

USING THE DATA ANALYSIS TEMPLATE TOOLKIT

1. It is recommended that you print this sheet. To do so, click File, Print on the menu at the top the screen.
2. Click on the **DAT Instructions** tab at the bottom of the screen. It is recommended that you print these instructions to use as a reference during the process of creating your Data Analysis Template (DAT). To do so, click File, Print on the menu at the top the screen.
3. Click on the **Form Info** tab at the bottom of the screen. Fill in the requested information about the form. Refer to the instructions printed in 1. for guidance.
4. Click on the **Global Index** tab at the bottom of the screen. The Global Index serves two purposes:
 - o It gives you the ability to view the Grants.gov Global Library of standard fields and their attributes
 - o It gives you the ability to utilize pre-formatted templates to be used as rows in your form's Data Analysis Template (DAT).Now is the time to begin preparing the Data AnalysisTemplate (DAT).
5. Determine the first (next) data element on the form. A data element is a data entry field, form title, section header or label.

IS IT A FORM TITLE, SECTION HEADER, OR LABEL?

YES. Copy the Label row template into your DAT.

Look for Label in the Global Index section III. General Data Element Formats. Click on Label. The template row for a label will be highlighted. Select Edit, Copy from the menu at the top of the screen. Click on the FORM DAT tab at the bottom of the screen. Click on the appropriate row number to paste the template into. From the menu, select Edit, Paste. Use the DAT instructions as guidance for filling in all columns in red.

NO. Then it must be a data entry field.

Grants.gov has created a required standard for representing names and addresses on forms. Elements related to names and addresses are grouped together in data element groups. If a data element group is selected, all fields within that group must be included.

IS THE ELEMENT PART OF A NAME OR ADDRESS?

YES. To use the Human Name Group or Address Group, click on the appropriate link in section II of the Global Index. Select Edit, Copy from the menu at the top of the screen. Click on the FORM DAT tab at the bottom of the screen. Click on the row number into which template will be pasted. From the menu, select Edit, Paste. Use the DAT instructions as guidance for filling in all columns in red.

NO. IS THE ELEMENT A GLOBAL DATA ELEMENT?

A global data element is a data element that is commonly used on forms across agencies. Grants.gov has standardized the attributes for global data elements. Some global data elements may be pre-populated from the application cover sheets, some may be post-populated after submission to Grants.gov, and some may be forward-populated from the application cover sheets. The Global Index in section I provides a list of global data elements.

YES. Copy the element's template into your DAT.

Click on the name of the element. The template row for a label will be highlighted. Select Edit, Copy from the menu at the top of the screen. Click on the FORM DAT tab at the bottom of the screen. Click on the row number into which the template will be pasted. From the menu, select Edit, Paste. Use the DAT instructions as guidance for filling in all columns in red.

NO. THEN THE ELEMENT MUST BE AGENCY-SPECIFIC.

Determine the General Field Format in section III of the Global Index that best reflects the data element. Click on the name of the format or one of the options beneath it. The template row(s) will be highlighted. Select Edit, Copy from the menu at the top of the screen. Click on the FORM DAT tab at the bottom of the screen. Click on the row number into which the template will be pasted. From the menu, select Edit, Paste. Use the DAT instructions as guidance for filling in all columns in red. For information about pre-populating, post-populating, and forward-populating, refer to the DAT instructions.

Repeat all of the steps in 5. until all elements on the form are represented on the DAT. The data elements on the DAT should be in the same order they appear on the form. For answers to questions about the process of preparing a Data Analysis Template, contact the PMO Program Advisor.

FORM INFORMATION

ROW	ROW NAME	ROW DEFINITION
[A]	Form Name / Title	The name of the form to be displayed on the Grants.gov system
[B]	Form Number	The number associated with the form within the agency.
[C]	Version Number	The version number of the form within the agency.
[D]	Version Date	The version date of the form.
[E]	Description	A short description of the form.
[F]	OMB Control Number	The control number issued by the Office of Management and Budget (OMB) when a form is cleared.
[G]	OMB Expiration Date	The expiration date issued by the Office of Management and Budget (OMB.)
[H]	Form Family	The families this form should be include with.
[I]	Form Category	Select the most appropriate form category.

FORM ELEMENTS

COLUMN	COLUMN NAME	COLUMN DEFINITION
[1]	Field #	A unique, sequential number for (a) each field on the form for which data will be entered or selected and (b) form title, section headers or labels. Use the block number on the form mock up, if any, otherwise start the count with 1. Format is <block#>-<field#> (e.g. Block 15, field 1 would be represented as 15-1.)
[2]	Field Label	The name of the field as presented on the form. This column is used when Field Implementation [16] is label and you are specifying the form title, section headers, or labels. You may change any Global Library template label in red to the label as specified on the form.
[3]	Short Field Label	Enter condensed version for use at the beginning of Help Tip and Accessibility Text. Please limit to 40 characters or less and do not abbreviate words.
[4]	Required?	<ul style="list-style-type: none"> - Enter "Yes" if the field must be completed before the application can be submitted. - If the field is optional, conditional, or "Required if" then enter "No" in this column. - If the field is calculated (see BUSINESS RULES [11]) and all fields involved in the calculation are optional, enter "No" in this column. - If the field is calculated (see BUSINESS RULES [11]) and one or more of the fields involved in the calculation are mandatory, enter "Yes" in this column. - If the field is to be forward-populated (see FIELD TYPE [8]), then the value for this column should be the same as the value of the source field (e.g. if the source field is optional, the destination field is optional, if the source field is mandatory, the destination field is mandatory).
[5]	Minimum Occurrences	<ul style="list-style-type: none"> - The minimum number of entries that can be made for the same field. - Enter 0 if the field is optional. - Enter 1 or more if the field must be completed before the application can be submitted.
[6]	Maximum Occurrences	<ul style="list-style-type: none"> - The maximum number of entries that can be made for the same field. - Must be 1 or more.
[7]	Agency Field Name	Short name that describes the field. This name will be used as an input to the XML schema. For Global Data Elements, a suggested name is pre-filled in red, though it may be changed. Grants.gov may modify names as needed to meet guidelines and standards. Note: Each Agency Field Name must be unique on a DAT.
[8]	Field Type	<p>Select one from the following 5 options:</p> <ul style="list-style-type: none"> Pre-populated - Field will be populated with data from the application package. See Global Index Section II for a list of qualifying fields. Post-populated - Field will be populated in a form after submission to Grants.gov. See the Global Index Section III for a list of qualifying fields. Forward-populated - Field will be populated with data from the application cover page (e.g., SF424, SF424 (R&R)) or - Field will be populated with data entered earlier in the form. Global - Field is a global data element that is not forward-populated or a global data element group. Agency Specific - Field is unique to your agency. Enter values in ALL columns in this DAT as indicated by the instructions. Radio Group - Agency-specific field that displays a limited set of alternatives. Applicant has the option of selecting one value.
[9]	Global Library Field Name	- Pre-formatted for your convenience. No action required.
[10]	Field Type Source	<ul style="list-style-type: none"> If Pre-populated - Pre-formatted for your convenience. No action required. If Post-Populated - Pre-formatted for your convenience. No action required. If Forward-Populated - If "Forward-populated" was selected in the Field Type [8] column, enter the source's form name (as found on the PureEdge version of the form) and field #. Should be in the format <form name>-<block #>-<field #> (e.g. SF424-6-1.) If Global - If "Global" was selected in Field Type [8] column, enter n/a. If Agency Specific - Pre-formatted for your convenience. No action required. If Radio Group - If "Radio Group" was selected in the Field Type [8] column, then enter the name radio group. The radio group name may be the same as the
[11]	Business Rules	<p>Simple rules about the field, such as:</p> <ul style="list-style-type: none"> - Is a specific format required (e.g., 4 digit year and 5 digit code like "2004-abcdf")? Remember to indicate this format in the element's help tip. - Is a calculation required for this field (e.g., Total = 15-1 + 15-2 + 15-3 + 15-4) - Is this field conditionally required (e.g., Required if 3-1 is Yes) - NOTE: Grants.gov does not enforce business rules across forms. - Enter n/a if there are no business rules for the field.
[12]	Data Type	- Pre-formatted for your convenience. No action required.

FORM ELEMENTS

COLUMN	COLUMN NAME	COLUMN DEFINITION
[13]	List of Values	<ul style="list-style-type: none"> - If the Data Type [12] is LIST, provide a list of values that you want to be given to the user. - The format of each list item should be <id>: <description>. Use && to separate each value (e.g. MD: Maryland&& VA: Virginia) - For Minimum # of Characters [14] and Maximum # of Characters [15], enter the character count for the shortest and longest values in the list - If the field is required, it must have a default value. Mark the default value with an asterisk before the value, if any (e.g. *MD: Maryland.) If the user does not change the selection, the field will automatically be filled with the default value. - Enter n/a if a list of values does not apply. - NOTE: No list of values is needed for Radio Groups. This list of values is the Field Labels for the Radio Group's radio options.
[14]	Minimum # of Characters or Minimum Value	<ul style="list-style-type: none"> - If the Data Type [12] is AN, enter the minimum number of characters that may be entered into a field (minimum field length.) If the field is optional, enter 0. - If the Data Type [12] is INTEGER, \$, or DECIMAL(2), enter the minimum value for the field including decimals where applicable (e.g. enter "5000" if the value cannot be less than 5000.) - If the Data Type [12] is LIST, FILE, MULTIFILE or DATE, enter "n/a" in this column. - A hyphen is not counted as a character if it is included on the form for presentation purposes. It is counted if it is to be stored with the data.
[15]	Maximum # of Characters or Maximum Value	<ul style="list-style-type: none"> - If the Data Type [12] is AN, enter the maximum number of characters that may be entered into a field (maximum field length.) - If the Data Type [12] is INTEGER, \$, or DECIMAL(2), enter the maximum value for the field including decimals where applicable (e.g. enter "10,000" if the value cannot be more than 10,000.) - If the Data Type [12] is LIST, FILE, MULTIFILE, or DATE, enter "n/a" in this column. - A hyphen is not counted as a character if it is included on the form for presentation purposes. It is counted if it is to be stored with the data.
[16]	Field Implementation	<ul style="list-style-type: none"> - Pre-formatted for your convenience.
[17]	Help Tip	<p>Text that will be displayed when the applicant clicks on the help icon. Please compose the wording carefully, as this text will be used for the Accessibility text as well as the Help Tip. Use the following guidelines for creating help tips:</p> <ul style="list-style-type: none"> - Start all help tips with "Enter the..." or "Select the..." or "Pre-populated from the..." or "Click to select..." - If the field is required, then the help tip should end with the statement "This field is required." Add "This field is required" to the end of global help tips if they are - If the field has a certain format, then the tip should contain text describing the required format. - If a Radio Group is required, then the help tip on the Radio Group Header should state "One selection is required."

