View Burden Statement

OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Federal Assistance SF-424					
Preapplication New			devision, select appropriate letter(s): ner (Specify):		
* 3. Date Received: 4. Applicant Identifier:					
5a. Federal Entity Identifier: 5b. Federal Award Ident				b. Federal Award Identifier:	
State Use Only	:				
6. Date Received	d by State:		7. State Application	n Iden	ntifier:
8. APPLICANT I	NFORMATION:		<u>!</u>		
* a. Legal Name:					
* b. Employer/Ta	x <mark>payer Identification Nu</mark>	mber (E	IN/TIN):	* (c. Organizational DUNS:
				. _	
d. Address:					
* Street1:					
Street2:					
* City:					
County/Parish:					
* State:					
Province:					
* Country:					USA: UNITED STATES
* Zip / Postal Co	de:				
e. Organization	nal U <mark>nit:</mark>				
Department Nam	ne:			Di	ivision Name:
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:			* First Nan	ne:	
Middle Name:					
* Last Name:		T			
Suffix: Title:					
	£61: - 4:				
Organizational A	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):	
Other (specify).	
* 10. Name of Federal Agency:	
201 Name of 1 outstar Agency.	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
t 40. Sing diag Conserts with Newsberr	
* 12. Funding Opportunity Number:	
* Title:	
	1
13. Competition Identification Number:	<u> </u>
Title:	
]
14. Areas Affected by Project (Cities, Counties, States,	
etc.): Add Attachment Delete Attachment View Attachment	
* 15. Descriptive Title of Applicant's Project:	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application for Federal Assistance SF-424

	16. Congressional D	istricts Of:	
	* a. Applicant	<u>* b</u> . Program/Project	
	Attach an additional lis	t of Program/Project Congressional Districts if needed. Add Attachment Delete Attachment View Attachment	
]	17. Proposed Project * a. Start Date: 18. Estimated Fundi	*b. End Date:	
	* a. Federal * b. Applicant * c. State * d. Local		
	* e. Other * f. Program Income * g. TOTAL		
	a. This application	n was made available to the State under the Executive Order 12372 Process?	
]	c. Program is no	covered by E.O. 12372. t Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
	Yes	No	
7	If "Yes <mark>", pr</mark> ovid <mark>e ex</mark> p		
	herein <mark>are</mark> true <mark>, co</mark> r comply with any re may s <mark>ubje</mark> ct m <mark>e to</mark> (application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements applete and accurate to the best of my knowledge. I also provide the required assurances** and agree to sulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims riminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
	specific <mark>ins</mark> tructions.	ons and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency	
	Autho <mark>rize</mark> d Rep <mark>res</mark> e		
	Prefix:	* First Name:	
	Middle Name: * Last		
	Name:		
	Suffix:		
	* Title:		
	* Telephone Number:	Fax Number:	
	* Email:		

^{*} Signature of Authorized Representative:

U.S. Department of Education Supplemental Information for the SF-424 Application for Federal Assistance

1. <u>Proj</u>	ect Director:			
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Proje	ect Director Level of Ef	fort (percentage of time	devoted to grant):	
Addr	ress:			
* Stree	t1:			
Stree	rt2:			
* City:				
Cour	nty:			
* State	:	ode: Countr	y:	
* Phon	e Number (give area code	e): Fax Number (give a	area code):	
* Ema	il Address:	Alternate	Email Address	
	Potential Grantee or			
	Are you either a new poter ompetition's notice inviti		licant as defined in the program	
□ Y	Yes No			
g		t, how many points are you	e preference points for a new por a claiming for your application?	

3. Qualified Opportunity Zones:

If the NIA includes a Qualified Opportunity Zones (QOZ) Priority in which you propose to either provide services in QOZ(s) or are in a QOZ, provide the QOZ census tract number(s) below:			
Human Subjects Research:			
a. Are any research activities involving human subjects planned at any time during the proposed Project Period?			
☐ Yes ☐ No			
b. Are ALL the research activities proposed designated to be exempt from the regulations?			
☐ Yes Provide Exemption(s) # (s): 1 2 3 4 5 6 7 8			
☐ No Provide Assurance #(s), if available:			
c. If applicable, please attach your "Exempt Research" or "Nonexempt Research" narrative to this form as indicated in the definitions page in the attached instructions.			

4.

