Justification should be no more than 10 single-spaced pages.

| <b>Application Package Components</b>                   | <b>Page Limitations</b>  |
|---|--|
| Required Standard Forms (SFs) and/or OMB-approved Forms | No page limitations.   |
| Required Certifications and Assurances                  | No page limitations.   |
| Project Summary/Abstract                                | Limited to one single-spaced page.   |
| Project Description                                     | Page Limitations and included items are listed later in this section.            |
| Budget Justification                                    | No more than 10 single-spaced pages and will not count against page limitations. |
| Proof of Legal Status/Proof of Non-Profit Status        | No page limitations.   |
| Appendices  | Page Limitations and included items are listed later in this section.            |

The required content of the Project Description and any Appendices, and their page limits, are listed later in this section.

With the exception of the required Standard Forms (SFs), all application materials must be submitted formatted so that they will print out onto 8 ½" x 11" white paper with 1-inch margins. **All pages of the application component, i.e., Project Description, Budget Justification, Appendices, must be sequentially numbered.** Applicants should print all attachments on paper and count the number of pages before submission. Applicants should keep a hard copy of the submitted application package for their files. The font size on any scanned documents must be large enough so that it is readable.

All elements of the application submission, with the exception of the one-page Project Summary/Abstract, the Budget Justification, required Assurances and Certifications, and proof of legal status/non-profit status, must be in double-spaced format in 12-point font. The Project Summary/Abstract is required to be one single-spaced page in 12-point font. The Budget Justification may be single-spaced page in 12-point font and should be no more than 10 pages. The font size on any scanned documents must be large enough so that it is readable.

**Applicants must follow the instructions provided in this section:**

**Carefully observe the file naming conventions required by [www.Grants.gov](http://www.Grants.gov).**

Limit file names to 50 characters and do not use special characters (example: &,-,\*,%,/,#) including periods (.), blank spaces, and accent marks, within application form fields, and file attachment names. An underscore (\_) may be used to separate a file name.

**Use only file formats supported by ACF.**

It is critical that applicants only submit application components using the supported file formats listed here. Documents in file formats that are not supported by ACF will be removed from the

application and will not be used in the competitive review. This may make the application incomplete and ACF will not make any awards based on an incomplete application.

**ACF supports the following file formats:**

- Adobe PDF – Portable Document Format (.pdf)
- Microsoft Word (.doc or .docx)
- Microsoft Excel (.xls or .xlsx)
- Microsoft PowerPoint (.ppt)
- Corel WordPerfect (.wpd)
- Image Formats (.JPG, .GIF, .TIFF, or .BMP only)

**Do not encrypt or password protect the electronic application files!**

If ACF cannot access submitted electronic files because they have been encrypted or are password protected, the affected file will be removed from the application and will not be used in the competitive review. This may make the application incomplete and ACF will not make any awards based on an incomplete application.

## ***EXPLANATION OF DUE DATES AND TIMES***

The due date for receipt of applications is listed in the *Overview* section and in *Section IV.3. Submission Dates and Times* in the published FOA. Applicants should also read *Section III.3. Application Disqualification Factors*.

### **Electronic Applications**

**The deadline for submission of electronic applications via [www.Grants.gov](http://www.Grants.gov) is 11:59 p.m., ET, on the due date.** Electronic applications submitted at 12:00 a.m., ET, on the day after the due date will be considered late and will be disqualified from competitive review and from funding under this announcement.

Applicants are required to submit their applications electronically via [www.Grants.gov](http://www.Grants.gov) unless they received an exemption through the process described in *Section IV.2. Request an Exemption from Required Electronic Application Submission*.

ACF does not accommodate transmission of applications by email or facsimile.

Instructions for electronic submission via [www.Grants.gov](http://www.Grants.gov) are available at [http://www.grants.gov/applicants/apply\\_for\\_grants.jsp](http://www.grants.gov/applicants/apply_for_grants.jsp).

### **Please note:**

Applications submitted to [www.Grants.gov](http://www.Grants.gov) at any time during the open application period, and prior to the due date and time, that fail the Grants.gov validation check, will not be received at ACF. **These applications will not be acknowledged.** Applications that fail the Grants.gov validation check are not transmitted to ACF though they may have been submitted on time.

Each time an application is submitted via [www.Grants.gov](http://www.Grants.gov), the application will receive a new date and time-stamp. Only those applications with date and time-stamps that result in a validated application, which is transmitted to ACF, will be acknowledged.