FORM INFORMATION	
Form Name / Title	ED-900 General Application for EDA Programs
Form Number	ED 900 GA
Version Number	1.0
Version Date	
Description	
OMB Control Number	0610-0994
OMB Expiration Date	XX/XX/20XX
Form Family <i>(select all that apply)</i>	<input checked="" type="checkbox"/> SF-424 Family
	<input type="checkbox"/> SF-424 R&R Family
	<input type="checkbox"/> SF-424 Individual Family
	<input checked="" type="checkbox"/> SF-424 Mandatory Family
	<input type="checkbox"/> SF-424 Short Organizational Family
Form Category <i>(select the most appropriate category)</i>	<input type="checkbox"/> Cover Sheet
	<input type="checkbox"/> Certification and Assurance
	<input type="checkbox"/> Survey
	<input type="checkbox"/> Budget Form
	<input type="checkbox"/> Key Contacts and Personal Data
	<input type="checkbox"/> Attachments
	<input checked="" type="checkbox"/> Miscellaneous
ADDITIONAL FORM REQUIREMENTS <i>(not indicated on the FORM DAT)</i>	

Grants.gov Global Index

*Click on an element name, data element group name, or general element format to view its DAT row template.
Follow the instructions to copy and paste template rows into the Form DAT.*

I. GLOBAL DATA ELEMENTS	III. GENERAL DATA ELEMENT FORMATS
Agency Name Applicant ID CFDA Number CFDA Title Congressional District: Applicant Congressional District: Program/Project Country Department Name Division Name DUNS Number Email	Employer/Taxpayer Identification Number (EIN/TIN) Fax Federal Award Identifier Federal Entity Identifier Organization Name (Legal Name) Phone Number Project Name Project Title Social Security Number Title Type of Applicant
DATA ELEMENTS THAT CAN BE PRE-POPULATED FROM THE APPLICATION PACKAGE	
Agency Name CFDA Number CFDA Title	Competition Identification Number Competition Identification Title Funding Opportunity Number Funding Opportunity Title
DATA ELEMENTS THAT ARE POST-POPULATED AFTER SUBMISSION TO GRANTS.GOV	
AOR Signature Date Received Date Signed	Alphanumeric Button Date Degree Earned Dollar Amount Dollar Amount Total File Attachment - Single Optional Required File Attachment - Multiple Optional Numeric with 2 decimals without decimals Label List - Drop Down (one selection from a drop-down list of values) List - Checkbox (Check for yes. May select multiple options) List - Radio Group (one selection from a group of options) Optional Required Percent with 2 decimals without decimals Year Yes/No Radio Group Optional Required Yes/No/Other Radio Group Optional Required Yes/No/Not Applicable Optional Required
II. GLOBAL DATA ELEMENT GROUPS	
Address Group Human Name Group	Street1, Street2, City, County, Province, State, Zip Code, Country Prefix, First Name, Middle Name, Last Name, Suffix

FORM TITLE: ED-900 General Application for EDA Programs

[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	[11]	[12]	[13]	[14]	[15]	[16]	[17]
Field #	Field Label	Short Field Label	Required?	Minimum Occurrences	Maximum Occurrences	Agency Field Name	Field Type	Global Library Field Name	Field Type Source	Business Rules	Data Type	List of Values	Min # of Chars or Min Value	Max # of Chars or Max Value	Field Implementation	Help Tip
1.0	ED-900 – General Application for EDA Programs	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
1.1	OMB Number: 0610-0994 Expiration Date: XX/XX/20XX	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
A	A. Applicant Information	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
A.1	1) EDA Application Identifier (if available):	EDA Application Identifier	No	0	1	EDAApplicationIdentifier	Agency-specific	n/a	n/a	n/a	AN	n/a	0	15	Field	Enter EDA Application Identifier (if available).
A.2	2) Please identify all applicants for this project:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
A.2.0.1	Name	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
A.2.0.2	SAM.gov CAGE Code	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
A.2.0.3	SAM.gov Registration Expiration Date	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
A.2.1.0	Lead Applicant	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
A.2.1.1	n/a	Lead Applicant	Yes	1	1	ApplicantName	Forward-populated	globLib:OrganizationNameDataType	SF424 Block 8a Legal Name or SF424_Mandatory Block 7a Legal Name	n/a	AN	n/a	1	60	Field	Pre-populated from the SF-424. This field is required.
A.2.1.2	n/a	SAM.gov CAGE Code	Yes	1	1	SAMgovCAGECode	Agency-specific	n/a	n/a	n/a	AN	n/a	5?	5?	Field	Enter the 5 digit SAM.gov CAGE Code. This field is required.
A.2.1.3	n/a	SAM.gov Registration Expiration Date	Yes	1	1	SAMgovRegistrationExpirationDate	Agency-specific	n/a	n/a	n/a	DATE	n/a	n/a	n/a	Field	Enter the date in the format MM/DD/YYYY. This field is required.
A.2.2.0	X	Delete Co-Applicant	n/a	n/a	n/a	n/a	Agency-specific	n/a	n/a	Deletes this row. This button will only be enabled if more than one row has been added.	n/a	n/a	n/a	n/a	Button	Click to delete this row.
A.2.2.1	Co-Applicant	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
A.2.2.2	n/a	Co-Applicant	No	0	5	ApplicantName	Global	globLib:OrganizationNameDataType	n/a	Required if any data is entered in row.	AN	n/a	0	60	Field	Enter the Co-Applicant.
A.2.2.3	n/a	SAM.gov CAGE Code	No	0	5	SAMgovCAGECode	Agency-specific	n/a	n/a	Required if any data is entered in row. Must be 5 digits, allow numerical digits only (0-9).	AN	n/a	0	5	Field	Enter the 5 digit SAM.gov CAGE Code.
A.2.2.4	n/a	SAM.gov Registration Expiration Date	No	0	5	SAMgovRegistrationExpirationDate	Agency-specific	n/a	n/a	Required if any data is entered in row.	DATE	n/a	n/a	n/a	Field	Enter the date in the format MM/DD/YYYY.
A.2.3	Add Co-Applicant	Add Co-Applicant	n/a	n/a	n/a	n/a	Agency-specific	n/a	n/a	Clicking will add one row, button is disabled if 5 rows have already been added.	n/a	n/a	n/a	n/a	Button	Click to add a row.
B	B. Project Information	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.1	1. Define and describe the region in which the investment (project) is located	Region	Yes	1	1	Region	Agency-specific	n/a	n/a	2.5 pages.	AN	n/a	1	10000	Field	Define and describe the region in which the investment (project) is located. This field is required.
B.2	2. Describe and outline the scope of work for the proposed EDA investment	Scope of Work	Yes	1	1	ScopeWork	Agency-specific	n/a	n/a	2.5 pages.	AN	n/a	1	10000	Field	Describe and outline the scope of work for the proposed EDA investment. This field is required.
B.3	3. Economic development needs	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.3.0	Does the region in which the project will be located have a Comprehensive Economic Development Strategy (CEDS)?	Comprehensive Economic Development Strategy	Yes	1	1	CEDS	Radio Group	globLib:YesNoDataType	CEDS	n/a	LIST	n/a	n/a	n/a	Radio Group	Does the region in which the project will be located have a Comprehensive Economic Development Strategy (CEDS)? This field is required.
B.3.0.0	Yes	Yes	No	0	1	n/a	Radio Group	n/a	CEDS	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
B.3.0.1	If Yes, what is the source?	Source of CEDS	No	0	1	SourceCEDS	Agency-specific	n/a	n/a	Required if CEDS is Yes, otherwise disabled.	AN	n/a	0	130	Field	Enter the source of the region's CEDS, if applicable.
B.3.0.2	No	No	No	0	1	n/a	Radio Group	n/a	CEDS	n/a	n/a	No	n/a	n/a	Radio	Select this option.
B.3.0.3	If No, then please check one:	Check one	No	0	1	CEDSNo	Radio Group	n/a	CEDSNo	n/a	LIST	n/a	n/a	n/a	Radio Group	If No, then please check one.
B.3.0.3.1	1. An alternate strategic planning document that governs this investment is attached.	An alternate strategic planning document that governs this investment is attached	No	0	1	n/a	Radio Group	n/a	CEDSNo	n/a	n/a	Planning Document	n/a	n/a	Radio	Select this option.
B.3.0.3.1.0	n/a	Alternate strategic planning document	No	0	1	PlanningDocument	Global	att:AttachedFileDataType	n/a	Required if CEDSNo is Planning Document, otherwise disabled.	FILE	n/a	n/a	n/a	Single_File	Attach the alternate strategic planning document that governs this investment.

