FS-1500-0048

 OMB: 0596-NEW

 Expires: XXXXXX

**Temporary Bridge Funding Opportunity Program** (CFDA 10.721)

**APPLICATION FORM**

**Required Actions -** Ensure that your organization is registered with the System for Award Management (SAM), which is located at <https://sam.gov/content/home>

**Cover Page for Part 1: Cooperator Contact Information**

1. Applicant:
2. Requested Forest Service Funding:
3. Contact Information

Financial Contact (*Responsible official for the financial administration of the project*)

Name: Title:

Organization/Company:

Street Address/P.O. Box:

City, State Zip:

Phone: E-mail Address:

Project Contact (*Responsible for management/coordination of project)*

If same as Financial Contact above, check box [ ]

Name: Title:

Organization/Company:

Street Address/P.O. Box:

City, State Zip:

Phone: E-mail Address:

Application Instructions: Complete and submit Part 1 (Narrative) and Part 2 (Required Financial Forms). Address each item number for Part 1 as thoroughly as possible. Refer to the Notice of Funding Opportunity for additional instructions.

# **Part 1: Narrative**

## **Applicant Information**

Applicant Organization:

Funding Amount Requested:

Does your organization currently have an active Temporary Bridge Program? If yes, will you be updating and changing how you manage the program? Please describe in the fillable form field below (*limited to 1,625 characters and spaces*).

## **Partner Organizations** (*Address the following in the fillable form field. The form field is limited to 1,625 characters and spaces*.)

* Applicant Partners: List all collaborating partners and roles in implementing and supporting the program, along with letters of support, if possible.
* Multi-state collaboration: If planned, please describe. It is encouraged, but not required for smaller states.

## **Program Information** (*Address the following in the fillable form field. The form field is limited to 5,000 characters and spaces*.)

* Describe how the bridge program will be implemented. Will you implement a rental, loan, cost share program or a combination of each?
* Bridge Information **-** Provide a list of potential bridge suppliers.
* Which bridges and how many of each will be used for each program? Refer to Instructions for allowable bridge structures. Identify by type, material, size, quantity and cost.
	+ **Rental**
	+ **Loan**
	+ **Cost-Share**
* Has a rental rate already been identified?
* If using a cost-share program, have potential users been identified?
	+ Please list any identified users.
	+ Has a cost- share percentage been identified?
* Have bridge storage/pickup sites have been identified? How many and where?
* Describe how maintenance costs will be addressed.
* Describe how bridges will be inventoried and tracked throughout the life of the bridge.

Input Program Information in this Form Field

## **Other Information** (*Address the following in the fillable form field. The form field is limited to 3,000 characters and spaces*.)

* How will information be disseminated to end users about the bridge program? Please discuss your outreach strategy.
* Describe how your bridge program will reach out to and support underserved communities as defined by EO 13985 as populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of ‘equity.’.
* Describe how implementation of this program will mitigate water resource damage and prevent water quality degradation.

Input Other Information in this Form Field

## **Budget Information**

| Categories | Forest Service Share |
| --- | --- |
| **1. Personnel** |  |
| **2. Fringe benefits** |  |
| **4. Equipment** |  |
| **5. Supplies/Materials** |  |
| **6. Contractual (identify below)** |  |
| **7. Other (identify below)** |  |
| **8. Direct charges** |  |
| **9. Indirect charges** |  |
| **10. Total** |  |

**Please provide more specific details on how Forest Service funding will be used for each of the following budget categories:**

**Category 1. Personnel (**[**2 CFR § 200.430**](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRed1f39f9b3d4e72/section-200.430)**):** This is the actual estimated salary cost paid and may or may not include fringe benefits. Show job titles or positions and estimated days or hours and the estimated cost per day or hour. Maximum allowable personnel cost is up to 10% of total bridge purchase cost (*Form field is limited to 1,625 characters and spaces*).

**Category 2. Fringe Benefits:** Fringe is generally expressed as a percentage of the salary cost. Provide the rate and total estimated cost (*Form field is limited to 1,625 characters and spaces*).

**Category 4. Equipment:** Total Bridge Cost. Provide a list of individual bridge costs in proposal (*Form field is limited to 5,000 characters and spaces*).

**Category 5. Supplies/Materials:** Provide an estimate of the supplies and materials that may be purchased for the project. Maximum allowable supplies/material cost is up to 3% of total bridge purchase cost (*Form field is limited to 5,000 characters and spaces*).

**Category 6. Contractual:** List any estimated costs with a description of work for each anticipated contract or subaward (*Form field is limited to 5,000 characters and spaces*).

**Category 7. Other:** Maintenance Costs. Total allowable maintenance cost is up to 10% of total bridge purchase cost (*Form field is limited to 3,000 characters and spaces*).

## **Attach Appendices, as appropriate. Examples include the following.**

* Letters of commitment from collaborative partners
* Cost estimates of bridges to be purchased.
* List of bridge vendors.
* Schematics, drawings or literature of potential bridges to be purchased.
* Proof of SAM.gov registration

# **Part 2: Required Financial Forms**

The following forms must be completed and submitted with your proposal. The forms below are located at the Grants.gov Forms Repository website. If the weblinks below are not functioning, search the “Form Name” column for the appropriate form.

* SF–424: Application for Federal Assistance https://apply07.grants.gov/apply/forms/sample/SF424\_4\_0-V4.0.pdf
* SF–424A: Budget Information for Non-Construction Programs https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf
* SF–424B: Assurances for Non-Construction Programs https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf
* USDA AD–1047: Certification Regarding Debarment and Suspension https://apply07.grants.gov/apply/forms/sample/AD\_1047-V1.0.pdf
* USDA AD–1049: Certification Regarding Drug-Free Workplace (or USDA AD–1052 for States and State agencies) https://apply07.grants.gov/apply/forms/sample/AD\_1049\_2\_0-V2.0.pdf
* FS–1500–35: Certificate Regarding Lobbying Activities https://www.fs.usda.gov/nac/assets/documents/forms/fs-1500-35-certification-regarding-lobbying.docx
* FS–1500–22: Financial Capability Questionnaire (see Financial Capability section) <https://www.fs.usda.gov/Internet/FSE_DOCUMENTS/stelprd3834433.docx>

Paperwork Reduction Act

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0596-NEW. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately 5.25/hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary/mandatory/required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the U.S.D.A. Forest Service email address SM.FS.InfoCollect@usda.gov and include the OMB Control Number in the subject line.