

Guidance and Instructions

The Corporation for National and Community Services (CNCS) Disaster Response Cooperative Agreement (DRCA) is an initiative through which national service programs provide support to communities affected by disaster and are reimbursed for expenses in times of disasters. Programs that hold a DRCA are part of the CNCS Disaster Response Team (DRT) Program, a national service disaster focused program. Only programs with an executed Disaster Response Cooperative Agreement will be eligible for deployment and reimbursement of expenses.

This document describes eligibility criteria, the nature of disaster deployments, CNCS' expectations for performance upon selection, and the application process. Please review this information carefully and follow the application instructions if your organization is both qualified for and interested in participating in the DRT Program through a CNCS Disaster Response Cooperative Agreement.

Eligible Organizations

- CNCS sub-grantees- AmeriCorps State, Senior Corps programs (including youth corps, local volunteer and service programs, etc.) with the capacity to deploy and support national service participants to impacted areas to provide disaster service functions.
- State Service Commissions and AmeriCorps National Direct Grantees- These organizations administer, support, represent and/or coordinate networks of national service programs. AmeriCorps National Direct grantees will deploy AmeriCorps members currently assigned to their program to provide disaster service functions. State Service Commissions can utilize their networks to engage national service participants in disaster response activities.

The DRCA application is designed to capture information for each type of organization and help CNCS match the resources of each program to the identified community need. It also allows CNCS to review applicants to ensure they have the necessary programmatic, financial, and administrative infrastructure to effectively execute the agreement and provide the services required.

Eligibility Criteria

To be approved for a DRCA, an organization must establish that they:

- Are currently sponsored by CNCS, as an AmeriCorps State and National grantee, sub-grantee, site of a State and National program, or Senior Corps sponsor, or Professional Corps or other “non- traditional” CNCS grantee.
- Possess the commitment and capacity, evidenced by program experience and participant training and background, to engage national service participants [i.e., AmeriCorps Members, Senior Corps participants, etc.] in responding to disasters.
- Ensure that all national service participants are in compliance with CNCS criminal history check requirement

- Demonstrate an understanding of the challenging conditions of deployment [described in next section “CNCS Disaster Response”] and prepares its members/participants for these conditions.
- Ensure participants are in a physical condition that is appropriate for specified tasks.
- Can cover the expenses incurred by deployment until reimbursement by CNCS, typically within 60 days upon demobilization.
- Can deploy participants within 24 to 48 hours of confirmation of deployment status.
- Has agreements in place with project sponsors allowing participants to leave their regular assigned duties in order to deploy.
- Has liability coverage in place for in-state and out-of-state disaster deployments, if the program intends to be available for out-of-state deployments.
- Will take reasonable steps to manage the risks inherent in disaster response.
- Will be an active member of the DRT program

Information Sought in Application

The following are the kinds of information that will help determine an organization’s suitability to hold a DRCA. The information requested will also help effectively match the capabilities of a program to the needs of a community affected by a disaster. The types of information and their uses are as follows:

- **Resource Provided:** Examples of various program strengths include: experience and training in debris removal; construction skills; understanding of call center operations; coordination of direct service activities; volunteer leadership; experience and structure to provide logistical, technical and other support.
- **Operational Plan:** How your organization will utilize its resources in times of disaster. This includes logistics; communications, both among your participants and with CNCS; distribution/utilization of reimbursed funds; and reporting.
- **Training:** Specialized training, such as First Aid/CPR, Community Emergency Response Team (CERT) training, fire suppression and/or search and rescue training (beyond that provided in CERT), any American Red Cross disaster response training, or any FEMA disaster training, including ICS (Incident Command System).
- **Certifications:** Certification in any specialized skills which could be useful in disaster response, such as chain saw usage, fire suppression, or heavy/large equipment operation (including fork lifts, large trucks, etc.).
- **Program Availability:** Specific limits on availability to respond – by location, time of year, type of disaster, etc., (e.g., programs that can only respond within their home state; set training periods; gaps between program years]

Review and Approval

The Program Office (AmeriCorps or Senior Corps), Office of Grants Management, Disaster Services Unit and other appropriate offices within CNCS will review the applications. This process ensures that the candidate program meets the criteria identified above, that the program has the financial capacity, and has no outstanding grant issues. Follow up contact may be required to clarify application information.

