OMB Number: 4040-0004

Expiration Date: 10/31/2019

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| **Application for Federal Assistance SF-424**  |
| \*1. Type of Submission:[ ]  Preapplication[ ]  Application[ ]  Changed/Corrected Application | \*2. Type of Application:[ ]  New[ ]  Continuation[ ]  Revision  | \* If Revision, select appropriate letter(s):  |
| \*Other (Specify):       |
| \* 3. Date Received: 4. Applicant Identifier:Completed by Grants.gov upon submission       |
| 5a. Federal Entity Identifier:      | \*5b. Federal Award Identifier:      |
| **State Use Only:** |
| 6. Date Received by State:       | 7. State Application Identifier:       |
| **8. APPLICANT INFORMATION:**  |
| \*a. Legal Name:        |
| \*b. Employer/Taxpayer Identification Number (EIN/TIN):       | \*c. Organizational DUNS:       |
| **d. Address:** |
| \*Street 1:        |
|  Street 2:        |
| \*City:        |
|  County/Parish:        |
| \*State:       |
|  Province:        |
|  \*Country:        |
| \*Zip / Postal Code:        |
| **e. Organizational Unit:** |
| Department Name:      | Division Name:      |
|  **f. Name and contact information of person to be contacted on matters involving this application:** |
| Prefix:       \*First Name:        |
| Middle Name:        |
| \*Last Name:        |
| Suffix:        |
| Title:        |
|  Organizational Affiliation:       |
|  \*Telephone Number:       Fax Number:        |
|  \*Email:        |
| **Application for Federal Assistance SF-424**  |
| **9. Type of Applicant 1: Select Applicant Type:** |
| Type of Applicant 2: Select Applicant Type: |
| Type of Applicant 3: Select Applicant Type: |
| \*Other (Specify)      |
| **\*10 Name of Federal Agency:** |
| **11. Catalog of Federal Domestic Assistance Number**:      CFDA Title:       |
| **\*12 Funding Opportunity Number**:      \*Title:       |
| **13. Competition Identification Number**:      Title:       |
| **14. Areas Affected by Project (Cities, Counties, States, etc.):** |
| **\*15. Descriptive Title of Applicant’s Project**:     Attach supporting documents as specified in agency instructions. |

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

**SUPPLEMENTAL INFORMATION**

**REQUIRED FOR**

**DEPARTMENT OF EDUCATION**

**1. Project Director:**

Prefix: \*First Name: Middle Name: \*Last Name: Suffix:

Address:

\* Street1:

Street2:

\* City:

County:

\* State \* Zip Code: \* Country:

\* Phone Number (give area code) Fax Number (give area code)

Email Address:

**2. Applicant Experience:**

 Novice Applicant Yes No Not applicable to this program

**3. Human Subjects Research:**

 Are any research activities involving human subjects planned at any time during the proposed project period?

 Yes No

 Are ALL the research activities proposed designated to be exempt from the regulations?

 Yes Provide Exemption(s) #:





 No Provide Assurance #, if available:

**Please attach an explanation Narrative:**

OMB Control No. 1894-0007

 Expiration Date:08/31/2017

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|  | U.S. DEPARTMENT OF EDUCATIONBUDGET INFORMATIONNON-CONSTRUCTION PROGRAMS  | OMB Control Number: 1894-0008Expiration Date:

|  |
| --- |
|  06/30/2017  |

 |
| Name of Institution/Organization  | Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form. |
| **SECTION A - BUDGET SUMMARY**U.S. DEPARTMENT OF EDUCATION FUNDS |
| Budget Categories | Project Year 1(a) | Project Year 2(b) | Project Year 3(c) | Project Year 4(d) | Project Year 5(e) | Total(f) |
| 1. Personnel |  |  |  |  |  |  |
| 2. Fringe Benefits |  |  |  |  |  |  |
| 3. Travel |  |  |  |  |  |  |
| 4. Equipment |  |  |  |  |  |  |
| 5. Supplies |  |  |  |  |  |  |
| 6. Contractual |  |  |  |  |  |  |
| 7. Construction |  |  |  |  |  |  |
| 8. Other |  |  |  |  |  |  |
| 9. Total Direct Costs (lines 1-8) |  |  |  |  |  |  |
| 10. Indirect Costs\* |  |  |  |  |  |  |
| 11. Training Stipends |  |  |  |  |  |  |
| 12. Total Costs (lines 9-11) |  |  |  |  |  |  |
| **\*Indirect Cost Information *(To Be Completed by Your Business Office*):**If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:1. Do you have an Indirect Cost Rate Agreement approved by the Federal government? \_\_\_\_Yes \_\_\_\_ No
2. If yes, please provide the following information:

 Period Covered by the Indirect Cost Rate Agreement: From: \_\_\_/\_\_\_/\_\_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_\_\_\_ (mm/dd/yyyy) Approving Federal agency: \_\_\_\_ ED \_\_\_\_ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The Indirect Cost Rate is \_\_\_\_\_\_\_\_\_%1. For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

 \_\_\_ Is included in your approved Indirect Cost Rate Agreement? or \_\_\_ Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is \_\_\_\_\_\_\_\_\_% |

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| Name of Institution/Organization  | Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form. |
| **SECTION B - BUDGET SUMMARY****NON-FEDERAL FUNDS** |
| Budget Categories | Project Year 1(a) | Project Year 2(b) | Project Year 3(c) | Project Year 4(d) | Project Year 5(e) | Total(f) |
|  |  |  |  |  |  |  |
| 1. Personnel |  |  |  |  |  |  |
| 2. Fringe Benefits |  |  |  |  |  |  |
| 3. Travel |  |  |  |  |  |  |
| 4. Equipment |  |  |  |  |  |  |
| 5. Supplies |  |  |  |  |  |  |
| 6. Contractual |  |  |  |  |  |  |
| 7. Construction |  |  |  |  |  |  |
| 8. Other |  |  |  |  |  |  |
| 9. Total Direct Costs(Lines 1-8) |  |  |  |  |  |  |
| 10. Indirect Costs |  |  |  |  |  |  |
| 11. Training Stipends |  |  |  |  |  |  |
| 12. Total Costs(Lines 9-11) |  |  |  |  |  |  |
| **SECTION C – BUDGET NARRATIVE** (see instructions) |

OMB Approval No. 0348-0040

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

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

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the

awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such

is the case, you will be notified.

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

1.Has the legal authority to apply for Federal assistance

and the institutional, managerial and financial capability

(including funds sufficient to pay the non-Federal share

of project cost) to ensure proper planning, management

and completion of the project described in this

application.

2. Will give the awarding agency, the Comptroller General

of the United States and, if appropriate, the State,

through any authorized representative, access to and

the right to examine all records, books, papers, or

documents related to the award; and will establish a

proper accounting system in accordance with generally

accepted accounting standards or agency directives.

3.Will establish safeguards to prohibit employees from

using their positions for a purpose that constitutes or

presents the appearance of personal or organizational

conflict of interest, or personal gain.

4.Will initiate and complete the work within the applicable

time frame after receipt of approval of the awarding

agency.

5. /Will comply with the Intergovernmental Personnel Act of

1970 (42 U.S.C. §§4728-4763) relating to prescribed

standards for merit systems for programs funded under

one of the 19 statutes or regulations specified in

Appendix A of OPM's Standards for a Merit System of

Personnel Administration (5 C.F.R. 900, Subpart F).

6.Will comply with all Federal statutes relating to

nondiscrimination. These include but are not limited to:

(a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352)

which prohibits discrimination on the basis of race, color

or national origin; (b) Title IX of the Education

Amendments of 1972, as amended (20 U.S.C. §§1681-

1683, and 1685-1686), which prohibits discrimination on

the basis of sex; (c) Section 504 of the Rehabilitation

Act of 1973, as amended (29 U.S.C. §794), which

prohibits discrimination on the basis of handicaps; (d)

the Age Discrimination Act of 1975, as amended (42

U.S.C. §§6101-6107), which prohibits discrimination

on the basis of age; (e) the Drug Abuse Office and

Treatment Act of 1972 (P.L. 92-255), as amended,

relating to nondiscrimination on the basis of drug

abuse; (f) the Comprehensive Alcohol Abuse and

Alcoholism Prevention, Treatment and Rehabilitation

Act of 1970 (P.L. 91-616), as amended, relating to

nondiscrimination on the basis of alcohol abuse or

alcoholism; (g) §§523 and 527 of the Public Health

Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-

3), as amended, relating to confidentiality of alcohol

and drug abuse patient records; (h) Title VIII of the

Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as

amended, relating to nondiscrimination in the sale,

rental or financing of housing; (i) any other

nondiscrimination provisions in the specific statute(s)

under which application for Federal assistance is being

made; and, (j) the requirements of any other

nondiscrimination statute(s) which may apply to the

application.

7.Will comply, or has already complied, with the

requirements of Titles II and III of the Uniform

Relocation Assistance and Real Property Acquisition

Policies Act of 1970 (P.L. 91-646) which provide for

fair and equitable treatment of persons displaced or

whose property is acquired as a result of Federal or

federally-assisted programs. These requirements apply

to all interests in real property acquired for project

purposes regardless of Federal participation in

purchases.

8.Will comply, as applicable, with provisions of the

Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328)

which limit the political activities of employees whose

principal employment activities are funded in whole or

in part with Federal funds.