### **No appeals will be considered for applications classified as late under the following circumstances:**

- Applications submitted electronically via [www.Grants.gov](http://www.Grants.gov) are considered late when they are dated and time-stamped after the deadline of 11:59 p.m., ET, on the due date.
- Paper format applications received from applicant organizations that were not approved for an exemption from required electronic application submission under the process described in “*Request an Exemption from Required Electronic Submission*” will be disqualified.

## **Extensions and/or Waiving Due Date and Receipt Time Requirements**

ACF may extend an application due date and receipt time when circumstances make it impossible for applicants to submit their applications on time. These events include natural disasters (floods, hurricanes, tornados, etc.), or when there are widespread disruptions of electrical service, or mail service, or in other rare cases. The determination to extend or waive due date and/or receipt time requirements rests with the Grants Management Officer listed as the Office of Grants Management Contact in *Section VII. Agency Contacts* in the published FOA.

## **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 LOBBYING**

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Signature

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Title

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Organization

## **Pro-Children Act**

The Pro-Children Act of 2001, 42 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.

**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.   | <b>Type of Submission:</b> (Required) Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Pre-application</li> <li>• Application</li> <li>• 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.</li> </ul>  | 10.   | <b>Name Of Federal Agency:</b> (Required) Enter the name of the federal agency from which assistance is being requested with this application.   |
|      |  | 11.   | <b>Catalog Of Federal Domestic Assistance Number/Title:</b> 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.   | <b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• 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.</li> </ul> <p>A. Increase Award                      D. Decrease Duration<br/> B. Decrease Award                      E. Other (specify)<br/> C. Increase Duration</p> | 12.   | <b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.   |
|      |  | 13.   | <b>Competition Identification Number/Title:</b> Enter the competition identification number and title of the competition under which assistance is requested, if applicable.   |
|      |  | 14.   | <b>Areas Affected By Project:</b> 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.   | <b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.  | 15.   | <b>Descriptive Title of Applicant's Project:</b> (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.   | <b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.  |       |  |
| 5a.  | <b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the federal agency, if any.  | 16.   | <b>Congressional Districts Of:</b> 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.  | <b>Federal Award Identifier:</b> 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.   | <b>Date Received by State:</b> Leave this field blank. This date will be assigned by the state, if applicable.   |       |  |
| 7.   | <b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the state, if applicable.   |       |  |
| 8.   | <b>Applicant Information:</b> Enter the following in accordance with agency instructions:  |       |  |
|      | <b>a. Legal Name:</b> (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 <a href="http://www.Grants.gov">www.Grants.gov</a> .  | 17.   | <b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.   |
|      | <b>b. Employer/Taxpayer Number (EIN/TIN):</b> (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.   | <b>Estimated Funding:</b> (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.   |
|      | <b>c. Organizational DUNS:</b> (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 <a href="http://www.Grants.gov">www.Grants.gov</a> .   | 19.   | <b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> (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.   |
|      | <b>d. Address:</b> 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.   | <b>Is the Applicant Delinquent on any Federal Debt?</b> (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.   |

