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|  U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICESDhhs-logoGRANT APPLICATION**For use by:**State and Local Government ApplicantsNongovernmental Applicants for Health Services Projects**FORM HHS-5161-1****(Revised 8/2007)** |

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| **GENERAL INFORMATION AND INSTRUCTIONS FOR GRANT APPLICATION****(FORM HHS-5161-1, Revised 8/2007)** |
| INTRODUCTIONThis application form, the HHS 5161-1, is used for avariety of grant programs administered by the U.S. Department of Health and Human Services (HHS). The basic format (Standard Form 424) is prescribed by OMB Circular A-102 for use by State and local government applicants. The HHS-5161-1 is also intended for use by nongovernmental applicants seeking support for health services projects.The application consists of this section, General Information and Instructions, followed by seven additional sections which comprise the standard application.This section contains information about HHS policies and procedures.The second section, the SF-424, is the face page of theapplication which requests basic information about theapplicant and the project.The third section, Budget Information (non-constructionor construction) requests information on the applicant’sfinancial plan for carrying out the project or program.Both the Federal and non-Federal shares are to beincluded in the financial plan. The application kit contains budget forms for both non-construction (SF-424A) and construction (SF-424C) projects or programs. Please be sure that you use the correct form.The fourth section, Assurances (non-construction orconstruction) sets forth certain requirements with whichapplicants must certify that they will comply if a grantis awarded. The application kit includes assurances forboth non-construction (SF-424B) and construction (SF-424D) projects or programs. Please be sure that yousubmit the correct assurance form.The fifth section, Certifications, sets forth certainrequirements for grantees which have been legislativelyimplemented since the SF-424 assurances pages werelast revised..The sixth section, Program Narrative, requests theapplicant to describe the objectives of the program andto relate how those objectives will be attained. Forprojects funded beyond the first year, this section isused to describe the objectives and activities to be undertaken during the next period of support and also as a progress or performance report for activities previously undertaken. | The seventh section is the Checklist, whichmust be included with all applications. The Checklist is designed to ensure that the applicants have submitted all necessary forms associated with the application kit. The eighth and last section is the Project Abstract Summary. The Project Abstract must contain a summary of the proposed activity, which will be published for public dissemination. It should be a self-contained description of the project and should include a statement of objectives and methods to be employed. Before completing the application, it is advisable torefer to program guidelines provided with the application kit. The kit may also contain supplementary instructions pertaining to unique program requirements set forth in legislation or regulations.For additional information about, or copies of, materialreferred to in this application; contact the grantsmanagement office which supplied the application kit.Comments concerning the accuracy of the burden estimates for the Program Narrative and the Checklist and any suggestions for reducing this burden should beaddressed to:HHS Reports Clearance Officer200 Independence Avenue, SWHumphrey Building, Room 531HWashington, DC 20201Attention: PRA (0990-0317)***NOTE:*** The grant application which you aresubmitting may be subject to the reportingrequirements of the Public Health System ImpactStatement. Consult the Program Announcement orthe Grants Management Officer for the program towhich you are applying for additional information. **TYPES OF APPLICATIONS** The Form HHS-5161-1 may be used for any of the following types of applications:**1. New** - A new application is a request for financialassistance for a project or program not currentlyreceiving HHS support. If recommended forapproval it must compete with other new applications, competing continuation applications, and competing supplemental applications for anyavailable funds in accordance with Federalawarding office funding priorities. A completesubmission of all information requested, includingbudget justification, is required for all newapplications. |
| **2. Noncompeting Continuation** - A noncompetingcontinuation application is a request for supportbeyond the initial budget period1 within a previously approved project period2. These applications do not compete with other applications, and the level of support is determined by the awarding office after considering the previously recommended level of support and the progress achieved on the project. A complete resubmission of the material containedin the initially approved application is notnecessary, but the continuation application shouldinclude: a detailed justification, as necessary;information on the qualifying experience of keypersonnel added since the previous application; areport of progress relative to approved objectives;and a narrative discussing any significant changesto the originally approved project plan. Refer toItem 6(b) in the Program Narrative instructions, and to program guidelines for additional guidance on preparing the progress report.**3. Competing Continuation** - A competing continuation application is a request for the extension of support for one or more budget periods of a project which would otherwise expire. These applications are subject to the same review and analysis as new applications and they compete for available funds with other competing continuation applications, new applications, and competing supplemental applications. The information requirements applicable to competing continuation applications are the same as those that apply to new applications except that competing continuation applications must also include a progress report as described under Item 6(b) of the Program Narrative section.**4. Supplemental** - A supplemental application is arequest for additional funding within an approvedbudget period for program expansion oradministrative increases. Applications for funds toexpand the scope of the project are subject to thesame review procedures as new or competingcontinuation applications. Applications for funds tomeet increases in costs incurred during a currentbudget period (such as increases in fringebenefits, salaries, or other project costs not includedin the previous application) are generally**1Budget Period** - The interval of the time (usually 12 months) into which the projectperiod is divided for funding and reporting purposes.**2Project Period** - The total time for which support of a project has been programmati-cally approved. A project period may consist of one or more budget periods | noncompeting, but are subject to the approval of theawarding office and the availability of funds.A supplemental application must justify the needfor the additional funds. It should describe how thesupplemental award, or lack of it, would influenceprogram results.On the budget page(s), show only the supplementalfunds requested, and any matching/cost participationamounts (as appropriate). As part of the budgetjustification, include a statement as to whether anychanges have been made or are anticipated in theallocation of funds among categories for thepreviously approved budget.**PROJECT DEVELOPMENT**All new applicants are urged to discuss their interestsand ideas for developing projects early in the planningstage with State, regional, and local planning agenciesand/or health departments. Community support shouldbe assured by providing opportunities for public andprivate participation in the planning and developmentphases. When applicable, comments must be soughtfrom State Single Points of Contact in accord withrequirements under Executive Order 12372 asimplemented by HHS regulations at 45 CFR Part 100 (see checklist instructions).Staff members of the administering office from which funds are being requested are also available to assist applicants.**COMPLETING THE APPLICATION**In preparing the application, use English language andavoid jargon. Using a computer or typewriter, printed material must use black ink and be single spaced where possible. Instructions for completing the pages of the form are included with the form or on supplemental pages. If more space is needed than is provided, use a blank sheet of paper to complete the item, using the identical format. Clearly identify the continuation page as such, and the information item(s) contained thereon, and attach the page after the appropriate page of the application.Computer generated reproductions may be substituted for any of the forms provided in this packet. Such substitute forms should be printed in black ink and must maintain the exact wording and format of the government-printed forms, including all captions and spacing. Any deviation may be grounds for HHS to reject the entire application. |

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| ASSEMBLING AND MAILINGTo facilitate review and processing of the application bythe awarding office, all pages should be numbered andpreceded by a table of contents. Assemble theapplication with a cover letter on top indicating thespecific program for which you are applying, followedby a table of contents, the printed forms, the programnarrative, biographical sketches, and any remainingdocuments. If the application is submitted by paper, completed forms should be signed inink by an authorized official of the applicant organization and duplicated in accord with applicablerequirements of the funding opportunity announcement. Applications may also be submitted electronically via [www.grants.gov](http://www.grants.gov) (Grants.gov), as noted in the funding opportunity announcement. Mail completed applications to the appropriate grants management office (unless otherinstructions have been provided) in time to meet thedeadline date for receipt established by the awardingoffice.ACKNOWLEDGMENTApplicants should use their delivery receipt as confirmation of receipt by HHS. If application is submitted via Grants.gov, an email to acknowledge successful submission will be sent to the authorized organization representative (AOR).**LATE APPLICATIONS****New/Competing Continuation**Applications will be considered to be "on time" if theyare received on or before the deadlinedate established by the awarding office, which is included in the funding opportunity announcement. Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt and delivery confirmation from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing. Late competing applications not accepted for processing may either be returned to the applicant or held for the next regularly scheduled review cycle.**Noncompeting Continuation**Applications which are not received in time to permitorderly review, processing, and award issuance on orbefore the beginning date of the continuation budgetperiod, may result in: (1) an extension of the currentbudget period *without additional Federal funds,* and (2)a delay in the beginning date of the new budget period. | **NONCONFORMING APPLICATIONS**Applications which are determined to be non-responsive shall not be accepted for processing and shall be returned to the applicant. A grant application may be classified as non-responsive if it does not meet the requirements of the funding opportunity announcement to which it is responding.**APPLICATION REVIEW**Applications will be evaluated and rated according tocriteria and priorities which are established for theparticular grant program involved and which aredescribed in the funding opportunity announcement and any respective program guidelines.**UNSUCCESSFUL APPLICANTS**After a decision has been reached either to disapproveor not fund a grant application during a given reviewcycle, a written notice shall be sent to the unsuccessfulapplicant (sent to the authorized official within 30 days after that decision.**PRIVACY ACT**The Privacy Act of 1974 (5 U.S.C. § 552a) givesindividuals the right of access to information concerningthemselves and provides a mechanism forcorrection or amendment of such records. The PrivacyAct also provides for protection of informationpertaining to an individual, but it does not preventdisclosure of such information if its release is requiredunder the Freedom of Information Act. The Privacy Actrequires that a Federal agency must advise eachindividual whom it asks to supply the information (1) ofthe authority which authorizes the solicitation, (2)whether disclosure is voluntary or mandatory, (3) theprincipal purpose or purposes for which the informationis to be used, (4) the use outside the agencywhich may be made of the information, and (5) theeffects on the individual, if any, of not providing all orany part of the requested information.HHS is requesting the information called for in thisapplication pursuant to its statutory authority to awardgrants. Provision of the information requested is entirelyvoluntary. The collection of this information is for thepurpose of aiding in the review of applications prior togrant award decisions and for management of HHSprograms. Insufficient information may hinder HHS’ ability to review applications, monitor grantee performance, or perform overall management of grant programs. |

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| This information will be used within the Department ofHealth and Human Services, and may also be disclosedoutside the Department as permitted by the Privacy Act,including disclosures to the public as required by theFreedom of Information Act, to the Congress, theNational Archives, the Bureau of the Census, lawenforcement agencies upon their request, the GeneralAccounting Office, and pursuant to court order. It mayalso be disclosed outside the Department, if necessary,for the following purposes:1. To the cognizant audit agency for auditing.2. To the Department of Justice as required forlitigation.3. To a congressional office from the record of anindividual in response to an inquiry from thecongressional office made at the request of thatindividual.4. To qualified experts not within the definition ofDepartment employees as prescribed in theDepartment’s regulations [45 CFR Part 5(b)(2)]for their opinions, as part of the applicationreview process.5. To a Federal agency in response to its request, inconnection with the letting of a contract, or theissuance of a license, grant, or other benefit by therequesting agency, to the extent that the record isrelevant and necessary to the requesting agency’sdecision on the matter. | 6. To individuals and organizations deemed qualified by HHS to carry out specific research related to the review and award processes of HHS.7. To organizations in the private sector with whomHHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor. The contractorshall be required to maintain Privacy Act safeguards with respect to such records.8. To the grantee institution relative to performanceor administration under the terms and conditionsof the award.**FREEDOM OF INFORMATION ACT**The Freedom of Information Act and the associatedPublic Information Regulations (45 CFR Part 5) of HHS require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant related reports aregenerally available for inspection and copying exceptthat information considered as an unwarrantedinvasion of personal privacy will not be disclosed. Forspecific guidance on the availability of information,refer to 45 CFR Part 5. |

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|  **Application for Federal Assistance SF-424**  |
| \*1. Type of Submission:[ ]  Preapplication[ ]  Application[ ]  Changed/Corrected Application | **\*2.** Type of Application:[ ]  New[ ]  Continuation[ ]  Revision | \*IfRevision, select appropriate letter(s): \*Other (Specify)  |
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| \*3. Date Received: 4. Applicant Identifier:   |
| 5a. Federal Entity Identifier | \*5b. Federal Award Identifier: |
| **State Use Only:** |
| 6. Date Received by State:  | 7. State Application Identifier:  |
| **8. APPLICANT INFORMATION** |
| \*a. Legal Name:  |
| \*b. Employer/Taxpayer Identification Number (EIN/TIN): | \*c. Organization DUNS: |
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| **d. Address** |
| \*Street1:  Street2: \*City:  County/Parish: \*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:  \*First Name: Middle Name: \*Last Name: Suffix:   |
| Title:  |
| Organizational Affiliation: |
| \*Telephone Number:  Fax Number:  |
| \*Email:  |
| **Application for Federal Assistance SF-424**  |
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| **9. Type of Applicant 1: Select Applicant Type:**Type of Applicant 2: Select Applicant Type:Type of Applicant 3: Select Applicant Type:\* Other (specify) |
| **10. Name of Federal Agency:** |
| 11. Catalog of Federal Domestic Assistance NumberCFDA Title: |
| \*12. Funding Opportunity Number:\*Title:  |
| 13. Competition Identification Number:Title: |
| **14. Areas Affected by Project (Cities, Counties, States, etc.):** |
| **15. Descriptive Title of Applicant’s Project:** |
| Attach supporting documents as specified in agency instructions. |
| **Application for Federal Assistance SF-424**  |
| **16. Congressional Districts Of:****\*a. Applicant**  b. Program/Project  |
| Attach an additional list of Program/Project Congressional Districts if needed: |
| **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 \*g. 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 in attachment.)[ ]  Yes [ ]  NoIf "Yes", provide explanation and attach. |
| **21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statementsherein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree tocomply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claimsmay 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 agencyspecific instructions. |
| **a. Authorized Representative** |
| Prefix:  \*First Name:  |
| Middle Name:  |
| Last Name:  |
| Suffix:  |
| \*Title:  |
| \*Telephone Number:  Fax Number:  |
| \*Email:  |
| \*Signature of Authorized Representative:  Date Signed:  |

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| **Application for Federal Assistance SF-424**  |
| **\* Applicant Federal Debt Delinquency Explanation** |
| The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number ofcharacters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space. |
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| **INSTRUCTIONS FOR THE SF-424** |
| Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time forreviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing andreviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection ofinformation, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork ReductionProject (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 submittedfor Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which haveestablished a review and comment procedure in response to Executive Order 12372 and have selected the programto be included in their process, have been given an opportunity to review the applicant’s submission. |

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| Item | Entry: | Item | Entry: |
| 1. | **Type of Submission:** (Required): Select one type of submission in accordance with agency instructions.* Preapplication
* Application
* Changed/Corrected Application– If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.
 | 10. | **Name Of Federal Agency**: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.  |
| 11. | **Catalog Of Federal Domestic Assistance Number/Title:** Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.  |
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| 2. | Type of Application: (Required) Select one type of application in accordance with agency instructions.* New – An application that is being submitted to an agency for the first time.
* Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.
* Revision - Any change in the Federal Government’s financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.

 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration  E. Other (specify) | 12. | **Funding Opportunity Number/Title:** (Required)Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement. |
| 13. | **Competition Identification Number/Title:** Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. |
| 14. | **Areas Affected By Project:**  List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed. |
| 3. | **Date Received:** Leave this field blank. This date will be assigned by the Federal agency. | 15. | **Descriptive Title of Applicant’s Project:** (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project. |
| 4. | **Applicant Identifier**: Enter the entity identifier assigned by the Federal agency, if any, or applicant’s control number, if applicable. |
| 5a | **Federal Entity Identifier**: Enter the number assigned to your organization by the Federal Agency, if any. | 16. | **Congressional Districts Of**: (Required) 16a. Enter the applicant’s Congressional District, and 16b. 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 12th district, NC-103 for North Carolina’s 103rd 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.
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| 5b. | **Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions. |
| 6. | **Date Received by State:** Leave this field blank. This date will be assigned by the State, if applicable. |
| 7. | **State Application Identifier:** Leave this field blank. This identifier will be assigned by the State, if applicable. |
| 8. | **Applicant Information**: Enter the following in accordance with agency instructions:**a. Legal Name**: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. |
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| 17. | **Proposed Project Start and End Dates**: (Required) Enter the proposed start date and end date of the project. |
| **b. Employer/Taxpayer Number (EIN/TIN):** (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. |
| 18. | **Estimated Funding:** (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.  |
| **c. Organizational DUNS**: (Required) Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. |
| **d. Address**: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). |
| 19. | **Is Application Subject to Review by State Under Executive Order 12372 Process?** 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. Selectthe appropriate box. If “a.” is selected, enter the date the application was submitted to the State |
| **e. Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the assistance activity, if applicable. |
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| **f. Name and contact information of person to be contacted on matters involving this application**: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application. |
| 20. | **Is the Applicant Delinquent on any Federal Debt?** (Required)Selectthe appropriate box. 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.If yes, include an explanation on the continuation sheet. |
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| 9. | Type of Applicant: (Required)Select up to three applicant type(s) in accordance with agency instructions. | 21. | **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. 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.) |
| 1. State Government
2. County Government
3. City or Township Government
4. Special District Government
5. Regional Organization
6. U.S. Territory or Possession
7. Independent School District
8. Public/State Controlled Institution of Higher Education
9. Indian/Native American Tribal Government (Federally Recognized)
10. Indian/Native American Tribal Government (Other than Federally Recognized)
11. Indian/Native American Tribally Designated Organization
12. Public/Indian Housing Authority
 | 1. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
2. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
3. Private Institution of Higher Education
4. Individual
5. For-Profit Organization (Other than Small Business)
6. Small Business
7. Hispanic-serving Institution
8. Historically Black Colleges and Universities (HBCUs)
9. Tribally Controlled Colleges and Universities (TCCUs)
10. Alaska Native and Native Hawaiian Serving Institutions
11. Non-domestic (non-US) Entity
12. Other (specify)
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| **BUDGET INFORMATION - Non- Construction Programs** |
| **SECTION A - BUDGET SUMMARY** |
| Grant ProgramFunctionor Activity(a) | Catalog of FederalDomestic AssistanceNumber(b) | Estimated Unobligated Funds | New or Revised Budget |
| Federal(c) | Non-Federal(d) | Federal(e) | Non- Federal(f) | Total(g) |
| 1.       |       | $       | $       | $       | $       | $ 0.00 |
| 2.       |       | $       | $       | $       | $       | $ 0.00 |
| 3.       |       | $       | $       | $       | $       | $ 0.00 |
| 4.       |       | $       | $       | $       | $       | $ 0.00 |
| 5. TOTALS |       | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| **SECTION B - BUDGET CATEGORIES** |
| 6. Object Class Categories | **GRANT PROGRAM, FUNCTION OR ACTIVITY** | Total(5) |
| (1) | (2) | (3) | (4) |
| a. Personnel | $       | $       | $       | $       | $ 0.00 |
| b. Fringe Benefits | $       | $       | $       | $       | $ 0.00 |
| c. Travel | $       | $       | $       | $       | $ 0.00 |
| d. Equipment | $       | $       | $       | $       | $ 0.00 |
| e. Supplies | $       | $       | $       | $       | $ 0.00 |
| f. Contractual | $       | $       | $       | $       | $ 0.00 |
| g. Construction | $       | $       | $       | $       | $ 0.00 |
| h. Other | $       | $       | $       | $       | $ 0.00 |
| i.**i** Total Direct Charges *(sum of 6a -6h)* | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| j. Indirect Charges | $       | $       | $       | $       | $ 0.00 |
| k. TOTALS *(sum of 6i and 6j)*  | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
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| 7. Program Income  | $       | $       | $       | $       | $ 0.00 |