9.Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase

requirements of Section 102(a) of the Flood Disaster

Protection Act of 1973 (P.L. 93-234) which requires

recipients in a special flood hazard area to participate in the

program and to purchase flood insurance if the total cost of

insurable construction and acquisition is $10,000 or more.

11.Will comply with environmental standards which may be

prescribed pursuant to the following: (a) institution of

environmental quality control measures under the National

Environmental Policy Act of 1969 (P.L. 91-190) and

Executive Order (EO) 11514; (b) notification of violating

facilities pursuant to EO 11738; (c) protection of wetlands

pursuant to EO 11990; (d) evaluation of flood hazards in

floodplains in accordance with EO 11988; (e) assurance of

project consistency with the approved State management

program developed under the Coastal Zone Management

Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of

Federal actions to State (Clean Air) Implementation Plans

under Section 176(c) of the Clean Air Act of 1955, as

amended (42 U.S.C. §§7401 et seq.); (g) protection of

underground sources of drinking water under the Safe

Drinking Water Act of 1974, as amended (P.L. 93-523);

and, (h) protection of endangered species under the

Endangered Species Act of 1973, as amended (P.L. 93-

205).

12.Will comply with the Wild and Scenic Rivers Act of

1968 (16 U.S.C. §§1271 et seq.) related to protecting

components or potential components of the national

wild and scenic rivers system.

13.Will assist the awarding agency in assuring compliance

with Section 106 of the National Historic Preservation

Act of 1966, as amended (16 U.S.C. §470), EO 11593

(identification and protection of historic properties), and

the Archaeological and Historic Preservation Act of

1974 (16 U.S.C. §§469a-1 et seq.).

14.Will comply with P.L. 93-348 regarding the protection of

human subjects involved in research, development, and

related activities supported by this award of assistance.

15.Will comply with the Laboratory Animal Welfare Act of

1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et

seq.) pertaining to the care, handling, and treatment of

warm blooded animals held for research, teaching, or

other activities supported by this award of assistance.

16.Will comply with the Lead-Based Paint Poisoning

Prevention Act (42 U.S.C. §§4801 et seq.) which

prohibits the use of lead-based paint in construction or

rehabilitation of residence structures.

17.Will cause to be performed the required financial and

compliance audits in accordance with the Single Audit

Act Amendments of 1996 and OMB Circular No. A-133,

"Audits of States, Local Governments, and Non-Profit

Organizations."

18.Will comply with all applicable requirements of all other

Federal laws, executive orders, regulations, and policies

governing this program.

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

**Standard Form 424B (Rev. 7-97) Back**

**CERTIFICATION REGARDING LOBBYING**

Applicants must review the requirements for certification regarding lobbying included in the regulations cited below before completing this form. Applicants must sign this form to comply with the certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying." This certification is a material representation of fact upon which the Department of Education relies when it makes a grant or enters into a cooperative agreement.

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a Federal contract, grant or cooperative agreement over $100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants and contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certification.

|  |
| --- |
| NAME OF APPLICANT PR/AWARD NUMBER AND / OR PROJECT NAME |
| PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE |
| SIGNATURE DATE |

ED 80-0013 06/04

Approved by OMB

0348-0046

|  |  |  |
| --- | --- | --- |
| 1. **Type of Federal Action:**

 a. contract \_\_\_\_ b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance  | 1. **Status of Federal Action:**

 a. bid/offer/application \_\_\_\_\_ b. initial award c. post-award | 1. **Report Type:**

 a. initial filing \_\_\_\_\_ b. material change**For material change only:**Year \_\_\_\_\_\_\_ quarter \_\_\_\_\_\_\_Date of last report\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Name and Address of Reporting Entity:**

 \_\_\_\_ Prime \_\_\_\_\_ Subawardee Tier\_\_\_\_\_\_, if Known: **Congressional District*,*** *if known***:**  | 1. **If Reporting Entity in No. 4 is Subawardee,**

 Enter Name and Address of Prime:  **Congressional District*,*** *if known***:**  |
| 1. **Federal Department/Agency:**
 | 1. **Federal Program Name/Description:**

CFDA Number, *if applicable*: \_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Federal Action Number,** *if known:*
 | 1. **Award Amount**, *if known:*

**$**  |
| **10. a. Name and Address of Lobbying Registrant** *(if individual, last name, first name, MI):*  | **b. Individuals Performing Services** *(including address if different from No. 10a)* *(last name, first name, MI):*  |
| **11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name: \_\_\_\_\_****Title: \_\_\_\_\_****Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_** |
| **Federal Use Only** | **Authorized for Local Reproduction****Standard Form - LLL (Rev. 7-97)** |

**Disclosure of Lobbying Activities**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden