

**APPLICATION FOR  
FEDERAL ASSISTANCE**

|  |  |   |                              |
|--|--|---|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b>                  | Applicant Identifier         |
| Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                              |  | <b>3. DATE RECEIVED BY STATE</b>          | State Application Identifier |
|  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> | Federal Identifier           |

**5. APPLICANT INFORMATION**

|                      |          |   |             |
|----------------------|----------|---|-------------|
| Legal Name:          |          | <b>Organizational Unit:</b>   |             |
| Organizational DUNS: |          | Department:   |             |
| <b>Address:</b>      |          | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> |             |
| Street:              |          | Prefix:   | First Name: |
| City:                |          | Middle Name   |             |
| County:              |          | Last Name   |             |
| State:               | Zip Code | Suffix:   |             |
| Country:             |          | Email:  |             |

|  |                               |                             |
|--|-------------------------------|-----------------------------|
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>□□-□□□□□□□□ | Phone Number (give area code) | Fax Number (give area code) |
|--|-------------------------------|-----------------------------|

|   |  |
|---|--|
| <b>8. TYPE OF APPLICATION:</b><br><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br><input type="checkbox"/> <input type="checkbox"/><br>Other (specify) | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>Other (specify) |
| <b>9. NAME OF FEDERAL AGENCY:</b>   |  |

|  |  |
|--|--|
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program):    □□-□□□□ | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> |
|--|--|

|  |
|--|
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> |
|--|

|                             |  |
|-----------------------------|--|
| <b>13. PROPOSED PROJECT</b> | <b>14. CONGRESSIONAL DISTRICTS OF:</b> |
| Start Date:    Ending Date: | a. Applicant    b. Project             |

|                                |  |
|--------------------------------|--|
| <b>15. ESTIMATED FUNDING:</b>  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |
| a. Federal    \$    .00        | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: |
| b. Applicant    \$    .00      | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |
| c. State    \$    .00          | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |
| d. Local    \$    .00          | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  |
| e. Other    \$    .00          | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No   |
| f. Program Income    \$    .00 |  |
| g. TOTAL    \$    .00          |  |

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

|   |            |                                      |
|---|------------|--------------------------------------|
| <b>a. Authorized Representative</b>       |            |                                      |
| Prefix                                    | First Name | Middle Name                          |
| Last Name                                 |            | Suffix                               |
| b. Title                                  |            | c. Telephone Number (give area code) |
| d. Signature of Authorized Representative |            | e. Date Signed                       |

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

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

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

| Item:                          | Entry:  | Item:             | Entry:  |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
|--------------------------------|---|-------------------|---|----------------------|-----------------------|--------------|---|-------------|---------------|---------------|------------------------|-------------------|--------------------|---------------------|--------------------------------|--------------------------------|--|-----|---|
| 1.                             | Select Type of Submission.  | 11.               | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 2.                             | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).   | 12.               | List only the largest political entities affected (e.g., State, counties, cities).  |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 3.                             | State use only (if applicable).   | 13.               | Enter the proposed start date and end date of the project.  |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 4.                             | Enter Date Received by Federal Agency<br>Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.   | 14.               | List the applicant's Congressional District and any District(s) affected by the program or project  |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 5.                             | Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.   | 15.               | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 6.                             | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.   | 16.               | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 7.                             | Select the appropriate letter in the space provided.<br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table> | A. State          | I. State Controlled Institution of Higher Learning  | B. County            | J. Private University | C. Municipal | K. Indian Tribe   | D. Township | L. Individual | E. Interstate | M. Profit Organization | F. Intermunicipal | N. Other (Specify) | G. Special District | O. Not for Profit Organization | H. Independent School District |  | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| A. State                       | I. State Controlled Institution of Higher Learning  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| B. County                      | J. Private University   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| C. Municipal                   | K. Indian Tribe   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| D. Township                    | L. Individual   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| E. Interstate                  | M. Profit Organization  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| F. Intermunicipal              | N. Other (Specify)  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| G. Special District            | O. Not for Profit Organization  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| H. Independent School District |   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 8.                             | Select the type from the following list: <ul style="list-style-type: none"> <li>• "New" means a new assistance award.</li> <li>• "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>• "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> </li> </ul>         | A. Increase Award | B. Decrease Award   | C. Increase Duration | D. Decrease Duration  | 18.          | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| A. Increase Award              | B. Decrease Award   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| C. Increase Duration           | D. Decrease Duration  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 9.                             | Name of Federal agency from which assistance is being requested with this application.  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 10.                            | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 0348-0044