B.3.0.3.2	2. This investment is to develop a "strategy grant" to develop, update or refine a CEDS.	This investment is to develop a "strategy grant" to develop, update or refine a CEDS	No	0	1	n/a	Radio Group	n/a	CEDSNo	n/a	n/a	Strategy Grant	n/a	n/a	Radio	Select this option.
B.3.1	Describe the economic conditions of your region and the needs that this project will address.	Economic Conditions of Region	Yes	1	1	RegionEconomicConditions	Agency-specific	n/a	n/a	n/a	AN	n/a	1	2000	Field	Describe the economic conditions of your region and the needs that this project will address. This field is required.
B.4	4. Applicant's capability	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.4.0	Briefly describe the applicant's capability to administer, implement, and maintain the project.	Applicant's Capability	Yes	1	1	ApplicantsCapability	Agency-specific	n/a	n/a	n/a	AN	n/a	1	2000	Field	Briefly describe the applicant's capability to administer, implement, and maintain the project. This field is required.
B.5	5. List and describe the strategic partners and organizations to be engaged in this project	Partners and Organizations	Yes	1	1	Partners	Agency-specific	n/a	n/a	n/a	AN	n/a	1	2000	Field	List and describe the strategic partners and organizations to be engaged in this project. This field is required.
B.6	6. Describe the investment (project) impact and fit with EDA funding priorities	Investment Impact and Fit	Yes	1	1	InvestmentImpact	Agency-specific	n/a	n/a	n/a	AN	n/a	1	2000	Field	Describe the investment (project) impact and fit with EDA funding priorities. This field is required.
B.7	7. Identify the proposed time schedule for the project	Proposed Time Schedule	Yes	1	1	ProposedTimeSchedule	Agency-specific	n/a	n/a	n/a	AN	n/a	1	1000	Field	Identify the proposed time schedule for the project. This field is required.
B.8	8. Economic impacts of the project	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.8.a	a. Please describe the economic impacts of the project:	Economic Impacts	Yes	1	1	EconomicImpacts	Agency-specific	n/a	n/a	n/a	AN	n/a	1	2000	Field	Describe the economic impacts of the project. This field is required.
B.8.b	b. Please identify the total estimated jobs and private investment that is expected to be generated by this project:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.8.b.0.0	Estimated Jobs Created	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.8.b.0.1	Estimated Jobs Retained	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.8.b.0.2	Estimated Private Investment	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.8.b.1.0	n/a	Estimated Jobs Created	No	0	1	EstJobsCreated	Agency-specific	n/a	n/a	n/a	INTEGER	n/a	0	999999	Field	Enter estimated number of jobs created.
B.8.b.1.1	n/a	Estimated Jobs Retained	No	0	1	EstJobsRetained	Agency-specific	n/a	n/a	n/a	INTEGER	n/a	0	999999	Field	Enter estimated number of jobs retained.
B.8.b.1.2	n/a	Estimated Private Investment	No	0	1	EstPrivateInvestment	Agency-specific	globLib:BudgetAmountDataType	n/a	n/a	\$	n/a	0.00	999999999999.99	Field	Enter the dollar amount.
B.8.c	c. Please identify the source of Estimates above (check as many as apply):	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.8.c.0	Letters from Beneficiaries of the Project	Letters from Beneficiaries of the Project	No	0	1	BeneficiariesLetters	Agency-specific	globLib:YesNoDataType	n/a	n/a	n/a	n/a	n/a	n/a	Check	Check to select.
B.8.c.1	Input/Output Model (e.g. IMPLAN, REMI)	Input/Output Model (e.g. IMPLAN, REMI)	No	0	1	InputOutputModel	Agency-specific	globLib:YesNoDataType	n/a	n/a	n/a	n/a	n/a	n/a	Check	Check to select.
B.8.c.2	Comparison to Similar Projects	Comparison to Similar Projects	No	0	1	SimilarProjectsComparison	Agency-specific	globLib:YesNoDataType	n/a	n/a	n/a	n/a	n/a	n/a	Check	Check to select.
B.8.c.3	Other Method (specify below)	Other Method (specify below)	No	0	1	OtherMethod	Agency-specific	globLib:YesNoDataType	n/a	n/a	n/a	n/a	n/a	n/a	Check	Check to select.
B.8.c.3.1	n/a	Specify	No	0	1	Specify	Agency-specific	n/a	n/a	Required if OtherMethod is checked, otherwise disabled.	AN	n/a	0	500	Field	Enter explanation of Other Method.
B.9	9. Beneficiaries of the project	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.9.0.0	Beneficiary Name	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.9.0.1	NAICS Code	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.9.0.2	Estimated Jobs Created	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.9.0.3	Estimated Jobs Retained	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.9.0.4	Estimated Private Investment	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.9.1.0	X	Delete	n/a	n/a	n/a	n/a	Agency-specific	n/a	n/a	Deletes this row. This button will only be enabled if more than one row has been added.	n/a	n/a	n/a	n/a	Button	Click to delete this row.
B.9.1.1	n/a	Beneficiary Name	No	0	10	Beneficiary	Agency-specific	n/a	n/a	Required if any data is entered in row.	AN	n/a	0	100	Field	Enter company name.
B.9.1.2	n/a	NAICS Code	No	0	10	NAICSCode	Agency-specific	n/a	n/a	Required if any data is entered in row. Enter 6-digit code number. Must be numerical digits only (0-9).	AN	n/a	6	6	Field	Enter 6-digit code number.
B.9.1.3	n/a	Estimated Jobs Created	No	0	10	JobsCreated	Agency-specific	n/a	n/a	Required if any data is entered in row.	INTEGER	n/a	0	999999	Field	Enter estimated number of jobs created.
B.9.1.4	n/a	Estimated Jobs Retained	No	0	10	JobsRetained	Agency-specific	n/a	n/a	Required if any data is entered in row.	INTEGER	n/a	0	999999	Field	Enter estimated number of jobs retained.
B.9.1.5	n/a	Estimated Private Investment	No	0	10	PrivateInvestment	Agency-specific	globLib:BudgetAmountDataType	n/a	Required if any data is entered in row.	\$	n/a	0.00	999999999999.99	Field	Enter the dollar amount.

B.9.2	Add Beneficiary	Add Beneficiary	n/a	n/a	n/a	n/a	Agency-specific	n/a	n/a	Clicking will add one row, button is disabled if 10 rows have already been added.	n/a	n/a	n/a	n/a	Button	Click to add a row.
B.10	10. Non-EDA funding for the project	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.10.a	a. Are all non-EDA funds committed to the project, available as needed, and not conditioned or encumbered in any way that would preclude their use consistent with the purpose of the project?	Non-EDA Funds Available	Yes	1	1	FundsAvailable	Radio Group	globLib:YesNoDataType	FundsAvailable	n/a	LIST	n/a	n/a	n/a	Radio Group	Are all non-EDA funds committed to the project, available as needed, and not conditioned or encumbered in any way that would preclude their use consistent with the purpose of the project? This field is required.
B.10.a.0	Yes	Yes	No	0	1	n/a	Radio Group	n/a	FundsAvailable	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
B.10.a.1	No (explain below)	No (explain below)	No	0	1	n/a	Radio Group	n/a	FundsAvailable	n/a	n/a	No	n/a	n/a	Radio	Select this option.
B.10.a.2	n/a	Explanation	No	0	1	FundsAvailableExplanation	Agency-specific	n/a	n/a	Required if FundsAvailable is No, otherwise disabled. 2 paragraphs.	AN	n/a	0	1000	Field	If No, enter explanation.
B.10.b	b. Identify the source, nature and amount of all non-EDA funds.	Non-EDA funds Source	Yes	1	1	NonEDAFunds	Agency-specific	n/a	n/a	1 page.	AN	n/a	1	4000	Field	Identify the source, nature and amount of all non-EDA funds. This field is required.
B.10.c	c. Does the applicant plan to seek other federal financial assistance as part of or in connection with this project? If so, please describe the source, amount and any terms and conditions of the funding, and when the funding will be available for use by the applicant.	Other Federal Assistance	Yes	1	1	SeekOtherAssistance	Radio Group	globLib:YesNoDataType	SeekOtherAssistance	n/a	LIST	n/a	n/a	n/a	Radio Group	Does the applicant plan to seek other federal financial assistance as part of or in connection with this project? This field is required.
B.10.c.0	Yes (explain below)	Yes (explain below)	No	0	1	n/a	Radio Group	n/a	SeekOtherAssistance	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
B.10.c.1	No	No	No	0	1	n/a	Radio Group	n/a	SeekOtherAssistance	n/a	n/a	No	n/a	n/a	Radio	Select this option.
B.10.c.2	n/a	Explanation	No	0	1	SeekOtherAssistanceExplanation	Agency-specific	n/a	n/a	Required if SeekOtherAssistance is Yes, otherwise disabled.	AN	n/a	0	500	Field	If yes, describe the source, amount and any terms and conditions of the funding, and when the funding will be available for use by the applicant.
B.11	11. Justification for sole source procurement	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.11.0	Will you contract work to complete part or all of this project?	Contract Work	Yes	1	1	ContractWork	Radio Group	globLib:YesNoDataType	ContractWork	n/a	LIST	n/a	n/a	n/a	Radio Group	Will you contract work to complete part or all of this project? This field is required.
B.11.0.a	a. No	No	No	0	1	n/a	Radio Group	n/a	ContractWork	n/a	n/a	No	n/a	n/a	Radio	Select this option.
B.11.0.b	b. Yes	Yes	No	0	1	n/a	Radio Group	n/a	ContractWork	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
B.11.0.2	If yes, will contracts be awarded by competitive bid?	Competitive Bid	No	0	1	CompetitiveBid	Radio Group	globLib:YesNoDataType	CompetitiveBid	Required if ContractWork is Yes, otherwise disabled.	LIST	n/a	n/a	n/a	Radio Group	If yes, will contracts be awarded by competitive bid?
B.11.0.2.1	i. Yes	No	No	0	1	n/a	Radio Group	n/a	CompetitiveBid	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
B.11.0.2.2	ii. No	Yes	No	0	1	n/a	Radio Group	n/a	CompetitiveBid	n/a	n/a	No	n/a	n/a	Radio	Select this option.
B.11.0.3.2.0	If contracts will not be awarded by competitive bid, please provide a justification. A cost analysis will be necessary when adequate price competition is lacking, and for sole source procurements.	Justification	No	0	1	JustificationNoncompetitiveBid	Agency-specific	n/a	n/a	Required if CompetitiveBid is No, otherwise disabled. 1 page.	AN	n/a	0	4000	Field	If contracts will not be awarded by competitive bid, please provide a justification. A cost analysis will be necessary when adequate price competition is lacking, and for sole source procurements.
B.12	12. Equipment	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
B.12.0	Will any funds be used to purchase equipment?	Purchase Equipment	Yes	1	1	PurchaseEquipment	Radio Group	globLib:YesNoDataType	PurchaseEquipment	n/a	LIST	n/a	n/a	n/a	Radio Group	Will any funds be used to purchase equipment? This field is required.
B.12.0.0	a. No	No	No	0	1	n/a	Radio Group	n/a	PurchaseEquipment	n/a	n/a	No	n/a	n/a	Radio	Select this option.
B.12.0.1	b. Yes	Yes	No	0	1	n/a	Radio Group	n/a	PurchaseEquipment	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
B.12.0.2	If yes, will project funding be used to install the equipment?	Install Equipment	No	0	1	InstallEquipment	Radio Group	globLib:YesNoDataType	InstallEquipment	Required if PurchaseEquipment is Yes, otherwise disabled.	LIST	n/a	n/a	n/a	Radio Group	If yes, will project funding be used to install the equipment?
B.12.0.2.0	Yes	No	No	0	1	n/a	Radio Group	n/a	InstallEquipment	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
B.12.0.2.1	No	Yes	No	0	1	n/a	Radio Group	n/a	InstallEquipment	n/a	n/a	No	n/a	n/a	Radio	Select this option.