Approved organizations will receive a Disaster Response Cooperative Agreement (DRCA) for up to three (3) years. This DRCA will describe the roles and responsibilities of both the approved program and CNCS. There will be no funds awarded, other than the amounts of approved reimbursements following participation in disaster response projects. Thus, it is possible that despite having a DRCA in place, a program may not be deployed. In addition, when your CNCS program grant [or sponsorship agreement] expires and is not continued, the DRCA will therefore become void.

Questions may be directed to any member of the CNCS Disaster Services Unit.

Attachments:

I: CNCS Disaster Response

II: Frequently Asked Questions

III: CNCS DRCA Application Process, Forms and Instructions

I. CNCS Disaster Response

There are different types of CNCS deployments, with the most common DRT deployment being through a partnership with FEMA. When a federal disaster declaration is made to supplement overwhelmed state resources, FEMA, in coordination with the State, may issue Mission Assignments (MAs) to CNCS to support specific response or recovery activities in the disaster area. An MA is a reimbursable work order issued by FEMA to another federal agency to complete a specific task. When a FEMA MA is established with CNCS, the Disaster Services Unit works with FEMA, as well as state and local agencies, to identify specific disaster response or recovery projects in the disaster area and identify appropriate DRT programs to respond and fulfill these projects.

Types of Work under a CNCS Deployment

Below is a list of what DRTs are typically tasked to do under a CNCS deployment in disaster affected communities; this is not a comprehensive list of all tasks but covers the most common:

- **Individual Assistance:**
 - Support for Mass Care: Sheltering and Feeding
 - Direct Service: Mucking and Gutting; Debris clean-up; Emergency Roof Tarping; Emergency Home Repair; Mold Suppression; Hazard Tree Removal/Chainsaw; Minor home repair
 - Health and Wellness Checks
- **Public Assistance:** Critical Debris Removal; Flood Fighting (Sandbagging, etc.); Dispatch and Tracking of Donated Equipment; Park and Public Lands Restoration
- **Volunteer and Donations Management:**
 - Volunteer Reception Center: Establish and Manage Operations; Database Management; Damage assessments; Track Volunteer Hours
 - Field Leadership for Volunteer Engagement: Deliver training in safety and tasks; Support volunteer housing/logistics
 - Donations: Warehousing Support; Points of Distribution (POD) and Donations Tracking
- **Community Outreach:** Damage and Other Needs Assessment; Support to Call Centers; Client Intake and Tracking; Public Situational Awareness (GIS Mapping, Social Media, Scouting); Case Management; Support for Multi Agency Resource Centers (MARC); Transportation; Canvassing
- **Capacity Building:** Support to Emergency Management; Support to VOAD, COADs, and LTRCs; Inter-agency Facilitation; Surge Capacity for Staffing

Conditions of Deployment

Disaster deployments are considered *hardship assignments* on the part of the DRT program. Programs should not apply unless they understand that participants may face unfavorable conditions, which can include:

- Extreme weather conditions such as high heat and humidity; sustained exposure to subfreezing temperatures or unmitigated heat from direct sunlight; rain, snow, or other forms of precipitation; lightning; and dangerous flooding situations.
- Possible exposure to infections and diseases due to dangerous and/or unsanitary conditions.
- Potentially dangerous working situations such as handling broken glass and twisted

metal, climbing on roofs, and wading through flood waters.