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| **SECTION C - NON- FEDERAL RESOURCES** |
| **(a) Grant Program** | **(b) Applicant** | **(c) State** | **(d) Other Sources** | **(e) TOTALS** |
| 8.       | $      | $      | $      | $0.00 |
| 9.       | $      | $      | $      | $0.00 |
| 10.       | $      | $      | $      | $0.00 |
| 11.       | $      | $      | $      | $0.00 |
| 12. TOTALS *(sum of lines 8 and 11)* | $0.00 | $0.00 | $0.00 | $0.00 |
| **SECTION D - FORECASTED CASH NEEDS** |
|  | **Total for 1st Year** | **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** |
| 13. Federal | $0.00 | $      | $      | $      | $      |
| 14. Non- Federal | $0.00 | $      | $      | $      | $      |
| 15. TOTAL *(sum of lines 13 and 14)* | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **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. TOTALS*(sum of lines 16 -19)* | $0.00 | $0.00 | $0.00 | $0.00 |
| **SECTION F - OTHER BUDGET INFORMATION** |
| 21. Direct Charges:  | 22. Indirect Charges:  |
|       |       |
| 23. Remarks |
|       |

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| **INSTRUCTIONS FOR THE SF-424A** |
| Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time forreviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing andreviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection ofinformation, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork ReductionProject (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 madefor funds from one or more grant programs. In pre-paring the budget, adhere to any existing Federalgrantor agency guidelines which prescribe how andwhether budgeted amounts should be separately shownfor different functions or activities within the program.For some programs, grantor agencies may requirebudgets to be separately shown by function or activity.For other programs, grantor agencies may require abreakdown by function or activity. Sections A, B, C, andD should include budget estimates for the whole projectexcept when applying for assistance which requiresFederal authorization in annual or other funding periodincrements. In the latter case, Sections A, B, C, and Dshould provide the budget for the first budget period(usually a year) and Section E should present the needfor Federal assistance in the subsequent budgetperiods. All applications should contain a breakdown bythe object class categories shown in Lines a - k ofSection B.**Section A. Budget Summary Lines 1 - 4, Columns(a) and (b)**For applications pertaining to a single Federal grantprogram (Federal Domestic Assistance Catalognumber) and not requiring a functional or activitybreakdown, enter on Line 1 under Column (a) thecatalog program title and the catalog number in Column(b).For applications pertaining to a single programrequiring budget amounts by multiple functions oractivities, enter the name of each activity or function oneach line in Column (a), and enter the catalog numberin Column (b). For applications pertaining to multipleprograms where none of the programs require abreakdown by function or activity, enter the catalogprogram title on each line in Column (a) and therespective catalog number on each line in Column (b).For applications pertaining to multiple programswhere one or more programs require a breakdown byfunction or activity, prepare a separate sheet for eachprogram requiring the breakdown. Additional sheetsshould be used when one form does not provideadequate space for all breakdown of data required.However, when more than one sheet is used, the firstpage should provide the summary totals by programs.**Lines 1 - 4, Columns (c) through (g.)**For new applications, leave Columns (c) and (d) blank.For each line entry in Columns (a) and (b), enter inColumns (e), (f), and (g) the appropriate amounts offunds needed to support the project for the first fundingperiod (usually a year). | **Lines 1 - 4, Columns (c) through (g.)** *(continued)*For continuing grant program applications, submitthese forms before the end of each funding period asrequired by the grantor agency. Enter in Columns (c)and (d) the estimated amounts of funds which willremain unobligated at the end of the grant fundingperiod only if the Federal grantor agency instructionsprovide for this. Otherwise, leave these columns blank.Enter in columns (e) and (f) the amounts of fundsneeded for the upcoming period. The amount(s) inColumn (g) should be the sum of amounts in Columns(e) and (f).For supplemental grants and changes to existinggrants, do not use Columns (c) and (d). Enter in column(e) the amount of the increase or decrease of FederalFunds and enter in Column (f) the amount of theincrease or decrease of non-Federal funds. In Column(g) enter the new total budgeted amount (Federal andnon-Federal) which includes the total previousauthorized budgeted amounts plus or minus, asappropriate, the amounts shown in Columns (e) and (f).The amount(s) in Column (g) should not equal the sumof amounts in Columns (e) and (f).**Line 5** - Show the totals for all columns used.**Section B. Budget Categories**In the column heading (1) through (4), enter the titles ofthe same programs, functions, and activities shown onLines 1 - 4, Column (a), Section A. When additionalsheets are prepared for Section A, provide similarcolumn headings on each sheet. For each program,function or activity, fill in the total requirements forfunds (both Federal and non-Federal) by object classcategories.**Lines 6a-i** - Show the totals of Lines 6a to 6h in eachcolumn.**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 continuationgrants the total amount in column (5), Line 6k, shouldbe the same as the total amount shown in Section A,Column (g), Line 5. For supplemental grants andchanges to grants, the total amount of the increase ordecrease as shown in Columns (1) - (4), Line 6k shouldbe 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 addor subtract this amount from the total project amount. |