B.12.1	Please attach a list, including cost, description, purpose, and estimated useful life of any equipment that will be purchased as a part of this project.	Attach List	No	0	1	EquipmentList	Global	att:AttachedFileDataType	n/a	n/a	FILE	n/a	n/a	n/a	Single_File	Please attach a list, including cost, description, purpose, and estimated useful life of any equipment that will be purchased as a part of this project.
C	C. Regional Eligibility	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
C.1	1. Region	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
C.1.1	Define the area/region that is the basis for the applicant's claim of eligibility. EDA will review and evaluate documentation submitted by the applicant to verify and determine eligibility.	Region	Yes	1	1	RegionEligibility	Agency-specific	n/a	n/a	1 page.	AN	n/a	1	4000	Field	Define the area/region that is the basis for the applicant's claim of eligibility. EDA will review and evaluate documentation submitted by the applicant to verify and determine eligibility. This field is required.
C.2	2. Source of data provided for regional eligibility determination	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
C.2.1	Check the box denoting what data source you used to establish eligibility:	Data Source	No	0	1	EligibilityDataSource	Radio Group	n/a	EligibilityDataSource	n/a	LIST	n/a	n/a	n/a	Radio Group	Check the box denoting what data source you used to establish eligibility.
C.2.1.a	a. The most recent ACS data published by the U.S. Census Bureau.	The most recent ACS data published by the U.S. Census Bureau	No	0	1	n/a	Radio Group	n/a	EligibilityDataSource	n/a	n/a	ACS Data	n/a	n/a	Radio	Select this option.
C.2.1.b	b. The most recent other federal data for the region in which the project is located (e.g., U.S. Census Bureau or the Bureaus of Economic Analysis, Labor Statistics, Indian Affairs, etc.).	The most recent other federal data for the region in which the project is located (e.g., U.S. Census Bureau or the Bureaus of Economic Analysis, Labor Statistics, Indian Affairs, etc.)	No	0	1	n/a	Radio Group	n/a	EligibilityDataSource	n/a	n/a	Other Federal Data	n/a	n/a	Radio	Select this option.
C.2.1.c	c. If no federal data are available, the most recent data available through the state government for the region in which the project is located.	If no federal data are available, the most recent data available through the state government for the region in which the project is located	No	0	1	n/a	Radio Group	n/a	EligibilityDataSource	n/a	n/a	State Data	n/a	n/a	Radio	Select this option.
C.2.1.d	d. Other data to substantiate regional eligibility based on a "Special Need" as defined in 13 C.F.R. § 300.3.	Other data to substantiate regional eligibility based on a "Special Need" as defined in 13 C.F.R. 300.3	No	0	1	n/a	Radio Group	n/a	EligibilityDataSource	n/a	n/a	Other Data	n/a	n/a	Radio	Select this option.
C.2.2	Please attach a copy of the documentation used to support your claim of eligibility:	Documentation	No	0	1	EligibilityDocumentation	Global	att:AttachedFileDataType	n/a	n/a	FILE	n/a	n/a	n/a	Single_File	Please attach a copy of the documentation used to support your claim of eligibility.
C.3	3. Economic distress	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
C.3.0	Check all that apply in establishing regional eligibility (see FFO for more details):	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
C.3.0.a	A. Unemployment rate	Unemployment Rate	No	0	1	UnemploymentRate	Agency-specific	globLib:YesNoDataType	n/a	n/a	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.b	B. Per capita income	Per Capita Income	No	0	1	PerCapitaIncome	Agency-specific	globLib:YesNoDataType	n/a	n/a	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.c	C. Special need, including:	Special Need	No	0	1	SpecialNeed	Agency-specific	globLib:YesNoDataType	n/a	n/a	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.c.1	Substantial out-migration or population loss;	Substantial out-migration or population loss	No	0	1	OutMigration	Agency-specific	globLib:YesNoDataType	n/a	One selection in group is required if SpecialNeed is Yes.	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.c.2	Underemployment; that is, employment of workers at less than full-time or at less skilled tasks than their training or abilities permit;	Underemployment; that is, employment of workers at less than full-time or at less skilled tasks than their training or abilities permit	No	0	1	Underemployment	Agency-specific	globLib:YesNoDataType	n/a	One selection in group is required if SpecialNeed is Yes.	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.c.3	Military base closure or realignment, defense contractor reductions-in-force, or U.S. Department of Energy defense-related funding reductions;	Military base closure or realignment, defense contractor reductions-in-force, or U.S. Department of Energy defense-related funding reductions	No	0	1	MilitaryBaseClosure	Agency-specific	globLib:YesNoDataType	n/a	One selection in group is required if SpecialNeed is Yes.	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.c.4	Natural or other major disasters or emergencies;	Natural or other major disasters or emergencies	No	0	1	NaturalDisaster	Agency-specific	globLib:YesNoDataType	n/a	One selection in group is required if SpecialNeed is Yes.	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.c.5	Extraordinary depletion of natural resources;	Extraordinary depletion of natural resources	No	0	1	NaturalResourceDepletion	Agency-specific	globLib:YesNoDataType	n/a	One selection in group is required if SpecialNeed is Yes.	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.c.6	Closing or restructuring of an industrial firm or loss of other major employer;	Closing or restructuring of an industrial firm or loss of other major employer	No	0	1	ClosingRestructuring	Agency-specific	globLib:YesNoDataType	n/a	One selection in group is required if SpecialNeed is Yes.	n/a	n/a	n/a	n/a	Check	Check to select.

C.3.0.c.7	Negative effects of changing trade patterns; or	Negative effects of changing trade patterns	No	0	1	ChangingTradePatterns	Agency-specific	globLib:YesNoDataType	n/a	One selection in group is required if SpecialNeed is Yes.	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.c.8	Other circumstances set forth in the applicable FFO (please explain below).	Other circumstances set forth in the applicable FFO (please explain below)	No	0	1	Other	Agency-specific	globLib:YesNoDataType	n/a	One selection in group is required if SpecialNeed is Yes.	n/a	n/a	n/a	n/a	Check	Check to select.
C.3.0.c.8.1	n/a	Explanation	No	0	1	OtherExplanation	Agency-specific	n/a	n/a	Required if Other is checked, otherwise disabled.	AN	n/a	0	500	Field	If Other, enter explanation.
C.4	4. Substantial direct benefit	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
C.4.0	If the project does not meet any of the criteria above, is it located in an Economic Development District (EDD), and will it provide substantial direct benefit to residents of an area within that EDD that does meet the distress criteria?	Located in Economic Development District	No	0	1	LocatedInEconomicDevelopmentDistrict	Radio Group	globLib:YesNoDataType	LocatedInEconomicDevelopmentDistrict	n/a	LIST	n/a	n/a	n/a	Radio Group	If the project does not meet any of the criteria above, is it located in an Economic Development District (EDD), and will it provide substantial direct benefit to residents of an area within that EDD that does meet the distress criteria?
C.4.0.1	Yes	Yes	No	0	1	n/a	Radio Group	n/a	LocatedInEconomicDevelopmentDistrict	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
C.4.0.2	No	No	No	0	1	n/a	Radio Group	n/a	LocatedInEconomicDevelopmentDistrict	n/a	n/a	No	n/a	n/a	Radio	Select this option.
C.4.1	Which Economic Development District?	Economic Development District	No	0	1	EconomicDevelopmentDistrict	Agency-specific	n/a	n/a	1 paragraph.	AN	n/a	0	500	Field	Enter Economic Development District.
C.4.2	Please explain how the proposed project will provide a substantial direct benefit to this geographic area within the EDD.	Benefit	No	0	1	DirectBenefit	Agency-specific	n/a	n/a	1 page.	AN	n/a	0	4000	Field	Please explain how the proposed project will provide a substantial direct benefit to this geographic area within the EDD.
D	D. Budget and Staffing	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
D.0	To be completed by applicants for non-construction assistance only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
D.1	1. Budget justification	Budget Justification	No	0	1	BudgetJustification	Agency-specific	n/a	n/a	2 pages.	AN	n/a	0	8000	Field	Enter the budget justification.
D.2	2. Indirect costs	Indirect Costs	No	0	1	IndirectCosts	Agency-specific	n/a	n/a	2 pages.	AN	n/a	0	8000	Field	Enter indirect costs.
D.3	3. Key applicant staff	Key Applicant Staff	No	0	1	KeyApplicantStaff	Agency-specific	n/a	n/a	2 pages.	AN	n/a	0	8000	Field	Enter key applicant staff.
E	E. Administrative Requirements	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
E.1	1. Civil rights	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
E.1.a	a. Does the applicant understand and agree to comply with all applicable civil rights requirements (see 13 C.F.R. § 302.20)?	Civil Rights Requirements	Yes	1	1	CivilRightsComplianceApplicant	Radio Group	globLib:YesNoDataType	CivilRightsComplianceApplicant	n/a	LIST	n/a	n/a	n/a	Radio Group	Does the applicant understand and agree to comply with all applicable civil rights requirements (see 13 C.F.R. 302.20)? This field is required.
E.1.a.0	Yes	Yes	No	0	1	n/a	Radio Group	n/a	CivilRightsComplianceApplicant	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
E.1.a.1	No (explain below)	No (explain below)	No	0	1	n/a	Radio Group	n/a	CivilRightsComplianceApplicant	n/a	n/a	No	n/a	n/a	Radio	Select this option.
E.1.a.2	n/a	Explanation	No	0	1	CivilRightsComplianceApplicantExplanation	Agency-specific	n/a	n/a	Required if CivilRightsComplianceApplicant is No, otherwise disabled. 2 paragraphs.	AN	n/a	0	1000	Field	If No, enter explanation.
E.1.b	b. Do identified "Other Parties," businesses that will create and/or save fifteen or more jobs as a result of the EDA project, understand and agree to comply with all applicable civil rights requirements, including the requirement to provide signed assurances of compliance (ED-900B)?	Other Parties Civil Rights Requirements	Yes	1	1	CivilRightsComplianceOtherParties	Radio Group	globLib:YesNoNotApplicableDataType	CivilRightsComplianceOtherParties	n/a	LIST	n/a	n/a	n/a	Radio Group	Do identified "Other Parties," businesses that will create and/or save fifteen or more jobs as a result of the EDA project, understand and agree to comply with all applicable civil rights requirements, including the requirement to provide signed assurances of compliance (ED-900B)? This field is required.
E.1.b.0	Not Applicable (No Other Parties Identified)	Not Applicable (No Other Parties Identified)	No	0	1	n/a	Radio Group	n/a	CivilRightsComplianceOtherParties	n/a	n/a	Not Applicable	n/a	n/a	Radio	Select this option.
E.1.b.1	Yes	Yes	No	0	1	n/a	Radio Group	n/a	CivilRightsComplianceOtherParties	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
E.1.b.2	No (explain below)	No (explain below)	No	0	1	n/a	Radio Group	n/a	CivilRightsComplianceOtherParties	n/a	n/a	No	n/a	n/a	Radio	Select this option.
E.1.b.3	n/a	Explanation	No	0	1	CivilRightsComplianceOtherPartiesExplanation	Agency-specific	n/a	n/a	Required if CivilRightsComplianceOtherParties is No, otherwise disabled. 2 paragraphs.	AN	n/a	0	1000	Field	If No, enter explanation.
E.2	2. Lobbying certifications	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a

E.2.0	Will you be able to comply with federal requirements regarding lobbying?	Federal Requirements Regarding Lobbying	Yes	1	1	LobbyingFederalRequirements	Radio Group	glob.Lib:YesNoDataType	LobbyingFederalRequirements	n/a	LIST	n/a	n/a	n/a	Radio Group	Will you be able to comply with federal requirements regarding lobbying? This field is required.
E.2.0.0	Yes	Yes	No	0	1	n/a	Radio Group	n/a	LobbyingFederalRequirements	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
E.2.0.1	No (explain below)	No (explain below)	No	0	1	n/a	Radio Group	n/a	LobbyingFederalRequirements	n/a	n/a	No	n/a	n/a	Radio	Select this option.
E.2.0.2	n/a	Explanation	No	0	1	LobbyingFederalRequirementsExplanation	Agency-specific	n/a	n/a	Required if LobbyingFederalRequirements is No, otherwise disabled. 2 paragraphs.	AN	n/a	0	1000	Field	If No, enter explanation.
E.3	3. Compliance with Executive Order 12372, State Single Point of Contact (SPOC)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
E.3.0	Does the state in which the project will be located have a project review process that requires submission to a Single Point of Contact (SPOC)?	Single Point of Contact	Yes	1	1	SPOC	Radio Group	glob.Lib:YesNoDataType	SPOC	n/a	LIST	n/a	n/a	n/a	Radio Group	Does the state in which the project will be located have a project review process that requires submission to a Single Point of Contact (SPOC)? This field is required.
E.3.0.a	a. No. Go to Question D.4	No. Go to Question D.4	No	0	1	n/a	Radio Group	n/a	SPOC	n/a	n/a	No	n/a	n/a	Radio	Select this option.
E.3.0.b	b. Yes	Yes	No	0	1	n/a	Radio Group	n/a	SPOC	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
E.3.0.b.0	If Yes, does this request for EDA investment assistance meet the SPOC process established by the state?	Meet SPOC Process	No	0	1	SPOCProcess	Radio Group	glob.Lib:YesNoDataType	SPOCProcess	Required if SPOC is Yes, otherwise disabled.	LIST	n/a	n/a	n/a	Radio Group	If Yes, does this request for EDA investment assistance meet the SPOC process established by the state?
E.3.0.b.1	i. No	No	No	0	1	n/a	Radio Group	n/a	SPOCProcess	n/a	n/a	No	n/a	n/a	Radio	Select this option.
E.3.0.b.1.0	Please explain why not	Please Explain Why Not	No	0	1	SPOCProcessExplanation	Agency-specific	n/a	n/a	Required if SPOCProcess is No, otherwise disabled. 2 paragraphs.	AN	n/a	0	1000	Field	If No, enter explanation.
E.3.0.b.2	ii. Yes	No	No	0	1	n/a	Radio Group	n/a	SPOCProcess	n/a	n/a	No	n/a	n/a	Radio	Select this option.
E.3.0.b.2.0	If Yes, were SPOC comments/clearance received?	SPOC Comments Received	No	0	1	SPOCCommentsReceived	Radio Group	n/a	SPOCCommentsReceived	Required if SPOCProcess is Yes, otherwise disabled.	LIST	n/a	n/a	n/a	Radio Group	If Yes, were SPOC comments/clearance received?
E.3.0.b.2.a	a. Yes	Yes	No	0	1	n/a	Radio Group	n/a	SPOCCommentsReceived	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
E.3.0.b.2.a.0	Please attach the comments/clearance:	Comments/Clearance	No	0	1	CommentsClearanceDocument	Global	att:AttachedFileDataType	n/a	Enabled if SPOCCommentsReceived 'a. Yes' is checked, otherwise disabled.	FILE	n/a	n/a	n/a	Single_File	Please attach the comments/clearance.
E.3.0.b.2.b	b. No. The review period has expired and no comments were received.	No. The review period has expired and no comments were received	No	0	1	n/a	Radio Group	n/a	SPOCCommentsReceived	n/a	n/a	No. The review period has expired and no comments were received	n/a	n/a	Radio	Select this option.
E.3.0.b.2.c	c. No. Comments have been requested but the review period has not yet expired.	No. Comments have been requested but the review period has not yet expired	No	0	1	n/a	Radio Group	n/a	SPOCCommentsReceived	n/a	n/a	No. Comments have been requested but the review period has not yet expired	n/a	n/a	Radio	Select this option.
E.3.0.b.2.c.0	Please attach evidence of your request for comments:	Evidence of Request	No	0	1	RequestEvidence	Global	att:AttachedFileDataType	n/a	Enabled if SPOCCommentsReceived 'c. No' is checked, otherwise disabled.	FILE	n/a	n/a	n/a	Single_File	Please attach evidence of your request for comments.
E.4	4. Single Audit Act Requirement	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
E.4.a	a. Does the applicant understand and agree to the requirements of subpart F of 2 C.F.R. part 200 regarding federal audits?	Single Audit Act Requirement	Yes	1	1	SingleAuditActRequirement	Radio Group	glob.Lib:YesNoDataType	SingleAuditActRequirement	n/a	LIST	n/a	n/a	n/a	Radio Group	Does the applicant understand and agree to the requirements of subpart F of 2 C.F.R. part 200 regarding federal audits? This field is required.
E.4.a.0	Yes	Yes	No	0	1	n/a	Radio Group	n/a	SingleAuditActRequirement	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
E.4.a.1	No	No	No	0	1	n/a	Radio Group	n/a	SingleAuditActRequirement	n/a	n/a	No	n/a	n/a	Radio	Select this option.

E.4.b	b. Is the applicant currently audited under the Single Audit Act?	Single Audit Act Audit	Yes	1	1	SingleAuditActAudit	Radio Group	globLib:YesNoDataType	SingleAuditActAudit	n/a	LIST	n/a	n/a	n/a	Radio Group	Is the applicant currently audited under the Single Audit Act? This field is required.
E.4.b.1	i. No	No	No	0	1	n/a	Radio Group	n/a	SingleAuditActAudit	n/a	n/a	No	n/a	n/a	Radio	Select this option.
E.4.b.2	ii. Yes, If yes:	Yes	No	0	1	n/a	Radio Group	n/a	SingleAuditActAudit	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
E.4.b.2.1	1) What is the date of the most recent audit?	Audit Date	No	0	1	AuditDate	Agency-specific	n/a	n/a	Required if SingleAuditActAudit is Yes, otherwise disabled.	DATE	n/a	n/a	n/a	Field	Enter the date in the format MM/DD/YYYY.
E.4.b.2.2	2) Was this audit submitted to the Federal Audit Clearinghouse?	Federal Audit Clearinghouse	No	0	1	FederalAuditClearinghouse	Radio Group	globLib:YesNoDataType	FederalAuditClearinghouse	Required if SingleAuditActAudit is Yes, otherwise disabled.	LIST	n/a	n/a	n/a	Radio Group	Was this audit submitted to the Federal Audit Clearinghouse?
E.4.b.2.2.0	Yes	Yes	No	0	1	n/a	Radio Group	n/a	FederalAuditClearinghouse	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
E.4.b.2.2.1	No	No	No	0	1	n/a	Radio Group	n/a	FederalAuditClearinghouse	n/a	n/a	No	n/a	n/a	Radio	Select this option.
F	F. Requirements for Non-Governmental Applicants (Excluding Public Universities and Certain District Organizations)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
F.0	As indicated below, non-governmental applicants (excluding public universities and district organizations) must also provide a copy of the following items, either using the Attachments form that is part of the application package downloaded from www.Grants.gov or providing a hard copy.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
F.1	1. Non-profit organizations must provide a current Certificate of Good Standing from the State in which they are incorporated.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
F.2	2. New non-profit organization applicants must provide their Articles of Incorporation and By-Laws. Non-profits with an active EDA grant must either provide a) a revised copy of their Articles of Incorporation or By-Laws if these have been amended or b) a statement certifying that there has been no change in the organization's Articles of Incorporation or By-Laws.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
F.3	3. Non-profit organizations must provide a resolution passed by a general purpose political subdivision of a State (e.g., local government entity) or a letter signed by an authorized representative of a local government acknowledging that the applicant is acting in cooperation with officials of the political subdivision. EDA may waive this requirement for certain projects of significant regional or national scope (see 13 CFR § 301.2(b)).	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
F.4	4. If applying for a construction or RLF investment, an applicant must afford the appropriate general purpose governmental authority a minimum of 15 days to review and comment on the proposed project (13 CFR § 302.9(a)).	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
F.4.0	Will the applicant be able to provide these comments?	Provide Comments	No	0	1	ProvideComments	Radio Group	n/a	ProvideComments	n/a	LIST	n/a	n/a	n/a	Radio Group	Will the applicant be able to provide these comments?
F.4.0.0	Yes	Yes	No	0	1	n/a	Radio Group	n/a	ProvideComments	n/a	n/a	Yes	n/a	n/a	Radio	Select this option.
F.4.0.1	Not applicable, because the applicant is not applying for a construction or RLF grant	Not applicable, because the applicant is not applying for a construction or RLF grant	No	0	1	n/a	Radio Group	n/a	ProvideComments	n/a	n/a	Not applicable, because the applicant is not applying for a construction or RLF grant	n/a	n/a	Radio	Select this option.

F.4.0.2	Not applicable, because this requirement has been satisfied under an existing RLF plan	Not applicable, because this requirement has been satisfied under an existing RLF plan	No	0	1	n/a	Radio Group	n/a	ProvideComments	n/a	n/a	Not applicable, because this requirement has been satisfied under an existing RLF plan	n/a	n/a	Radio	Select this option.
F.4.0.3	No, for another reason (explain below)	No, for another reason	No	0	1	n/a	Radio Group	n/a	ProvideComments	n/a	n/a	No, for another reason	n/a	n/a	Radio	Select this option.
F.4.0.3.0	n/a	Explanation	No	0	1	ProvideCommentsExplanation	Agency-specific	n/a	n/a	Required if ProvideComments is 'No, for another reason', otherwise disabled. 2 paragraphs.	AN	n/a	0	1000	Field	If No, for another reason, enter explanation.
2.0	Instructions for Form ED-900	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.A	A. Applicant Information	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.A.1	1) EDA Application Identifier – If EDA has previously provided an identifier for your proposal/application, please enter that identifier here. Otherwise, leave blank.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.A.2	2) Please identify all applicants for this project: The Lead Applicant should be the party who is responsible for handling disbursement of funds and reporting to EDA. Note that Sam.gov registration is required of all EDA applicants and awardees. Please list the relevant CAGE Code and SAM.gov expiration data for all applicants and co-applicants (if any).	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B	B. Project Information	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.1	1. Define and describe the region in which the investment (project) is located	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.1.0	Clearly and concisely describe the region where the project will be located, including the specific geographic location of the project within the region, as well as background on the assets of the area, which may include clusters, and workforce, physical, educational and financial infrastructure.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.2	2. Describe and outline the scope of work for the proposed EDA investment	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.2.0	List specific activities that will be undertaken and the specific deliverables that will be produced as a result of this investment. The description of the proposed project must include a clear statement of the overall purpose of the project, and key milestones and an associated schedule for when the project could start, when key milestones could be achieved, and when the project is anticipated to be completed.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.2.1	Applicants for construction assistance (including design and engineering assistance) should also include a statement of project components. Indicate if the proposed project involves the construction of a new facility or facilities or the enlargement, expansion, renovation, or replacement of an existing facility or facilities. Describe the existing facility and proposed project components in terms of dimensions, capacities, quantities, etc.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.2.2	Applicants for Partnership Planning Assistance should provide a narrative on the economic development activities that will be undertaken including managing and maintaining the CEDS process.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a