- Unfavorable living conditions: Participants often sleep on gymnasium floors, at camp grounds, in church halls, and in college dorms. There is also the possibility of there being no heat, air conditioning, or hot water in living spaces.
- Limited food choices: Often, responders are fed by the mobile operations of other responding voluntary organizations or by churches in the community. The selection of food at these sites can be extremely limited, so there is no guarantee that special dietary requirements can be reasonably accommodated. While options may exist, responders have, on occasion, had to eat Meals Ready to Eat (MREs).
- Long work hours: In the days and weeks immediately following a disaster, much work must get done as quickly as possible. Participants may be required to work from sunrise to sunset to meet immediate needs. Participants working in shelters may have to work in a 24-hour work environment. The sponsoring organization usually tries to ensure one day off a week, but there are no guarantees.
- Chaotic work environment: Participants deployed to disasters must understand that most deployments have a constantly changing work environment. A “hurry up and wait” scenario is possible – participants rush to deploy, only to spend several days on site with very little to do as the operation is organized. Also, participants may end up doing something totally different than what they had deployed to do. In some cases, there may prove to be no need for the participants once they arrive, and they may be sent home immediately (expenses incurred will be reimbursed). *Flexibility* is the most important requirement for responding programs.

How DRT Programs are Chosen for Deployment

While CNCS works closely with federal, state and local partners to identify specific projects related to the assignment, CNCS seeks to provide opportunities for disaster response to as many program participants as possible. The deployment selection of DRT programs is entirely CNCS’ responsibility. Because the opportunities for response may be limited, certain criteria have been identified by which programs may be chosen for deployment. DRT programs with a CNCS DRCA in place will be requested for deployment based on the following:

- Proximity to the disaster area: Ideally, resources closest to the location of the disaster are deployed, assuming those programs are not affected by the disaster.
- Specific skills requirements: For example, a program that has crews certified in chain saw operation may be contacted first for a debris removal assignment.
- Extent of training, background, experience relevant to identified project.
- Availability for deployment: Programs must be able to ensure that their teams will be ready to deploy within 24 to 48 hours, if needed.
- Cost considerations: Every DRT has unique expenses based on their program, location, and agreement. As part of good management of funds, the DSU can compare estimated costs of programs during deployment selection.

Reimbursement Process

Prior to deployment, DRTs will submit a budget which must be approved by CNCS. Only those approved expenses directly associated with deployment may be reimbursed to the program under the DRCA. Any other expenses must be approved in advance by CNCS or they may not be reimbursed. The following are considered reimbursable expenses:

- **Travel:** The cost of getting participants to and from the disaster site and cost of transportation to carry out the response at the disaster location are covered, including

transportation to and from the airport, mileage for program-owned vehicles, and rental vehicles and required fuel.

- **Lodging:** Programs are responsible for paying for any accommodations (if payment is required). The cost for lodging is not to exceed the lesser of the government per diem rates or CNCS allocation unless specifically approved by CNCS. Lodging is often available on a reduced or no-cost basis at disaster sites.
- **Food:** Reimbursement for food, whether restaurant meals or self-cooked meals, is provided on actual cost basis. Organizations seeking per diem for participants must get approval from CNCS prior to deployment
- **Incidentals:** Other expenses may include communications costs, supplies, and incidentals such as laundry. All incidentals should be preapproved by the DSU.
- **Cost Share:** In certain limited circumstances, reimbursement for the non-CNCS share of program expenses may be possible with prior authorization and approval from CNCS.

Program Reporting Requirements

Daily while on deployment:

DRT programs are required to complete and submit the CNCS National Service Daily Situation Report to CNCS daily. This report captures hours, accomplishments, and a brief summary of the status of the assignment. The report will track all data throughout the assignment, culminating in a final report on the last day of assignment.

No later than 30 days after completion of a deployment:

- Programs must submit an After Action Report, which will include project accomplishments. Additional information (news articles, program fact sheets, etc.) should also be submitted to supplement the disaster report.
- Programs must submit a final reimbursement request to the CNCS Disaster Services Unit.