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| **INSTRUCTIONS FOR THE SF-424A** *(Continued)* |
| **Line 7** - *(continued)*Show under the program narrative statement the natureand source of income. The estimated amount ofprogram income may be considered by the Federalgrantor agency in determining the total amount of thegrant.**Section C. Non-Federal Resources****Lines 8 - 11** - Enter amounts of non-Federal resourcesthat will be used on the grant. If in-kind contributions areincluded, provide a brief explanation on a separatesheet.**Column (a)** - Enter the program titles identical toColumn (a), Section A. A breakdown by function oractivity is not necessary.**Column (b)** - Enter the contribution to be made bythe applicant.**Column (c)** - Enter the amount of the State’s cashand in-kind contribution if the applicant is not aState or State agency. Applicants which are aState or State agencies should leave this columnblank.**Column (d)** - Enter the amount of cash and in-kindcontributions 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 theamount on Line 5, Column (f), Section A.**Section D. Forecasted Cash Needs****Line 13** - Enter the amount of cash needed by quarterfrom the grantor agency during the first year.**Line 14** - Enter the amount of cash from all othersources needed by quarter during the first year. | **Line 15** - Enter the totals of amounts on Lines 13 and14.**Section E. Budget Estimates of Federal FundsNeeded for Balance of the Project****Lines 16 - 19** - Enter in Column (a) the same grantprogram titles shown in column (a), Section A. Abreakdown by function or activity is not necessary. Fornew applications and continuation grant applications,enter in the proper columns amounts of Federal fundswhich 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 programtitles, submit additional schedules as necessary.**Line 20** - Enter the total for each of the Columns (b) -(e). When additional schedules are prepared for thisSection, annotate accordingly and show the overalltotals on this line.**Section F. Other Budget Information****Line 21** - Use this space to explain amounts forindividual direct object-class cost categories that mayappear to be out of the ordinary or to explain the detailsas required by the Federal grantor agency.**Line 22** - Enter the type of indirect rate (provisional,predetermined, final or fixed) that will be in effect duringthe funding period, the estimated amount of the base towhich the rate is applied, and the total indirect expense.**Line 23** - Provide any other explanations or commentsdeemed necessary. |

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| **OMB Approval No. 0348- 0041****BUDGET INFORMATION - Construction Programs*****NOTE:*** *Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case you will be notified.* |
| **COST CLASSIFICATION** | **a. Total Cost** | **b. Costs Not Allowable****for Participation** | **c. Total Allowable Costs****(Column a- b)** |
| 1. Administrative and legal expenses | $      .00 | $      .00 | $ 0.00 |
| 2. Land, structures, rights-of-way, appraisals, etc. | $      .00 | $      .00 | $ 0.00 |
| 3. Relocation expenses and payments | $      .00 | $      .00 | $ 0.00 |
| 4. Architectural and engineering fees | $      .00 | $      .00 | $ 0.00 |
| 5. Other architectural and engineering fees | $      .00 | $      .00 | $ 0.00 |
| 6. Project inspection fees | $      .00 | $      .00 | $ 0.00 |
| 7. Site work | $      .00 | $      .00 | $ 0.00 |
| 8. Demolition and removal | $      .00 | $      .00 | $ 0.00 |
| 9. Construction | $      .00 | $      .00 | $ 0.00 |
| 10. Equipment | $      .00 | $      .00 | $ 0.00 |
| 11. Miscellaneous | $      .00 | $      .00 | $ 0.00 |
| 12. SUBTOTAL *(sum of lines 1- 11)* | $ 0.00 | $ 0.00 | $ 0.00 |
| 13. Contingencies | $      .00 | $      .00 | $ 0.00 |
| 14. SUBTOTAL | $ 0.00 | $ 0.00 | $ 0.00 |
| 15. Project (program) income | $      .00 | $      .00 | $ 0.00 |
| 16. TOTAL PROJECT COSTS *(subtract #15 from #14)* | $ 0.00 | $ 0.00 | $ 0.00 |
| **FEDERAL FUNDING** |
| 17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share). Enter the resulting Federal share. |  |
| Enter eligible costs from line 16c Multiply X (include decimal point in number)  |       |  | $ 0.00 |
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| **INSTRUCTIONS FOR THE SF-424C** |
| Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time forreviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing andreviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection ofinformation, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork ReductionProject (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 prioragreement to fund); and (3) "Revised" (means any changes in the Federal government’s financial obligations orcontingent liability from an existing obligation). If there is no change in the award amount there is no need tocomplete 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 itemslisted on the lines 1 through 16 (as applicable) under"COST CLASSIFICATIONS."If this application entails a change to an existingaward, enter the eligible amounts *approved under theprevious award* for the items under "COSTCLASSIFICATION."Column b. - If this is an application for "New" project,enter that portion of the cost of each item in Column a.which is not allowable for Federal assistance. Contactthe Federal agency for assistance in determining theallowability of specific costs.If this application entails a change to an existingaward, enter the adjustment [+ or (-)] to the previouslyapproved costs (from column a.) reflected in thisapplication.Column c. - This is the net of lines 1 through 16 incolumns "a." and "b."Line 1 - Enter estimated amounts needed to coveradministrative expenses. Do not include costs whichare related to the normal functions of the government.Allowable legal costs are generally only thoseassociated with the purchase of the land which isallowable for Federal participation and certain servicesin support of construction of the project.Line 2 - Enter estimated site and right(s)-of-wayacquisition costs (this includes purchase, lease, and/oreasements).Line 3 - Enter estimated costs related to relocationadvisory assistance, replacement housing, relocationpayments to displaced persons and businesses, etc. | Line 4 - Enter estimated basic engineering fees relatedto construction (this includes start-up services andpreparation of project performance work plan).Line 5 - Enter estimated engineering costs, such assurveys, tests, soil borings, etc.Line 6 - Enter estimated engineering inspection costs.Line 7 - Enter estimated costs of site preparation andrestoration which are not included in the basicconstruction contract.Line 9 - Enter estimated cost of the constructioncontract.Line 10 - Enter estimated cost of office, shop,laboratory, safety equipment, etc. to be used at thefacility, if such costs are not included in theconstruction contract.Line 11 - Enter estimated miscellaneous costs.Line 12 - Total of items 1 through 11.Line 13 - Enter estimated contingency costs. (Consultthe Federal agency for the percentage of theestimated construction cost to use.)Line 14 - Enter the total of lines 12 and 13.Line 15 - Enter estimated program income to beearned during the grant period, e.g., salvagedmaterials, etc.Line 16 - Subtract line 15 from line 14.Line 17 - This block is for the computation of theFederal share. Multiply the total allowable projectcosts from line 16, column "c." by the Federalpercentage share (this may be up to 100 percent;consult Federal agency for Federal percentage share)and enter the product in line 17. |