2.B.2.3	Applicants for Short Term Planning Assistance should provide a narrative explaining how the proposed scope of work will enhance economic development planning capacity of the identified region. Include any relationship or collaboration with other public and private entities. Please explain how the strategy will expand the capacity of public officials and economic development organizations to work effectively with employers and enable the region to plan and coordinate the use of available resources to support economic recovery and the development of a regional economy and/or develop innovative approaches to economic revitalization in the region.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.2.4	Applicants for State Planning Assistance should provide a narrative outlining the proposed scope of work for the project. Include the relationship to any existing CEDS or similar planning processes in the region and the goals and objectives of the proposed project.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.3	3. Economic development needs	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.3.0	Except for grants to fund developing, updating or refining a CEDS as described in 13 C.F.R. § 303.7, the region in which Public Works or Economic Adjustment projects will be located must have a CEDS with which the project is consistent.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.3.a	a. Does the region in which the project will be located have a Comprehensive Economic Development Strategy (CEDS)?	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.3.a.0	If Yes, what is the source? <i>Note: If you are unsure if your region has a CEDS, please contact your local District Organization. In areas without a District Organization, CEDS may also be obtained at the City, County, or State level.</i>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.3.a.1.0	If No, then please check one of the indicated options:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.3.a.1.1	1. There is an alternate strategic planning document that will govern this investment. Please identify the strategy and provide a copy of this planning document, either by attaching the document to this application or submitting a hard copy.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.3.a.1.2	2. This investment is to create a strategy plan to develop, update or refine a CEDS. Please explain how the strategy will expand the capacity of public officials and economic development organizations to work effectively with employers and enable the region to plan and coordinate the use of available resources to support economic recovery and the development of a regional economy and/or develop innovative approaches to economic revitalization in the region.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.3.b	b. Briefly describe the economic conditions of the region described in A.1, as well as the economic adjustment problems or economic dislocations the region has experienced (or is about to experience) and the regional impact of these conditions. How does the project address the economic development needs of the region and the goals and objectives of the CEDS for the region or the alternate strategic planning document described in section b below? See 13 C.F.R. part 303.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.4	4. Applicant's capability	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.4.0	Briefly describe the applicant's capability to administer, implement, and maintain the project.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.B.5	5. List and describe strategic partners and organizations to be engaged in this project	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a

2.B.5.0	Describe existing regional partnerships (if any) that are directly engaged in supporting the proposed project, including a discussion of the extent of participation of government agencies, private sector interests, education providers, non-profits, community and labor groups, workforce boards, utilities, etc.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.B.6	6. Describe the investment (project) impact and fit with EDA funding priorities	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.B.6.0	Concisely document how the proposed project aligns with one or more of EDA's investment priorities. Applicants that propose projects that do not align with EDA's investment priorities will not be as competitive as those that do. Applicants are strongly encouraged to review EDA's investment priorities, as outlined in the applicable Federal Funding Opportunity (FFO) announcement on www.Grants.gov .	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Provide link to http://www.grants.gov/	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.7	7. Proposed time schedule for the project	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.7.0	Provide a proposed time schedule for completion of the project, including when (month/year) the project will begin and end. Explain any potential issues that could affect project implementation.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.8	8. Economic impacts of the project	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.8.0	Provide a clear and compelling justification for the long-term potential economic impact of the proposed project, through anticipated job creation or retention, private investment leveraging, number of businesses or collaborations supported, or other appropriate measures. All job and private investment estimates should reflect the anticipated impact within nine years of the potential EDA investment. Applicants must attach letters of commitment from any identified beneficiaries.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.8.1	For all other measures, applicants should clearly identify the expected time frame. In all cases, applicants must document the benefit and provide third-party data or information available to support these claims.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.9	9. Beneficiaries of the project	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.9.0	If applicants have identified specific private sector employers that are expected to create and/or save jobs as a result of the project, applicants should list those beneficiaries in the table provided. All job and private investment estimates should reflect the anticipated impact within nine years of the potential EDA investment.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.9.1	NAICS Code: The NAICS code for the major industry category of the beneficiary company (see www.naics.com for a searchable list).	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.9.2	Jobs Created: The number of jobs that the company expects to create as a result of the project.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.9.3	Jobs Retained: The number of jobs that the company expects to retain as a result of the project.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.9.4	Private Investment: The amount of private investment that the company expects to make in its business/community as a result of the project.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.9.5	Form ED-900B must be completed by each beneficiary that expects to create and/or save fifteen or more jobs as a result of the project.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
2.B.10	10. Non-EDA funding for the project	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

2.B.10.0	Please attach evidence of commitment from all funding sources. Select the appropriate response to each question. Applicants should identify the source, nature and amount of all non-EDA funds, including in-kind contributions (non-cash contributions of space, equipment, services, or assumptions of debt). Explain the status of all funding commitments, including the date the funds will be available from each source, and describe any conditions or restrictions on the use of such funds. If in-kind contributions are included, explain the basis on which they are valued.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.B.11	11. Justification for sole source procurement	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.B.11.0	Select the appropriate response to each question.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.B.12	12. Equipment	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.B.12.0	Select the appropriate response to each question.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C	C. Regional Eligibility	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.0.0	Public Works and Economic Adjustment Assistance projects must satisfy regional eligibility requirements (see FFO for more details). This section will assist EDA in determining if the proposed project satisfies these eligibility requirements.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.0.1	Planning and Technical Assistance applications: although meeting specific distress criteria is not a prerequisite for funding under these programs, the economic distress level of the region impacted by a project serves as the basis for establishing the EDA share of the total cost of the project and can inform competitiveness.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.0.2	Please answer all questions completely and accurately and attach explanations and supporting documentation where applicable.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.1	1. Region	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.1.0	Clearly define the area/region that is the basis for your claim of eligibility.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.2	2. Source of data provided for regional eligibility determination	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.2.0	Check the appropriate box denoting what data source you used to establish eligibility. Please attach data used to establish eligibility.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.3	3. Economic Distress	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.3.0	Check all that apply in establishing regional eligibility (see FFO for more details):	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.3.A	A. Unemployment rate: The project is located in a region that has an unemployment rate that is, for the most recent 24-month period for which data are available, at least one percentage point above the national unemployment rate.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.C.3.B	B. Per capita income: The project is located in a region that has a per capita income that is, for the most recent period for which data are available, 80 percent or less of the national average per capita income.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

2.C.3.C	C. Special need: The project is located in a region that has experienced or is about to experience a "Special Need" (as defined in 13 C.F.R. § 300.3) arising from actual or threatened severe unemployment or economic adjustment problems resulting from severe short-term or long-term changes in economic conditions, including: Substantial out-migration or population loss; (check box) Underemployment; that is, employment of workers at less than full-time or at less skilled tasks than their training or abilities permit; Military base closure or realignment, defense contractor reductions-in-force, or U.S. Department of Energy defense-related funding reductions; Natural or other major disasters or emergencies; Extraordinary depletion of natural resources; Closing or restructuring of an industrial firm or loss of other major employer; Negative effects of changing trade patterns; or other circumstances set forth in the applicable FFO.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.C.4	4. Substantial Direct Benefit	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.C.4.0	A project located within an Economic Development District (EDD) that is located in a region that does not meet the economic distress criteria set forth in section B.3 above, is also eligible for EDA investment assistance if EDA determines that the project will be of "substantial direct benefit" to a geographic area within the EDD that meets the distress criteria set forth in question B.3 above by providing significant employment opportunities for unemployed, underemployed, or low-income residents of the distressed geographic area within the EDD. If applicable, identify the EDD in which the proposed project will be located, as well as the geographic area within the EDD that meets the economic distress criteria detailed in section B.3., and explain how the proposed project will provide a substantial direct benefit to this geographic area within the EDD. (See FFO for more details.)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.D	D. Budget and Staffing	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.D.0	To be completed by applicants for non-construction assistance only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.D.1	1. Budget justification	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.D.1.0	Provide a clear budget justification that identifies how funds in each line item of the budget will be utilized to support the proposed project. Explain the proposed use of any amounts budgeted for "Equipment," "Contractual," or "Other," if any, on Form SF-424A, Budget Information - Non-Construction Programs.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.D.2	2. Indirect costs	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.D.2.0	Explain the types of indirect costs, if any, on Form SF-424A. If there are any indirect costs, please submit a copy of the current Indirect Cost Rate Agreement that your organization has with its cognizant Federal agency.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.D.3	3. Key applicant staff	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.D.3.0	Identify key applicant staff who will undertake and complete project activities. Include a description of the knowledge, organizational experience, and expertise of individual staff members. In addition, explain how organizational resources will be used to complete project activities. For National Technical Assistance, Training and Research and Evaluation projects, specify which positions will be charged to the federal and non-federal portion of the project budget.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.E	E. Administrative Requirements	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
2.E.1	1. Civil rights	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a

2.E.1.0	Select the appropriate response, providing an explanation if "no."	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.E.2	2. Lobbying certifications	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.E.2.0	All applicants for federal financial assistance must certify that federal funds have not been used and will not be used for lobbying in connection with this request for federal financial assistance (Form CD-511). If non-federal funds have been or are planned to be used for lobbying in connection with this request for federal financial assistance, Form SF-LLL also must be completed. Applicants must comply with 13 C.F.R. § 302.10 regarding attorneys' and consultants' fees and the employment of expeditors. This regulation requires that applicants identify and disclose the amount of fees paid to anyone engaged to assist the applicant in obtaining assistance under the Public Works and Economic Development Act of 1965 (PWEDA), as amended.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.E.3	3. Compliance with Executive Order 12372, State Single Point of Contact (SPOC)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.E.3.0	Select the appropriate response to each question, please attach any comments that have been received. If the comment period has not yet expired or comments were not received, attach evidence of your request for comments.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.E.4	4. Single Audit Act Requirement	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.E.4.0	Select the appropriate response to each question.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.F	F. Requirements for Non-Governmental Applicants (Excluding Public Universities and Certain District Organizations)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2.F.0	As indicated, non-governmental applicants must also provide a copy of the requested items, either using the Attachments form that is part of the application package downloaded from www.Grants.gov or submitting a hard copy. Public Universities and Certain District Organizations may be exempt from this requirement, please contact your Regional Office to determine the requirements applicable to your organization.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

DATA ANALYSIS ROW TEMPLATES

INSTRUCTIONS: Listed below are Data Analysis row templates for data elements and formats defined in the Global Library. To copy into your DAT, select Edit, Copy from the menu at the top of the screen. Click on the **FORM DAT** tab at the bottom of the screen. Click on the row number you want to paste the template into. From the menu, select Edit, Paste. Use the instructions on the **DAT INSTRUCTIONS** tab as guidance for filling in all columns in red.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	[11]	[12]	[13]	[14]	[15]	[16]	[17]
Field #	Field Label	Short Field Label	Required?	Minimum Occurrences	Maximum Occurrences	Agency Field Name	Field Type	Global Library Field Name	Field Type Source	Business Rules	Data Type	List of Values	Min # of Chars or Min Value	Max # of Chars or Max Value	Field Implementation	Help Tip