Failure to submit these reports can result in the delay or denial of a program's reimbursement request and possible disqualification from further deployment.

Other DRT Program Expectations and Information

As a part of the DRT program, there are certain expectations of all active programs. It is important for programs to stay engaged throughout the year in both peacetime and active disasters. Specific expectations include:

- **Monthly Conference Call**—the DSU hosts a monthly call with all DRTs to share information, host guest speakers, training, address issues, and more. This call keeps all programs engaged and up to date at all times.
- **DRT Quarterly Capacity Assessment**—each program should complete and submit this assessment upon approval of their agreement and continually on a quarterly basis. This will provide the DSU with greater situational awareness throughout the year, aiding in planning and projections for CNCS's capacity to deploy on disasters at all times.

Programs should notify the Disaster Services Unit of changes in their program's operating status that may affect their deployment capacity. Such changes include: changes in program's start and end dates, participant enrollment numbers, altered training schedules, etc.

II. Frequently Asked Questions

What is a CNCS Disaster Response Cooperative Agreement (DRCA)?

A DRCA is an agreement between CNCS and an organization currently receiving assistance under the national service laws (grantees, VISTA sponsors, etc.). It provides a legal instrument by which programs can be reimbursed by CNCS for expenses incurred during the response when it occurs under authority of a Mission Assignment from FEMA or another resource/agency.

What is the Disaster Response Team (DRT)?

The DRT is the collection of all programs and staff involved with disaster services under CNCS. Any program with an executed DRCA is a DRT. The DRT also includes: national service programs with a disaster focus and CNCS Cadre, CNCS staff that deploy to disaster sites.

What is a CNCS Mission Assignment (MA)?

An MA is a reimbursable work order issued by FEMA to another federal agency to complete a specific task. A CNCS MA occurs when FEMA tasks CNCS with specific activities during a federally-declared disaster. The MA provides the funding mechanism that allows CNCS to reimburse a program for its disaster expenses in support of that MA. It sets the parameters of the deployment including duration, location, activities, budget and primary point of contact.

Who is eligible for a DRCA?

Only CNCS programs that are currently receiving assistance under the national service laws may enter into a DRCA with CNCS.

Are language skills other than English required?

No. However, programs should inform the DSU if they do have participants that have the ability to communicate in languages other than English, including American Sign Language, as part of the pre-deployment process so they can be best utilized.

Can members with limitations or accessibility needs deploy?

Yes. Every attempt is made to provide accessible workspace and lodging for individuals with disabilities. However, there may be instances when we will not be able to deploy individuals with disabilities for certain assignments because of the nature of the work or limited lodging options. In these cases, if other members of a participant's team are deployed, CNCS will try to find a way to utilize those individual in some meaningful capacity.

How does a program enter into a DRCA?

A program must complete the DRCA application package and submit it to the DSU for review and approval. If the applicant is approved, CNCS will negotiate and sign the agreement with the applicant.

How will the application be reviewed?

The review consists of several steps:

- The application is first reviewed by the CNCS DSU and then the appropriate CNCS

program office for review (ex: VISTA applications will be reviewed by VISTA staff).

- The program office will conduct their review of the application while confirming the consent of necessary State Service Commissions, CNCS State Offices, and parent organizations. This consent is required in order for the CNCS to approve the application.
- The application is then forwarded to the Office of Grants Management and legal office for review and clearance.
- When the application receives final approval, a Notification Letter will be sent to the program. The DSU will then negotiate and execute the DRCA with the approved program.

When will I be notified if my application has been approved?

The program should expect to have notification of approval or rejection no later than two (2) months after the application is received by the DSU.

Are there deadlines for submission of the application?

No. Applications may be submitted at any time.

Are programs deployed out of state?

Yes, CNCS utilizes out-of-state resources to support communities affected by disaster. If a program's framework does not support out-of-state activity, CNCS will deploy other available programs.

What if a program is not available to respond to a specific deployment request?

CNCS understands that programs may not have year round capacity. CNCS will identify which programs are able to respond at the time of the deployment request and choose from those available programs. Programs will not be disqualified from future deployments if they are unable to respond to a deployment.

What kind of training must participants have to be deployed?

DRT programs are expected to have a basic introduction to disaster training prior to deployment; programs can receive more information from the DSU. Some Mission Assignments may require specific skill sets to meet the needs of the deployment. The DSU will match the capacity of the programs to the needs identified in the Mission Assignment. In some instances, additional training is also available on the ground. Base recommended trainings include:

OSHA approved chainsaw certification
American Red Cross CPR and First Aid
American Red Cross Mass Care and Family Services
FEMA Incident Command System (IS-100 and IS-700)

Where can I find additional disaster trainings for my participants?

There are many organizations that can provide a variety of trainings for disasters, including FEMA, the American Red Cross, the U.S. Forest Service, and the National Park Service. The DSU is available for additional training questions.

What kind of disaster events do DRTs respond to?

CNCS can receive an assignment in response to any number of events, including: floods, tornadoes, ice storms, mudslides, earthquakes, terrorist attacks, pandemic flu, hurricanes, and chemical spills.

What role do national direct grantees play in the review of applications and the approval of deployments?

Similar to the State Service Commissions, national direct grantees can be heavily impacted by the deployment of their programs to communities affected by disaster and those impacts need to be considered both when reviewing a DRCA Application and when responding to a deployment request. Applicants are strongly encouraged to contact their parent organization prior to submitting a DRCA application.

What role do CNCS State Offices play in the review of applications and the approval of deployments?

CNCS State Offices are responsible for the support of Senior Corps and AmeriCorps VISTA programs. State Offices (in consultation with the appropriate program office at CNCS headquarters) will review the DRCA applications. State Offices will also be notified of the deployment of these programs to communities affected by disasters and will consult with the DSU about any programmatic issues that may impair deployment capacity. Applicants are strongly encouraged to contact their State Office prior to submitting a DRCA application.

Why are programs required to front the expenses of a disaster deployment?

The current CNCS system requires that programs itemize their expenses incurred during a disaster deployment and submit those expenses for review and reimbursement. CNCS policy prohibits expenses paid in advance.

What expenses associated with a disaster deployment can be reimbursed?

Expenses directly related to transportation, lodging, subsistence, lost fee for service, and other approved, essential supplies.

What level of liability coverage is required to allow for members/participants deploy under a DRCA?

The liability coverage required to participate in the DRCA program must be sufficient to meet the needs of your existing CNCS support or grant. At a minimum, you must provide coverage for both injuries that may afflict your members/participants and damages that members/participants may inflict upon the community in the provision of their service. Additionally, if your program is to deploy out of state, that liability coverage must be applicable to those out of state deployments.

Can programs be reimbursed for liability expenses?

Liability coverage is already required and included in your existing CNCS program grant and is, therefore, not generally an allowable expense during deployment. However, if your existing policy only covers individuals who are performing service within a limited geographic area, or who are serving pursuant to specific terms and conditions set forth in the base or sub-grant, you may be eligible for reimbursement of additional costs you incur to increase coverage for the deployment period.

Who can I speak to if I have additional questions?

If you have questions, please feel free to contact the Disaster Services Unit at dsu@cns.gov or call 202.606.3906.

III. Application Process, Forms, and Instructions

Deadline: Applications may be submitted at any time and will be reviewed within CNCS in a timely manner.

Additional Information: Please contact the CNCS Disaster Services Unit if you need additional information or have clarifying questions.