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| OMB Approval No. 0990-0317**PROGRAM NARRATIVE** |
| ***Public Burden Statement:*** Public reporting burden ofthis collection of information is estimated to average 4hours per response, including the time for reviewinginstructions, searching existing data sources, gatheringand maintaining the data needed, and completing andreviewing the collection of information. An agency maynot conduct or sponsor, and a person is not required torespond to a collection of information unless it displaysa currently valid OMB control number. Send commentsregarding this burden estimate or any other aspect ofthis collection of information, including suggestions forreducing this burden to CDC, Project Clearance Officer,1600 Clifton Road, MS D-24, Atlanta, GA 30333,ATTN: PRA (0920-0428). Do not send the completedform to this address.Prepare the program narrative statement in accordancewith the following instructions for all new andcompeting continuation applications. Noncompetingcontinuation applications and requests for changes to anapproved project should respond to Item 6(b) only.Requests for supplemental assistance should respond toItem 6(c) only.The Program Narrative provides a major means bywhich the application is evaluated and ranked tocompete with other applications for available funds. Itshould be concise and complete and should address theactivity for which Federal funds are requested.Supporting documents should be included where theycan present information clearly and succinctly.Cross-referencing should be used rather than repetition.PHS is particularly interested in specific factualinformation and statements of measurable goals inquantitative terms. Narratives are evaluated on the basisof substance, not length. Extensive exhibits are notrequired. (Supporting information concerning activitieswhich will not be directly funded by the grant orinformation which does not directly pertain to anintegral part of the grant-funded activity should beplaced in an appendix.) Pages should be numbered foreasy reference, continuing the numerical sequence ofthe printed form.**1. PROJECT DESCRIPTION** Because many and varied programs employ thisapplication form, it is not possible to provide specificguidance for developing a project description whichwould be appropriate in all cases. One aspect of thedescription that is applicable to all proposals,however, is the requirement that all projectinformation described in this part relate directly tothe budget information requested. The budgetconsists of the funds (both Federal and non-Federal) |  which the applicant estimates are required to carryout activities under the proposed project. (Anarrative budget justification must also be provided;see *Budget Narrativ*e, below.) Applicants must clearly identify the physical,economic, social, financial, institutional, or otherproblem(s) requiring a solution. The need forassistance must be demonstrated and the principaland subordinate objectives of the project must beclearly stated; supporting documentation or othertestimonies from concerned interests other than theapplicant may be included. Any relevant data basedon planning studies should be included orreferenced in footnotes. In developing the narrative, the applicant mayvolunteer or be requested to provide information onthe total range of health programs currentlyconducted and supported (or to be initiated), someof which may be outside the scope of the programannouncement. Applicants are encouraged to provide informationon their organizational structure, staff, relatedexperience, and other information considered to berelevant. Awarding offices use this and otherinformation to determine whether the applicant hasthe capability and resources necessary to carry outthe proposed project. It is important, therefore, thatthis information be included in the application. It isequally important that the narrative distinguishbetween applicant resources which are directlyrelated to the proposed budget and those which willnot be used in support of the specific project forwhich funds are requested.**2. RESULTS OR BENEFITS EXPECTED** Identify results and benefits to be derived. Forexample, when applying for a grant to establish aneighborhood health center, provide a description ofwho will occupy the facility, how the facility will beused, and how the facility will benefit the generalpublic.**3. APPROACH**(a) Outline a plan of action which describes thescope and detail of how the proposed work willbe accomplished for each grant program,function or activity provided in the budget. Citefactors which might accelerate or decelerate thework and state your reason for takings this |