GLOBAL DATA ELEMENTS

Fill In Unique #	Agency Name:	Agency Name	Fill In	Fill In	Fill In	AgencyName	Global or Forward-populated	globLib:AgencyNameDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	60	Field	Enter the name of the Federal Agency.
Fill In Unique #	Applicant ID:	Applicant ID	Fill In	Fill In	Fill In	ApplicantID	Global or Forward-populated	globLib:ApplicantIDDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	30	Field	Enter the applicant's control number (if applicable)
Fill In Unique #	CFDA Number:	CFDA Number	Fill In	Fill In	Fill In	CFDANumber	Global	globLib:CFDANumberDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	15	Field	Enter the Catalog of Federal Domestic Assistance number. The first two digits identify the Federal department or agency that administers the program, and the last three numbers are assigned in numerical sequence.
Fill In Unique #	CFDA/Program Title:	CFDA/Program Title	Fill In	Fill In	Fill In	CFDAProgramTitle	Global	globLib:CFDATitleDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	120	Field	Enter the Catalog of Federal Domestic Assistance program title.
Fill In Unique #	Congressional District: Applicant:	Applicant District	Fill In	Fill In	Fill In	CongressionalDistrictApplicant	Global or Forward-populated	globLib:CongressionalDistrictDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	6	Field	Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If outside the US, enter 00-000.
Fill In Unique #	Congressional District: Program/Project:	Program District	Fill In	Fill In	Fill In	CongressionalDistrictProgramProject	Global or Forward-populated	globLib:CongressionalDistrictDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	6	Field	Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000.
Fill In Unique #	Country:	Country	Fill In	Fill In	Fill In	Country	Global or Forward-populated	globLib:CountryDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	LIST	ISO 3166 Country Code List	Fill In	49	Popup	Select the Country from the provided list. This field is required.
Fill In Unique #	Department Name:	Department Name	Fill In	Fill In	Fill In	DepartmentName	Global or Forward-populated	globLib:DepartmentNameDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	30	Field	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity.
Fill In Unique #	Division Name:	Division Name	Fill In	Fill In	Fill In	DivisionName	Global or Forward-populated	globLib:DivisionNameDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	30	Field	Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity.
Fill In Unique #	DUNS Number:	DUNS Number	Fill In	Fill In	Fill In	DUNSNumber	Global or Forward-populated	globLib:DUNSIDDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	If entered length is 9, then append '0000'	AN	n/a	9	13	Field	Enter the DUNS or DUNS+4 number of the applicant organization.
Fill In Unique #	Email:	Email	Fill In	Fill In	Fill In	Email	Global or Forward-populated	globLib:EmailDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	E-mail validation	AN	n/a	Fill In	60	Field	Enter a valid Email Address.
Fill In Unique #	Employer/Taxpayer Identification Number (EIN/TIN):	EIN/TIN	Fill In	Fill In	Fill In	EmployerTaxpayerIdentificationNumber	Global or Forward-populated	globLib:EmployerIDDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	9	30	Field	Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444
Fill In Unique #	Fax:	Fax	Fill In	Fill In	Fill In	Fax	Global or Forward-populated	globLib:TelephoneNumberDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	25	Field	Enter the Fax Number.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	[11]	[12]	[13]	[14]	[15]	[16]	[17]
Field #	Field Label	Short Field Label	Required?	Minimum Occurrences	Maximum Occurrences	Agency Field Name	Field Type	Global Library Field Name	Field Type Source	Business Rules	Data Type	List of Values	Min # of Chars or Min Value	Max # of Chars or Max Value	Field Implementation	Help Tip
Fill In Unique #	Federal Award Identifier:	Federal Award Identifier	Fill In	Fill In	Fill In	FederalAwardIdentifier	Global or Forward-populated	globLib:ProjectAwardNumberDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	25	Field	Enter the award number previously assigned by the Federal agency, if any.
Fill In Unique #	Federal Entity Identifier:	Federal Entity Identifier	Fill In	Fill In	Fill In	FederalEntityIdentifier	Global or Forward-populated	globLib:FederalIDDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	30	Field	Enter the number assigned to your organization by the Federal agency.
Fill In Unique #	Organization Name (Legal Name):	Organization Name	Fill In	Fill In	Fill In	OrganizationName	Global or Forward-populated	globLib:OrganizationNameDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	60	Field	Enter the legal name of the applicant that will undertake the assistance activity.

Fill In Unique #	Telephone Number:	Telephone Number	Fill In	Fill In	Fill In	PhoneNumber	Global or Forward-populated	globLib:TelephoneNumberDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	25	Field	Enter the daytime Telephone Number. This field is required.
Fill In Unique #	Project Name:	Project Name	Fill In	Fill In	Fill In	ProjectName	Global or Forward-populated	globLib:ProjectNameDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	60	Field	Enter the name of the project.
Fill In Unique #	Project Title:	Project Title	Fill In	Fill In	Fill In	ProjectTitle	Global or Forward-populated	globLib:ProjectTitleDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	200	Field	Enter a brief, descriptive title of the project.
Fill In Unique #	Social Security Number :	Social Security Number	Fill In	Fill In	Fill In	SocialSecurityNumber	Global or Forward-populated	globLib:SocialSecurityNumberDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	SSN format validation	AN	n/a	11	11	Field	Enter a 9-digit Social Security Number. Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.
Fill In Unique #	Title:	Title	Fill In	Fill In	Fill In	Title	Global or Forward-populated	globLib:HumanTitleDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	Fill In	45	Field	Enter the position title.
Fill In Unique #	Type of Applicant:	Type of Applicant	Fill In	Fill In	Fill In	TypeofApplicant	Global or Forward-populated	globLib:ApplicantTypeCodeDataType	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	LIST	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&& M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)&& N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)&& 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)&&	0 if optional, 15 if required	82	Popup	Select the appropriate applicant type code.

DATA ELEMENTS THAT MAY BE PRE-POPULATED FROM THE APPLICATION PACKAGE

Fill In Unique #	Agency Name:	Agency Name	Yes	1	1	AgencyName	Pre-populated	globLib:AgencyNameDataType	SubmissionDef.AgencyName	n/a	AN	n/a	1	60	Field	Pre-populated from the Application cover sheet.
Fill In Unique #	CFDA Number:	CFDA Number	No	0	1	CFDANumber	Pre-populated	globLib:CFDANumberDataType	SubmissionDef.CFDANumber	n/a	AN	n/a	0	15	Field	Pre-populated from the Application cover sheet.
Fill In Unique #	CFDA/Program Title:	CFDA/Program Title	No	0	1	CFDAProgramTitle	Pre-populated	globLib:CFDATitleDataType	SubmissionDef.CFDATitle	n/a	AN	n/a	0	120	Field	Pre-populated from the Application cover sheet.
Fill In Unique #	Competition Identification Number:	Competition Number	No	0	1	CompetitionIdentificationNumber	Pre-populated	globLib:CompetitionIDDataType	SubmissionDef.field_CompetitionID	n/a	AN	n/a	1	40	Field	Pre-populated from the Application cover sheet.
Fill In Unique #	Competition Identification Title:	Competition Title	No	0	1	CompetitionIdentificationTitle	Pre-populated	globLib:CompetitionIDTitleDataType	SubmissionDef.field_CompetitionIDTitle	n/a	AN	n/a	1	255	Field	Pre-populated from the Application cover sheet.
Fill In Unique #	Funding Opportunity Number:	Opportunity Number	Yes	1	1	FundingOpportunityNumber	Pre-populated	globLib:OpportunityIDDataType	SubmissionDef.OpportunityID	n/a	AN	n/a	1	40	Field	Pre-populated from the Application cover sheet. This field is required.
Fill In Unique #	Funding Opportunity Title:	Opportunity Title	Yes	1	1	FundingOpportunityTitle	Pre-populated	globLib:OpportunityTitleDataType	SubmissionDef.OpportunityIDTitle	n/a	AN	n/a	1	255	Field	Pre-populated from the Application cover sheet. This field is required.

[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	[11]	[12]	[13]	[14]	[15]	[16]	[17]
Field #	Field Label	Short Field Label	Required?	Minimum Occurrences	Maximum Occurrences	Agency Field Name	Field Type	Global Library Field Name	Field Type Source	Business Rules	Data Type	List of Values	Min # of Chars or Min Value	Max # of Chars or Max Value	Field Implementation	Help Tip

DATA ELEMENTS THAT ARE POPULATED AFTER SUBMISSION TO GRANTS.GOV (POST-POPULATED)

Fill In Unique #	AOR Signature:	AOR Signature	Yes	1	1	AORSignature	Post-Populated	globLib:SignatureDataType	n/a	n/a	AN	n/a	1	144	Label	Completed by Grants.gov upon submission.
Fill In Unique #	Date Received:	Date Received	Yes	1	1	DateReceived	Post-Populated	globLib:DateReceivedDataType	n/a	n/a	DATE	n/a	n/a	n/a	Label	Completed by Grants.gov upon submission.
Fill In Unique #	Date Signed:	Date Signed	Yes	1	1	DateSigned	Post-Populated	globLib:DateSignedDataType	n/a	n/a	DATE	n/a	n/a	n/a	Label	Completed by Grants.gov upon submission.

DATA ELEMENT GROUPS

Address Group

Fill In Unique #	Address Group Label	n/a	Fill In	Fill In	Fill In	Fill In	Global	globLib:AddressDataType	n/a	n/a	n/a	n/a	n/a	n/a	Label	Fill In or n/a
Fill In Unique #	Street1:	Street1	Yes	1	1	Street1	Global or Forward-populated	globLib:Street1	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	1	55	Field	Enter the first line of the Street Address. This field is required.
Fill In Unique #	Street2:	Street2	No	0	1	Street2	Global or Forward-populated	globLib:Street2	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	0	55	Field	Enter the second line of the Street Address.
Fill In Unique #	City:	City	Yes	1	1	City	Global or Forward-populated	globLib:City	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	1	35	Field	Enter the City. This field is required.
Fill In Unique #	County:	County	No	0	1	County	Global or Forward-populated	globLib:County	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	0	30	Field	Enter the County.
Fill In Unique #	State:	State	No	0	1	State	Global or Forward-populated	globLib:State	If Field Type [8] = Forward-populated then Fill In source, else n/a	Conditionally required if Country is US then active. If Country is not US, then inactive	LIST	50 US States, US possessions, territories, military codes	0	55	Popup	Select the state, US possession or military code from the provided list. This field is required if Country is the United States.
Fill In Unique #	Province:	Province	No	0	1	Province	Global or Forward-populated	globLib:Province	If Field Type [8] = Forward-populated then Fill In source, else n/a	If Country is US then inactive. If Country is not US, then active	AN	n/a	0	30	Field	Enter the Province.
Fill In Unique #	Country:	Country	Yes	1	1	Country	Global or Forward-populated	globLib:Country	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	LIST	ISO 3166 Country Code List	1	49	Popup	Select the Country from the provided list. This field is required.
Fill In Unique #	Zip / Postal Code:	Zip / Postal Code	No	0	1	ZipCode	Global or Forward-populated	globLib:ZipPostalCode	If Field Type [8] = Forward-populated then Fill In source, else n/a	Conditionally required if Country is US then required. If Country is not US, then optional.	AN	n/a	0	30	Field	Enter the Postal Code (e.g., ZIP code). This field is required if Country is the United States.