Application Guidance: Use the attached application form and submit the document via email to the CNCS Disaster Services Unit. Please follow any email application submission to the DSU with a verbal connection to ensure that the application was received. All necessary application documents are attached. A complete application will contain the following:

1. Disaster Response Cooperative Agreement Application [Sections I and II] *Note: Sub-grantees complete Section I and Section I, Part A. State Service Commissions and other Grantees complete Section I and Section I, Part B. All applicants must complete part II*
2. SF-424 Application for Federal Assistance Factsheet
3. Assurances and Certification

Application Submission Information: Submit your completed application documents to dsu@cns.gov

**Disaster Response Team: Disaster Response Cooperative Agreement Application
 Section I**

| | |
|-------------------------------|-------------------------------|
| Date | Address |
| <input type="text"/> | <input type="text"/> |
| Organization Name | Phone Number |
| <input type="text"/> | <input type="text"/> |
| Point of Contact (POC) | Alternate Phone Number |
| <input type="text"/> | <input type="text"/> |
| POC Title | Fax Number |
| <input type="text"/> | <input type="text"/> |
| Email | Website |
| <input type="text"/> | <input type="text"/> |

What is your current relationship with CNCS?

If your organization is a current sub-grantee of a CNCS National Direct grantee or state service commission; or receives a Senior Corps grant, check this box and complete Section I, Part A

If your organization is a state service commission or a national direct grantee of CNCS and you plan to administer the DRCA among more than one sub-grantee or operating site, check this box and complete Section I, Part B

Do you certify that all National Service Members/Participants have completed and passed a criminal background check in compliance with CNCS requirements? Yes No

What is your organization's mission?

What kinds of assistance can/does your organization provide to disaster impacted communities?

Signature of Authorized Program Official _____ Title _____ Date _____

For CNCS Use Only

| | | | |
|-----------------------------------|----------------------|---------------------|----------------------|
| Date Application Received: | <input type="text"/> | Received by: | <input type="text"/> |
|-----------------------------------|----------------------|---------------------|----------------------|



**Disaster Response Cooperative Agreement Application
 Section I, Part A. Organization Information**

| | |
|--|--|
| <p>Date <input type="text"/></p> <p>Organization Name <input type="text"/></p> <p>Address <input type="text"/></p> | <p>Point of Contact <input type="text"/></p> <p>Phone Number <input type="text"/></p> <p>Fax Number <input type="text"/></p> <p>Email <input type="text"/></p> |
| <p>Number of Members/Participants Available for Deployment. <input type="text"/></p> | <p>Program Start Date <input type="text"/></p> <p>Program End Date <input type="text"/></p> |
| <p>Can your program provide a fleet of vehicles to support the deployment of your members? Please describe. <input type="text"/></p> | <p>Is your program team based? <input type="text"/></p> <p>Please describe the team structure. <input type="text"/></p> |

Please identify which trainings your members have received by stating the number of members trained in respective field.

| | | | |
|---|--|---|--|
| <p>CPR/First Aid <input type="text"/></p> | <p>Mass Care/Family Services <input type="text"/></p> | <p>Shelter Operations <input type="text"/></p> | <p>OSHA Certified Chainsaw Training <input type="text"/></p> |
| <p>U.S. Forest Service of National Park Service Fire Fighting Red Card Certification <input type="text"/></p> | <p>Community Emergency Response Team (CERT) <input type="text"/></p> | <p>FEMA Incident Command System (IS-100) <input type="text"/></p> | <p>Emergency Medical Technician (EMT) <input type="text"/></p> |

If your program has trained/certified your members in additional courses, please list the type of training and number of members trained/certified below.

**Corporation for National and Community Service
Disaster Response Team: Disaster
Response Cooperative Agreement**

OMB Number: 3045-0133
Expiration Date: 03/31/2015

Date Application Received:

Received by:

Date Application Received:

Received by:

Section II

Describe your organizations plan to administer this agreement. If you are a State Service Commission or National Direct Grantee, describe your plan to administer among your affiliates/sub- grantees. This plan should include the following elements:

- Selection and screening of participating affiliates/sub-grantees (*if applicable*)
- Requirements of participation
- Communication for deployments (including key strategic partners)
- Financial management
- Reimbursement of expenses
- Liability coverage/background checks
- Reporting requirements

**Corporation for National and Community Service
Disaster Response Team: Disaster
Response Cooperative Agreement**

OMB Number: 3045-0133
Expiration Date: 03/31/2015

For CNCS Use Only

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| Date Application Received: | | Received by: | |
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Section III, Part I

Provide the narratives and any supporting documents on a separate document entitled “Section III, Part I”.