|   |   |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
|---|---|---------------------|---|----------------------|--|--------------------------------|---------------|--------------------------------|--|--------------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---|--|--|--|---|---|------------------|--|--------------------|------------------------------------|--|--|--|
|   | <p><b>e. Organizational Unit:</b> Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.</p>  | 21.                 | <p><b>Authorized Representative:</b> 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.)</p> |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
|   | <p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> 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.</p>   |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| 9.  | <p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="162 315 795 945"> <tr> <td data-bbox="162 315 487 346">A. State Government</td> <td data-bbox="487 315 795 346">M. Nonprofit</td> </tr> <tr> <td data-bbox="162 346 487 378">B. County Government</td> <td data-bbox="487 346 795 378">N. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="162 378 487 430">C. City or Township Government</td> <td data-bbox="487 378 795 430">O. Individual</td> </tr> <tr> <td data-bbox="162 430 487 483">D. Special District Government</td> <td data-bbox="487 430 795 483">P. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="162 483 487 514">E. Regional Organization</td> <td data-bbox="487 483 795 514">Q. Small Business</td> </tr> <tr> <td data-bbox="162 514 487 546">F. U.S. Territory or Possession</td> <td data-bbox="487 514 795 546">R. Hispanic-serving Institution</td> </tr> <tr> <td data-bbox="162 546 487 598">G. Independent School District</td> <td data-bbox="487 546 795 598">S. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="162 598 487 651">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="487 598 795 651">T. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="162 651 487 703">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="487 651 795 703">U. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="162 703 487 756">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="487 703 795 756">V. Non-US Entity</td> </tr> <tr> <td data-bbox="162 756 487 808">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="487 756 795 808">W. Other (specify)</td> </tr> <tr> <td data-bbox="162 808 487 861">L. Public/Indian Housing Authority</td> <td></td> </tr> </table> | A. State Government | M. Nonprofit  | B. County Government | N. Private Institution of Higher Education | C. City or Township Government | O. Individual | D. Special District Government | P. For-Profit Organization (Other than Small Business) | E. Regional Organization | Q. Small Business | F. U.S. Territory or Possession | R. Hispanic-serving Institution | G. Independent School District | S. Historically Black Colleges and Universities (HBCUs) | H. Public/State Controlled Institution of Higher Education | T. Tribally Controlled Colleges and Universities (TCCUs) | I. Indian/Native American Tribal Government (Federally Recognized) | U. Alaska Native and Native Hawaiian Serving Institutions | J. Indian/Native American Tribal Government (Other than Federally Recognized) | V. Non-US Entity | K. Indian/Native American Tribally Designated Organization | W. Other (specify) | L. Public/Indian Housing Authority |  |  |  |
| A. State Government   | M. Nonprofit  |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| B. County Government  | N. Private Institution of Higher Education  |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| C. City or Township Government  | O. Individual   |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| D. Special District Government  | P. For-Profit Organization (Other than Small Business)  |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| E. Regional Organization  | Q. Small Business   |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| F. U.S. Territory or Possession   | R. Hispanic-serving Institution   |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| G. Independent School District  | S. Historically Black Colleges and Universities (HBCUs)   |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| H. Public/State Controlled Institution of Higher Education                    | T. Tribally Controlled Colleges and Universities (TCCUs)  |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| I. Indian/Native American Tribal Government (Federally Recognized)            | U. Alaska Native and Native Hawaiian Serving Institutions   |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| J. Indian/Native American Tribal Government (Other than Federally Recognized) | V. Non-US Entity  |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| K. Indian/Native American Tribally Designated Organization                    | W. Other (specify)  |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |
| L. Public/Indian Housing Authority  |   |                     |   |                      |  |                                |               |                                |  |                          |                   |                                 |                                 |                                |   |  |  |  |   |   |                  |  |                    |                                    |  |  |  |

## 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. |

## 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 THE SF-424C

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0041), Washington, DC 20503.

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

This sheet is to be used for the following types of applications: (1) "New" (means a new [previously unfunded] assistance award); (2) "Continuation" (means funding in a succeeding budget period which stemmed from a prior agreement to fund); and (3) "Revised" (means any changes in the Federal Government's financial obligations or contingent liability from an existing obligation). If there is no change in the award amount, there is no need to complete this form. Certain Federal agencies may require only an explanatory letter to effect minor (no cost) changes. If you have questions, please contact the Federal agency.

*Column a.* - If this is an application for a "New" project, enter the total estimated cost of each of the items listed on lines 1 through 16 (as applicable) under "COST CLASSIFICATION."

If this application entails a change to an existing award, enter the eligible amounts *approved under the previous award* for the items under "COST CLASSIFICATION."

*Column b.* - If this is an application for a "New" project, enter that portion of the cost of each item in Column a. which is *not* allowable for Federal assistance. Contact the Federal agency for assistance in determining the allowability of specific costs.

If this application entails a change to an existing award, enter the adjustment [+ or (-)] to the previously approved costs (from column a.) reflected in this application.

*Column.* - This is the net of lines 1 through 16 in columns "a." and "b."

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Line 1 - Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government. Allowable legal costs are generally only those associated with the purchases of land which is allowable for Federal participation and certain services in support of construction of the project.

Line 2 - Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line 3 - Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line 4 - Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line 5 - Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line 6 - Enter estimated engineering inspection costs.

Line 7 - Enter estimated costs of site preparation and restoration which are not included in the basic construction contract.

Line 9 - Enter estimated cost of the construction contract.

Line 10 - Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line 11 - Enter estimated miscellaneous costs.

Line 12 - Total of items 1 through 11.

Line 13 - Enter estimated contingency costs. (Consult the Federal agency for the percentage of the estimated construction cost to use.)

Line 14 - Enter the total of lines 12 and 13.

Line 15 - Enter estimated program income to be earned during the grant period, e.g., salvaged materials, etc.

Line 16 - Subtract line 15 from line 14.

Line 17 - This block is for the computation of the Federal share. Multiply the total allowable project costs from line 16, column "c." by the Federal percentage share (this may be up to 100 percent; consult Federal agency for Federal percentage share) and enter the product on line 17.

## **Instructions For Completing SF-424D Assurances for 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

*[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