**SECTION A - BUDGET SUMMARY**

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds |                 | New or Revised Budget |                 |           |
|--|---|-----------------------------|-----------------|-----------------------|-----------------|-----------|
|  |   | Federal (c)                 | Non-Federal (d) | Federal (e)           | Non-Federal (f) | Total (g) |
| 1.                                     |   | \$                          | \$              | \$                    | \$              | \$        |
| 2.                                     |   |                             |                 |                       |                 |           |
| 3.                                     |   |                             |                 |                       |                 |           |
| 4.                                     |   |                             |                 |                       |                 |           |
| 5. Totals                              |   | \$                          | \$              | \$                    | \$              | \$        |

**SECTION B - BUDGET CATEGORIES**

| 6. Object Class Categories             | GRANT PROGRAM, FUNCTION OR ACTIVITY |     |     |     | Total (5) |
|--|-------------------------------------|-----|-----|-----|-----------|
|  | (1)                                 | (2) | (3) | (4) |           |
| a. Personnel                           | \$                                  | \$  | \$  | \$  | \$        |
| b. Fringe Benefits                     |                                     |     |     |     |           |
| c. Travel                              |                                     |     |     |     |           |
| d. Equipment                           |                                     |     |     |     |           |
| e. Supplies                            |                                     |     |     |     |           |
| f. Contractual                         |                                     |     |     |     |           |
| g. Construction                        |                                     |     |     |     |           |
| h. Other                               |                                     |     |     |     |           |
| i. Total Direct Charges (sum of 6a-6h) |                                     |     |     |     |           |
| j. Indirect Charges                    |                                     |     |     |     |           |
| k. TOTALS (sum of 6i and 6j)           | \$                                  | \$  | \$  | \$  | \$        |

|                   |    |    |    |    |    |
|-------------------|----|----|----|----|----|
| 7. Program Income | \$ | \$ | \$ | \$ | \$ |
|-------------------|----|----|----|----|----|

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**SECTION C - NON-FEDERAL RESOURCES**

| (a) Grant Program             | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS |
|-------------------------------|---------------|-----------|-------------------|------------|
| 8.                            | \$            | \$        | \$                | \$         |
| 9.                            |               |           |                   |            |
| 10.                           |               |           |                   |            |
| 11.                           |               |           |                   |            |
| 12. TOTAL (sum of lines 8-11) | \$            | \$        | \$                | \$         |

**SECTION D - FORECASTED CASH NEEDS**

|                                    | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|------------------------------------|--------------------|-------------|-------------|-------------|-------------|
| 13. Federal                        | \$                 | \$          | \$          | \$          | \$          |
| 14. Non-Federal                    |                    |             |             |             |             |
| 15. TOTAL (sum of lines 13 and 14) | \$                 | \$          | \$          | \$          | \$          |

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

| (a) Grant Program              | FUTURE FUNDING PERIODS (Years) |            |           |            |
|--------------------------------|--------------------------------|------------|-----------|------------|
|                                | (b) First                      | (c) Second | (d) Third | (e) Fourth |
| 16.                            | \$                             | \$         | \$        | \$         |
| 17.                            |                                |            |           |            |
| 18.                            |                                |            |           |            |
| 19.                            |                                |            |           |            |
| 20. TOTAL (sum of lines 16-19) | \$                             | \$         | \$        | \$         |

**SECTION F - OTHER BUDGET INFORMATION**

|                     |                       |
|---------------------|-----------------------|
| 21. Direct Charges: | 22. Indirect Charges: |
| 23. Remarks:        |                       |

## INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

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

### General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

### Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

### Lines 1-4, Columns (c) through (g)

*For new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

*For continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

*For supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

**Line 5** - Show the totals for all columns used.

### Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

**Line 6a-i** - Show the totals of Lines 6a to 6h in each column.

**Line 6j** - Show the amount of indirect cost.

**Line 6k** - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

**Line 7** - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program

## INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

### Section C. Non-Federal Resources

**Lines 8-11** Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

### Section D. Forecasted Cash Needs

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15** - Enter the totals of amounts on Lines 13 and 14.

### Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

### Section F. Other Budget Information

**Line 21** - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

**Line 23** - Provide any other explanations or comments deemed necessary.

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 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 (0348-0040), 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.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

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| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |                |
| APPLICANT ORGANIZATION                      |       | DATE SUBMITTED |