Human Name Group

Fill In Unique #	Human Name Group Label	n/a	Fill In	Fill In	Fill In	Fill In	Global	globLib:HumanNameDataType	n/a	n/a	n/a	n/a	n/a	n/a	Label	Fill In or n/a
Fill In Unique #	Prefix:	Prefix	No	0	1	Prefix	Global or Forward-populated	globLib:PrefixName	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	LIST	Mr.&&Mrs.&&Miss&&Ms.&&Dr.&&Rev.&&Prof.	0	10	Combobox	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
Fill In Unique #	First Name:	First Name	Yes	1	1	FirstName	Global or Forward-populated	globLib:FirstName	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	1	35	Field	Enter the First Name. This field is required.
Fill In Unique #	Middle Name:	Middle Name	No	0	1	MiddleName	Global or Forward-populated	globLib:MiddleName	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	0	25	Field	Enter the Middle Name.
Fill In Unique #	Last Name:	Last Name	Yes	1	1	LastName	Global or Forward-populated	globLib:LastName	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	AN	n/a	1	60	Field	Enter the Last Name. This field is required.
Fill In Unique #	Suffix:	Suffix	No	0	1	Suffix	Global or Forward-populated	globLib:SuffixName	If Field Type [8] = Forward-populated then Fill In source, else n/a	n/a	LIST	Jr.&&Sr.&&M.D.&&Ph.D	0	10	Combobox	Select the Suffix from the provided list or enter a new Suffix not provided on the list.

GENERAL DATA ELEMENT FORMATS

Fill In Unique #	ALPHANUMERIC field template Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	n/a	n/a	Fill In	AN	n/a	Fill In	Fill In	Field	Fill In
Fill In Unique #	BUTTON template Fill In Button Label	Fill In	n/a	n/a	n/a	n/a	Agency-specific	n/a	n/a	Fill In	n/a	n/a	n/a	n/a	Button	Fill In
Fill In Unique #	DATE field template Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	n/a	n/a	Fill In	DATE	n/a	n/a	n/a	Field	Enter the date in the format MM/DD/YYYY.
Fill In Unique #	DEGREE EARNED template Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Global	globLib:EducationDegreeDataType	n/a	Fill In	AN	n/a	Fill In	50	Field	Enter the highest degree earned.
Fill In Unique #	DOLLAR AMOUNT template Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	globLib:BudgetAmountDataType	n/a	Fill In	\$	n/a	0.00	9999999999.99	Field	Enter the dollar amount.

[1] Field #	[2] Field Label	[3] Short Field Label	[4] Required?	[5] Minimum Occurrences	[6] Maximum Occurrences	[7] Agency Field Name	[8] Field Type	[9] Global Library Field Name	[10] Field Type Source	[11] Business Rules	[12] Data Type	[13] List of Values	[14] Min # of Chars or Min Value	[15] Max # of Chars or Max Value	[16] Field Implementation	[17] Help Tip
Fill In Unique #	DOLLAR AMOUNT TOTAL template Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	globLib:BudgetTotalAmountDataType	n/a	Fill In	\$	n/a	0.00	###	Field	Enter the total dollar amount.
Fill In Unique #	FILE ATTACHMENT template Fill In Field Label	Fill In	No	0	1	Fill In	Global	att:AttachedFileDataType	n/a	Fill In	FILE	n/a	n/a	n/a	Single_File	Attach a file using the appropriate buttons.
Fill In Unique #	FILE ATTACHMENT template Fill In Field Label	Fill In	Yes	1	1	Fill In	Global	att:AttachedFileDataType	n/a	Fill In	FILE	n/a	n/a	n/a	Single_File	Attach a file using the appropriate buttons. This attachment is required.
Fill In Unique #	MULTIPLE FILE ATTACHMENT Fill In Field Label	Fill In	No	0	1	Fill In	Global	att:AttachmentGroupMin0Max100DataTy pe	n/a	Fill In	MULTIFILE	n/a	n/a	n/a	Multi_file	Attach file(s) using the appropriate buttons.
Fill In Unique #	NUMERIC WITHOUT DECIMALS field template Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	n/a	n/a	Fill In	INTEGER	n/a	Fill In	Fill In	Field	Fill In
Fill In Unique #	NUMERIC WITH DECIMALS field template	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	n/a	n/a	Fill In	DECIMAL(2)	n/a	Fill In	Fill In	Field	Fill In
Fill In Unique #	LABEL template Fill In Label from form	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	Fill In or n/a
Fill In Unique #	LIST field template Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	n/a	n/a	Fill In	LIST	Fill In	Fill In	Fill In	Popup	Fill In
Fill In Unique #	CHECKBOX template Fill In Option 1 Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	globLib:YesNoDataType	n/a	Fill In	n/a	n/a	n/a	n/a	Check	Check to select.
Fill In Unique #	CHECKBOX template Fill In Option 2 Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	globLib:YesNoDataType	n/a	Fill In	n/a	n/a	n/a	n/a	Check	Check to select.

RADIO GROUP OPTIONAL

Fill In Unique #	RADIO GROUP HEADER Fill In Radio Group Label	Fill In	No	0	1	Fill In	Radio Group	n/a	Fill in Radio Group Name (may be same as Field Label)	Fill In	LIST	n/a	n/a	n/a	Radio Group	Fill in or n/a
Fill In Unique #	Fill in Radio Group Option 1 Label	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	n/a	n/a	n/a	Radio	Select this option.
Fill In Unique #	Fill in Radio Group Option 2 Label	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	n/a	n/a	n/a	Radio	Select this option.

RADIO GROUP REQUIRED

Fill In Unique #	RADIO GROUP HEADER Fill In Radio Group Label	Fill In	Yes	1	1	Fill In	Radio Group	n/a	Fill in Radio Group Name (may be same as Field Label)	Fill In	LIST	n/a	n/a	n/a	Radio Group	One selection is required.
Fill In Unique #	Fill in Radio Group Option 1 Label	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	n/a	n/a	n/a	Radio	Select this option.
Fill In Unique #	Fill in Radio Group Option 2 Label	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	n/a	n/a	n/a	Radio	Select this option.

Fill In Unique #	PERCENT WITH DECIMALS Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	globLib:PercentDecimalDataType	n/a	Fill In	DECIMAL(2)	n/a	0.00	100.00	Field	Enter in the percentage with decimals.
Fill In Unique #	PERCENT WITHOUT DECIMALS Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	globLib:PercentIntegerDataType	n/a	Fill In	INTEGER	n/a	0	100	Field	Enter in the percentage as a whole number.
Fill In Unique #	YEAR field template Fill In Field Label	Fill In	Fill In	Fill In	Fill In	Fill In	Agency-specific	n/a	n/a	Fill In	YEAR	n/a	4	4	Field	Fill In

YES/NO OPTIONAL

Fill In Unique #	YES/NO RADIO GROUP HEADER Fill In Field Label	Fill In	No	0	1	Fill In	Radio Group	globLib:YesNoDataType	Fill in Radio Group Name (may be same as Field Label)	n/a	LIST	n/a	n/a	n/a	Radio Group	Fill in or n/a
Fill In Unique #	Yes	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Yes	n/a	n/a	Radio	Select this option for Yes.
Fill In Unique #	No	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	No	n/a	n/a	Radio	Select this option for No.

YES/NO REQUIRED

Fill In Unique #	YES/NO RADIO GROUP HEADER Fill In Field Label	Fill In	Yes	1	1	Fill In	Radio Group	globLib:YesNoDataType	Fill in Radio Group Name (may be same as Field Label)	n/a	LIST	n/a	n/a	n/a	Radio Group	A selection is required.
Fill In Unique #	Yes	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Yes	n/a	n/a	Radio	Select this option for Yes.
Fill In Unique #	No	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	No	n/a	n/a	Radio	Select this option for No.

YES/NO/OTHER OPTIONAL

Fill In Unique #	YES/NO/OTHER RADIO GROUPHEADER Fill In Field Label	Fill In	No	0	1	Fill In	Radio Group	globLib:YesNoOtherDataType	Fill in Radio Group Name (may be same as Field Label)	n/a	LIST	n/a	n/a	n/a	Radio Group	Fill in or n/a
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[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	[11]	[12]	[13]	[14]	[15]	[16]	[17]
Field #	Field Label	Short Field Label	Required?	Minimum Occurrences	Maximum Occurrences	Agency Field Name	Field Type	Global Library Field Name	Field Type Source	Business Rules	Data Type	List of Values	Min # of Chars or Min Value	Max # of Chars or Max Value	Field Implementation	Help Tip
Fill In Unique #	Yes	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Yes	n/a	n/a	Radio	Select this option for Yes.
Fill In Unique #	No	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	No	n/a	n/a	Radio	Select this option for No.
Fill In Unique #	Other	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Other	n/a	n/a	Radio	Select this option for Other.

YES/NO/OTHER REQUIRED

Fill In Unique #	YES/NO/OTHER RADIO GROUP HEADER Fill In Field Label	Fill In	Yes	1	1	Fill In	Radio Group	globLib:YesNoOtherDataType	Fill in Radio Group Name (may be same as Field Label)	n/a	LIST	n/a	n/a	n/a	Radio Group	A selection is required.
Fill In Unique #	Yes	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Yes	n/a	n/a	Radio	Select this option for Yes.
Fill In Unique #	No	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	No	n/a	n/a	Radio	Select this option for No.
Fill In Unique #	Other	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Other	n/a	n/a	Radio	Select this option for Other.

YES/NO/NOT APPLICABLE OPTIONAL

Fill In Unique #	YES/NO/NA RADIO GROUP HEADER Fill In Field Label	Fill In	No	0	1	Fill In	Radio Group	globLib:YesNoNotApplicableDataType	Fill in Radio Group Name (may be same as Field Label)	n/a	LIST	n/a	n/a	n/a	Radio Group	Fill in or n/a
Fill In Unique #	Yes	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Yes	n/a	n/a	Radio	Select this option for Yes.
Fill In Unique #	No	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	No	n/a	n/a	Radio	Select this option for No.
Fill In Unique #	Not Applicable	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Not Applicable	n/a	n/a	Radio	Select this option for Not Applicable.

YES/NO/NOT APPLICABLE REQUIRED

Fill In Unique #	YES/NO/NA RADIO GROUP HEADER Fill In Field Label	Fill In	Yes	1	1	Fill In	Radio Group	globLib:YesNoNotApplicableDataType	Fill in Radio Group Name (may be same as Field Label)	n/a	LIST	n/a	n/a	n/a	Radio Group	A selection is required.
Fill In Unique #	Yes	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Yes	n/a	n/a	Radio	Select this option for Yes.
Fill In Unique #	No	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	No	n/a	n/a	Radio	Select this option for No.
Fill In Unique #	Not Applicable	Fill In	No	0	1	n/a	Radio Group	n/a	Fill in Radio Group Name	Fill In	n/a	Not Applicable	n/a	n/a	Radio	Select this option for Not Applicable.