Part III. Standard Forms, Certifications and Surveys

Part III of the application, the standard forms, certifications and surveys, must be submitted with Part II of the application, the Project Plan, by (insert date). Part III of the application must be submitted as an email attachment to pbiprogram@ed.gov. The signed copies of the standard forms may be scanned and submitted via email, or faxed to: Predominantly Black Institutions Program, fax number (202) 502-7859.

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02					
*1. Type of Submission:	*2. Type of Application * If Revision, select appropriate letter(s)				
☐ Preapplication	☐ New				
☐ Application	☐ Continuation	*Other (Specify)			
Changed/Corrected Application	Revision				
3. Date Received: 4.	Applicant Identifier:				
5a. Federal Entity Identifier: *5b. Federal Award Identifier:					
State Use Only:					
6. Date Received by State:	7. State Ap	plication Identifier:			
8. APPLICANT INFORMATION:	•				
*a. Legal Name:					
*b. Employer/Taxpayer Identification N	Number (EIN/TIN):	*c. Organizational DUNS:			
d. Address:					
*Street 1:					
Street 2:					
*City:					
County:					
*State:					
Province:					
*Country:					
*Zip / Postal Code					
e. Organizational Unit:					
Department Name:		Division Name:			
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
Middle Name:					
*Last Name:					
Suffix:					
Title:					
Organizational Affiliation:					
*Telephone Number: Fax Number:					
Email:					

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*O4b - 1 (O2 - 2 if)	
*Other (Specify)	
*10 Name of Federal Agency:	
11. Catalog of Federal Domestic Assistance Number:	
CEDA Titles	
CFDA Title:	
*12 Funding Opportunity Number:	
12 Turiding Opportunity Number:	
*Title:	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
*15. Descriptive Title of Applicant's Project:	

Expiration Date: 01/31/2009 **Application for Federal Assistance SF-424** Version 02 16. Congressional Districts Of: *a. Applicant: *b. Program/Project: 17. Proposed Project: *a. Start Date: *b. End Date: 18. Estimated Funding (\$): *a. Federal *b. Applicant *c. State *d. Local *e. Other *f. Program Income *q. TOTAL *19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on ____ b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E. O. 12372 *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions **Authorized Representative:** Prefix: *First Name: _____ Middle Name: *Last Name: Suffix: *Title: *Telephone Number: Fax Number:

Authorized for Local Reproduction (Revised 10/2005)

*Signature of Authorized Representative:

* Email:

*Date Signed:

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02
*Applicant Federal Debt Delinquency Explanation
The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.
The following should contain an explanation if the Applicant organization is definiquent of any Federal Debt.

SUPPLEMENTAL INFORMATION REQUIRED FOR DEPARTMENT OF EDUCATION

1. Project Director: Prefix: *First Name: Middle Name: *Last Name: Suffix: Address: * Street1: Street2: \[\square * City: County: [* Zip Code: □* Country. * <u>Phone Number</u> (give area code) Fax Number (give area code) **Email Address:** 2. Applicant Experience: Not applicable to this program \sqcup_{Yes} \bigsqcup_{N_0} Novice Applicant 3. Human Subjects Research: Are any research activities involving human subjects planned at any time during the proposed project Period? Are ALL the research activities proposed designated to be exempt from the regulations? Provide Exemption(s) #: Provide Assurance #, if available: **Please attach an explanation Narrative:**



U.S. DEPARTMENT OF EDUCATION BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

OMB Control	Number:	1894-000
Expiration Date	02/28	/2011

TATES OF STATES					Expiration Date: 0	12/28/2011
	NSTRUCTION PROG	RAMS				
Name of Institution/Organization	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.					
		SECTION A - B	SUDGET SUMMAI	RY		
U.S. DEPARTMENT OF EDUCATION FU	JNDS					
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs*						
11. Training Stipends						

*Indirect Cost Information (To Be Completed by Your Business Office):

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

- (1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? _____Yes _____ No
- (2) If yes, please provide the following information:

Period Covered by the Indirect Cost Rate Agreement: From: ___/____ To: ___/____ To: ___/____ (mm/dd/yyyy)

Approving Federal agency: ____ ED ____ Other (please specify): _____

(3) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

ted maneet cost rate that.

Is included in your approved Indirect Cost Rate Agreement? or

Complies with 34 CFR 76.564(c)(2)?

12. Total Costs (lines 9-11)

Name of Institution/Organization		Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.					
			ION B - BUDGET SUMMARY NON-FEDERAL FUNDS				
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)	
1. Personnel							
2. Fringe Benefits							
3. Travel							
4. Equipment							
5. Supplies							
6. Contractual							
7. Construction							
8. Other							
9. Total Direct Costs (Lines 1-8)							
10 Indirect Costs							

SECTION C – BUDGET NARRATIVE (see instructions)

11. Training Stipends

12. Total Costs (Lines 9-11)

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure)

1. Type of Federal Action: a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: a. bid/offer/application b. initial award c. post-award		 3. Report Type: a. initial filing b. material change For material change only: Year quarter Date of last report 	
4. Name and Address of Reporting Entity: Prime Subawardee, if Known:		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:		
Congressional District, if known: 6. Federal Department/Agency:		7. Federal Program Name/Description: CFDA Number, if applicable:		
8. Federal Action Number, if known:		9. Award Amount, if known: \$		
10. a. Name and Address of Lobby (if individual, last name, first n	0 0	address if diff	ls Performing Services (including ferent from No. 10a) first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: Print Name: Title: Telephone N	o.: Date:	
Federal Use Only		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)		

Survey on Ensuring Equal Opportunity for Applicants.

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faithbased, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey. Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary. Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application. Applicant's (Organization) Name: **Applicant's DUNS Number: CFDA Number:** Federal Program: ____ 1. Has the applicant ever received a grant or contract 7. What is the size of the applicant's annual budget? from the Federal government? (Check only one box.) Less Than \$150,000 \$150,000 - \$299,999 2. Is the applicant a faith-based organization? \$300,000 - \$499,999 Yes No \$500,000 - \$999,999 3. Is the applicant a secular organization? \$1,000,000 - \$4,999,999 Yes No \$5,000,000 or more Does the applicant have 501(c)(3) status? Yes No 5. Is the applicant a local affiliate of a national organization? 6. How many full-time equivalent employees does the applicant have? (Check only one box). 3 or Fewer 15-50 51-100

over 100