Narratives:

1. Describe how your program meets the eligibility requirements described in the Eligibility Criteria section of the application instructions (Pages 1-2). Be sure to address each requirement specifically.
2. Describe your program’s experience with previous disaster activities. Quantify this information when possible (such as number of members deployed, number of events, etc.) *Note: this information will not be used to determine if you are eligible to engage in a DRCA or be deployed on a disaster. This information will be used to better match programs to the needs of the community affected.*
3. Describe how your program’s current activities and assets can be utilized to help communities affected by disaster. Can your program support a specific niche for communities needing assistance (such as assisting people with disabilities, working with non-English speaking populations, construction, etc.)?
4. Attach documents verifying the liability coverage provided to your members and program.

Section III, Part II

Non-CNCS Share of Grant Match:

The following information will help determine eligibility to receive reimbursement for the non-federal share of program support that may be lost due to disaster deployment. This information will be compared with information in your original CNCS grant to determine your program's eligibility. Programs can reference the DRCA Instructions and their grant requirements for more details on the non-federal share of program expenses. Should you need additional space to answer these questions, provide a separate document entitled, "Section III, Part II".

Will your program request reimbursement for the non-federal share of program expenses when deployed on a disaster assignment? Does your program lose non-federal funds when deploying on an in-state disaster assignment? If so, please explain how those funds are lost, attaching supporting evidence.

Does your program lose non-federal funds when deploying on an out-of-state disaster assignment? If so, please explain how those funds are lost, attaching supporting evidence.

If funds are lost, please provide the formula that allows your program to determine how much non-federal funding is lost.

For CNCS Use Only

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|----------------------------|--|--------------|--|
| Date Application Received: | | Received by: | |
|----------------------------|--|--------------|--|

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 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 (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

| Item | Entry: | Item | Entry: |
|------|--|------|--|
| 1. | Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • 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. |
| 2. | Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • 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 preapplications, attach a summary description of the project. |
| 4. | Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable. | | |
| 5a. | Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any. | | |
| 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. | 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 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd 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. |
| 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 that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. | 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. | |

| | | | | | |
|---|--|---|--|--|--|
| | <p>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.</p> | 19. | <p>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. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.</p> | | |
| | <p>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).</p> | 20. | <p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.</p> | | |
| | <p>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.</p> <p>f. Name and contact information of person to be contacted on matters involving this applicant (required), organizational affiliation (if affiliated with an organization other on: Enter the name (First and last name than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p> | 21. | <p>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.)</p> | | |
| 9. | <p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="1" data-bbox="131 846 889 1434"> <tr> <td data-bbox="131 846 532 1434"> <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority </td> <td data-bbox="532 846 889 1434"> <ul style="list-style-type: none"> M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) </td> </tr> </table> | <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority | <ul style="list-style-type: none"> M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) | | |
| <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority | <ul style="list-style-type: none"> M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) | | | | |

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Pre-application
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

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. Organizational DUNS:**

d. Address:

*** Street1:**

Street2:

*** 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:

*** First Name:**

Middle Name:

*** Last Name:**

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

Fax Number:

*** Email:**

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:

* Other (specify):

*** 10. Name of Federal Agency:**

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

* Title:

MBL-SF424Family-AllForms

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. Add Attachments

Delete Attachments

Application for Federal Assistance SF-424

Version 02

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.)**

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:

* Email:

* Signature of Authorized Representative: * Date Signed:

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

ASSURANCES - NO N-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.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

* TITLE

Completed on submission to Grants.gov

* APPLICANT ORGANIZATION

* DATE SUBMITTED