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| approach rather than others. Describe anyunusual features of the project such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvement.(b) Provide quantitative monthly or quarterlyprojections of the accomplishments to beachieved for each grant program, function oractivity in such terms as the number of people to be served and the number of patients to betreated. When accomplishments cannot bequantified by activity or function, list them inchronological order to show the schedule ofaccomplishments and their target dates.(c) Identify the kinds of data to be collected andmaintained.(d) List organizations, cooperating entities, consultants, or other key individuals who will work on the project along with a short description of the nature of their effort or contribution.**4. EVALUATION** Provide a narrative addressing how you willevaluate 1) the results of your project, and 2) theconduct of your program.In addressing the evaluation of results, state howyou will determine the extent to which the programhas achieved its stated objectives and the extent towhich the accomplishment of objectives can beattributed to the program. Discuss the criteria to beused to evaluate results and successes; explain themethodology that will be used to determine if theneeds identified and discussed are being met and ifthe results and benefits identified in Item 2 (above)are being achieved.With respect to the conduct of your program, definethe procedures you will employ to determinewhether the program is being conducted in amanner consistent with the work plan you presentedand discuss the impact of the program’s variousactivities upon the program’s effectiveness.**5. GEOGRAPHIC LOCATION**Give the precise location of the project or area to beserved by the proposed project. Maps or othergraphic aids may be attached. | **6. ADDITIONAL INFORMATION** **(INCLUDE IF APPLICABLE)**(a) *STAFF AND POSITION DATA* Some programs require a biographical sketch forkey personnel appointed and a job descriptionfor a vacant key position; others require both forall positions. Refer to appropriate programguidelines for guidance in fulfilling thisrequirement. Generally, a biographical sketch isrequired for original staff and new members asappointed. Below are the suggested contents forthe biographical sketch and job descriptionwhere not otherwise set forth:*Biographical Sketch:*Existing curricula vitae of project staff membersmay be used if they are updated and contain allitems of information requested below. You mayadd any information items listed below tocomplete existing documents. For developmentof new curricula vitae include items below in themost suitable format:(1) Name of staff member.(2) Educational background: school(s), location,dates attended, degrees earned (specifyyear), major field of study.(3) Professional experience.(4) Honors received and dates.(5) Recent relevant publications.(6) Other sources of support. [Other support isdefined as all funds or resources, whetherFederal, non-Federal, or institutional,available to the Project Director/ProgramDirector (and other key personnel named inthe application) in direct support of theiractivities through grants, cooperativeagreements, contracts, fellowships, gifts,prizes, and other means.]*Job Description:*(1) Title of position.(2) Description of duties and responsibilities.(3) Qualifications for position.(4) Supervisory relationships.(5) Skills and knowledge required.(6) Prior experience required.(7) Personal qualities.(8) Amount of travel and any other special conditions or requirements.(9) Salary range.(10) Hours per day or week. |

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| **(b) OTHER INFORMATION** Discuss accomplishments to date and list inchronological order a schedule of accomplishments, progress or milestones anticipated with the newfunding request. If there have been significantchanges in the project objectives, location orapproach, or time delays, explain and justify. Forother requests for changes or amendments, explainthe reason for the change(s). If the scope orobjectives have changed or an extension of time isnecessary, explain the circumstances and justify. |  If the total budget has been exceeded, or ifindividual budget items have changed more than theprescribed limits contained in the applicable Officeof Management and Budget Circular (A-102 orA-110), explain and justify the change and its effecton the project.**(c) SUPPLEMENTAL REQUESTS** For supplemental assistance requests, explain thereason for the request and justify the need foradditional funding. |
| **BUDGET NARRATIVE** |
| Provide a narrative budget justification which describeshow the categorical costs are derived. Discuss thenecessity, reasonableness, and allocability of theproposed costs.Only the direct costs requested in this application needto be justified. Do not include any items that are treatedby the applicant organization as indirect costs accordingto a Federal rate negotiation agreement except for thoseindirect costs included in consortium/ contractual costs.If funds to be used for Matching/Cost Participation(whether voluntary or required) are included in thebudget, only funds which will be used for this specificproject should be so identified. If an award is made, allfunds identified as dedicated to this project (includingfunds used for cost participation) will be subject to theapplicable cost principles, audit and reportingrequirements.For a Supplemental application, you need justify onlythose items for which additional funds are requested,prorating the personnel costs and other appropriate partsof the detailed budget if the first budget period of thezapplication is less than 12 months. | Describe the specific functions of the personnel, consultants, and collaborators. For all years, explain andjustify any unusual items such as major equipment,foreign travel, alterations and renovations, patient carecosts, and tuition remission. For additional years ofsupport requested, itemize and justify any significantincreases or decreases in any category over the first 12month budget period. Identify such significant changeswith asterisks against the appropriate amounts. If arecurring annual increase or decrease in personnel orother costs is anticipated, give the percentage. Inaddition, for *Competing Continuation* applications,justify any significant increases or decreases in anycategory over the current level of support.**INDIRECT COSTS**If indirect costs are requested in the budget, submit acopy of the applicant organization’s most currentFederal negotiated indirect cost rate agreement. If yourorganization does not have a Federally negotiated rate,contact the grants management office identified in theprogram announcement for information on a contactpoint to assist in the development of such a rate. |