OMB Number: 1894-0007 Expiration Date:12/31/2023

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB 4040-0013

	Review Public Burde	n Disclosure Stateme	ent	
1. * Type of Federal Action:	2. * Status of Feder	al Action:	3. * Report	t Type:
a. contract	a. bid/offer/applicat	ion	a. initia	
b. grant	b. initial award			erial change
c. cooperative agreement	post-award			ona shange
d. loan	i. post award			
e. loan guarantee				
f. loan insurance				
4. Name and Address of Reporting E	ntity:			
Prime SubAwardee				
¹ Name		•		
' Street 1	S	treet 2		
' City	State			Zip
3.19	State			
Congressional District, if known:				
5. If Reporting Entity in No.4 is Subaw	ardee, Enter Name a	and Address of Prin	ne:	
6. * Federal Department/Agency:		7. * Federal Prog	ram Namo/D	Assorintion:
o. Federal Department/Agency.		7. Federal Flog	iaiii Naiiie/D	escription.
		CFDA Number, if applicab	ile:	
8. Federal Action Number, if known:		9. Award Amoun	t, if known:	
		\$		
		•		
10. a. Name and Address of Lobbying	Registrant:			
Prefix *First Name	_	Middle Name		
7 // Mac Marine				
Last Name		Suffix		
Street 1		treet 2		
5				
' City	State			Zip
b. Individual Performing Services (included)	ding address if different from No.	10a)		
Prefix *First Name		Middle Name		
+ Loof Nome		Suffix		
' Last Name		Suffix		
' Street 1	S	treet 2		
City				7:-
City	State			Zip
11. Information requested through this form is authorized by	title 31 U.S.C. section 1352. Th	nis disclosure of lobbying activ	ities is a material re	epresentation of fact upon which
reliance was placed by the tier above when the transac the Congress semi-annually and will be available for pi	tion was made or entered into. T	his disclosure is required purs	suant to 31 U.S.C. 1	L352. This information will be reported to
\$10,000 and not more than \$100,000 for each such fai		.a to me the required disclos	sare snan be subjec	State a sivil perior of not less than
* Signature:				
*Name: * First Name		Middle Na	me	
* Last Name		Suffi	x	
Title:	Telephone No.:		Date:	
				Authorized for Local Reproduction
Federal Use Only:				Standard Form - LLL (Rev. 7-97)

OMB Number: 1894-0007 Expiration Date:12/31/2023

CERTIFICATION REGARDING LOBBYING (80-0013)

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, 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 an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," 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 subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE Prefix:	Middle Name. Suffix:
* SIGNATURE:	* DATE:

OMB Number: 1894-0007 Expiration Date:12/31/2023

NOTICE TO ALL APPLICANTS

The purpose of this enclosure is to inform you about the following provision in the Department of Education's General Education Provisions Act (GEPA) that applies to applicants for new grant awards under Department programs. This provision is Section 427 of GEPA, enacted as part of the Improving America's Schools Act of 1994 (Public Law (P.L.) 103-382).

To Whom Does This Provision Apply?

Section 427 of GEPA affects applicants for new grant awards under this program. ALL APPLICANTS FOR NEW AWARDS MUST INCLUDE INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS NEW PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.

(If this program is a State-formula grant program, a State needs to provide this description only for projects or activities that it carries out with funds reserved for State-level uses. In addition, local school districts or other eligible applicants that apply to the State for funding need to provide this description in their applications to the State for funding. The State would be responsible for ensuring that the school district or other local entity has submitted a sufficient section 427 statement as described below.)

What Does This Provision Require?

Section 427 requires each applicant for funds (other than an individual person) to include in its application a description of the steps the applicant proposes to take to ensure equitable access to, and participation in, its Federally-assisted program for students, teachers, and other program beneficiaries with special needs. This provision allows applicants discretion in developing the required description. The statute highlights six types of barriers that can impede equitable access or participation: gender, race, national origin, color, disability, or age. Based on local circumstances, you should determine whether these or other barriers may prevent your students, teachers, etc. from such access or participation in, the Federally-funded project or activity. The description in your application of steps to be taken to overcome these barriers need not be lengthy; you may provide a clear and succinct description of how you plan to address those barriers that are applicable to your circumstances. addition, the information may be provided in a single narrative, or, if appropriate, may be discussed in connection with related topics in the application.

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applicants for Federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project and to achieve to high standards. Consistent with program requirements and its approved application, an applicant may use the Federal funds awarded to it to eliminate barriers it identifies.

What are Examples of How an Applicant Might Satisfy the Requirement of This Provision?

The following examples may help illustrate how an applicant may comply with Section 427.

- 1) An applicant that proposes to carry out an adult literacy project serving, among others, adults with limited English proficiency, might describe in its application how it intends to distribute a brochure about the proposed project to such potential participants in their native language.
- 2) An applicant that proposes to develop instructional materials for classroom use might describe how it will make the materials available on audio tape or in braille for students who are blind
- 3) An applicant that proposes to carry out a model science program for secondary students and is concerned that girls may be less likely than boys to enroll in the course, might indicate how it intends to conduct "outreach" efforts to girls, to encourage their enrollment.
- 4) An applicant that proposes a project to increase school safety might describe the special efforts it will take to address concern of lesbian, gay, bisexual, and transgender students, and efforts to reach out to and involve the families of LGBT students

We recognize that many applicants may already be implementing effective steps to ensure equity of access and participation in their grant programs, and we appreciate your cooperation in responding to the requirements of this provision.

Estimated Burden Statement for GEPA Requirements

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.5 hours 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. The obligation to respond to this collection is required to obtain or retain benefit (Public Law 103-382. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1894-0005.