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|  OMB Approval No. 0990-0317 **CHECKLIST** Expiration Date: 08/31/2010 |
| **Public Burden Statement:** Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for  | reducing this burden to HHS Reports Clearance Officer, 200 IndependenceAve., SW, Humphrey Bldg., Room 531H, Washington, DC, 20201, ATTN: PRA (0990-0317). Do not send the completed form to this address.**NOTE TO APPLICANT:** This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.  |
| Type of Application: [ ]  New [ ]  Noncompeting Continuation [ ]  Competing Continuation [ ]  Supplemental |
| **PART A: The following checklist is provided to assure that proper signatures, assurances, and****certifications have been submitted.**  Included NOT Applicable1. Proper Signature and Date on the SF 424 (FACE PAGE) ............................ [ ] 2. If your organization currently has on file with HHS the following assurances, please identify which have been filed byindicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)  [ ]  Civil Rights Assurance (45 CFR 80) ………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Assurance Concerning the Handicapped (45 CFR 84) …………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Assurance Concerning Sex Discrimination (45 CFR 86) ……………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Assurance Concerning Age Discrimination (45 CFR 90 and 45 CFR 91) …….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Human Subjects Certification, when applicable (45 CFR 46) ....................................... [ ]  [ ]   |
| **PART B: This part is provided to assure that pertinent information has been addressed and included in the application.** YES NOT Applicable 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributedas required? [ ]  [ ]  2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review underE.O. 12372 ? (45 CFR Part 100) [ ]  3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)? [ ] 4. Have biographical sketch(es) with job description(s) been provided, when required? [ ]  [ ]  5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs),been completed and included? [ ]  6. Has the 12 month narrative budget justification been provided? [ ]  [ ] 7. Has the budget for the entire proposed project period with sufficient detail been provided? [ ]  [ ] 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? [ ]  [ ] 9. For Competing Continuation and Supplemental applications, has a progress report been included? [ ]  [ ]  |
| **PART C: In the spaces provided below, please provide the requested information.** Business Official to be notified if an award is to be made. Prefix:  First Name:  Middle Name:  Last Name:  Suffix:  Title:  Organization:  Street1:  Street2:  City:  State:  ZIP/Postal Code:  ZIP/Postal Code4:  Email Address:  Telephone Number:  Fax Number: Program Director/Project Director/Principal Investigator designated to direct the proposed project or program. Prefix:  First Name:  Middle Name:  Last Name:  Suffix:  Title:  Organization:  Street1:  Street2:  City:  State:  ZIP/Postal Code:  ZIP/Postal Code4:  Email Address:  Telephone Number:  Fax Number:  |

HHS Checklist (08/2007)

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| **PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**[ ]  (a) A reference to the organization’s listing in the Internal Revenue Service’s (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.[ ]  (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.[ ]  (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.[ ]  (d) A certified copy of the organization’s certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.[ ]  (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant  organization is a local nonprofit affiliate.If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated. Previously Filed with: *(Agency)* on *(Date)* |
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| INVENTIONSIf this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification. |
| EXECUTIVE ORDER 12372 |
| Effective September 30, 1983, Executive Order 12372(Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process forconsulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase theability of State and local elected officials to influence Federaldecisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the  | Department’s programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor’s office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment. |

**BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN**

**THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER’S KNOWLEDGE, AND THE**

**ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES’ TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, ORFRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.**

**THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING**

**FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:**

**Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352)**, as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

**Handicapped Individuals –** Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

**Sex Discrimination –** Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or

pursuant to the HHS regulation (45 CFR part 86).

**Age Discrimination** – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

**Debarment and Suspension** – Title 2 CFR part 376.

**Certification Regarding Drug-Free Workplace Requirements** – Title 45 CFR part 82.

**Certification Regarding Lobbying** – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

**Environmental Tobacco Smoke** – Public Law 103-227.

**Program Fraud Civil Remedies Act (PFCRA)**

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HHS Checklist (08/2007)

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|  **DISCLOSURE OF LOBBYING ACTIVITIES** Approved by OMB 0348-0046Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352(See reverse for public burden disclosure.) |
| **1. Type of Federal Action:** | **2. Status of Federal Action** | **3. Report Type:** |
|  |   | a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance |  |   | a. bid/offer/applicationb. initial awardc. post-award |  |   | a. initial filingb. material change |
|   |   |  **For Material Change Only:** |
|  Year |       | Quarter |       |  |
|  date of last report |       |  |
|  |  |  |  |  |
| **4. Name and Address of Reporting Entity:** | **5. If Reporting Entity in No. 4 is Subawardee, Enter Name and** **Address of Prime:** |
| **[ ]** Prime [ ]  Subawardee |       |
|  Tier |       | , if known: |       |  |
|       |
|
|
|  **Congressional Distric**t, *if known:* |       |  |  **Congressional Distric**t, *if known:* |       |  |
|  |  |
| **6. Federal Department/Agency:** | **7. Federal Program Name/Description:** |
|       |       |
|  **CFDA Numbe**r, *if applicable:* |       |  |
|  |  |  |  |
| **8. Federal Action Number,** if known: | **9. Award Amount,** if known: |  |
|       |  $       |
| **10. a. Name and Address of Lobbying Entity** *(if individual, last name, first name, MI):* | **b. Individuals Performing Service**s *(including address if different* *from No. 10a.) (last name, first name, MI):* |
|       |       |
| **11. Information requested through this form is authorized bytitle 31 U.S.C. section 1352. This disclosure of lobbyingactivities is a material representation of fact upon whichreliance was placed by the tier above when this transactionwas made or entered into. This disclosure is requiredpursuant to 31 U.S.C. 1352. This information will be reportedto the Congress semi-annually and will be available forpublic inspection. Any person who fails to file the requireddisclosure 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 No.:** |       | **Date:** |       |  |
|  |  |
| **F****ederal Use Only:** |       | Authorized for Local ReproductionStandard Form - LLL (Rev. 7-97) |  |

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| **INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at theinitiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence theoutcome of a covered Federal action.2. Identify the status of the covered Federal action.3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to theinformation previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier.Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g.,Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract,grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Includeprefixes, e.g., ‘‘RFP-DE-90-001.’’9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action. (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to thelobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made. |
| According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503. |
| Approved by OMB **DISCLOSURE OF LOBBYING ACTIVITIES** 0348-0046**CONTINUATION SHEET** |
| **Reporting Entity:** |       |  | **Page** |       | **of** |       |  |
|       |

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 Standard Form - LLL-A