

<b>EMPLOYMENT AND TRAINING ADMINISTRATION</b> <b>ADVISORY SYSTEM</b> <b>U.S. DEPARTMENT OF LABOR</b> <b>Washington, D.C. 20210</b>	<b>CLASSIFICATION</b> SCSEP
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	<b>DATE</b> August 1, 2007

**TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 4-07**

**TO:** ALL SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) GRANTEES

**FROM:** EMILY STOVER DeROCCO  
Assistant Secretary 

**SUBJECT:** Program Year 2007 Planning Instructions and Allotments for All SCSEP Applicants

- 1. Purpose.** To provide all SCSEP applicants with grant application instructions and procedures for Program Year (PY) 2007, beginning July 1, 2007.
- 2. References.** 2006 Older Americans Act (OAA) Amendments, Pub. L. 109-365 October 17, 2006, 20 CFR part 641; SCSEP Performance Accountability Interim Rule, 72 Fed. Reg. 35831 (June 29, 2007); Training and Employment Guidance Letter (TEGL) 30-06; TEGL 26-06; TEGL 25-06.
- 3. Background.** The 2006 Amendments to the Older Americans Act (OAA) were signed into law on October 17, 2006. Applicants can access Title V of the OAA, which authorizes SCSEP, on [www.doleta.gov/seniors](http://www.doleta.gov/seniors) under the "Laws and Regulations" link. The law became effective July 1, 2007, and grantees must comply with the requirements of the new legislation beginning on that date.

This issuance will provide guidance on all new requirements that grantees must address in their PY 2007 grant applications. This guidance is directed to all current grantees: national, state and territorial. Regulations related to performance accountability were published on June 29, 2007, and we are issuing this guidance because regulations implementing all other parts of the 2006 OAA Amendments will not be published until later this year. Accordingly, this guidance provides direction on additional statutory requirements that PY 2007 SCSEP grantees must meet in order to be in compliance with the 2006 OAA Amendments.

Guidance on the new performance accountability requirements has been provided in TEGL 30-06. Once performance measures were established, performance goals were negotiated with all grantees who then developed a performance narrative to

<b>RESCISSIONS</b> TEGL 30-05	<b>EXPIRATION DATE</b> June 30, 2008
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support these goals. The Department of Labor (the Department) then incorporated both the performance narrative and the agreed-upon performance goals in the PY 2007 grant application.

The Department delayed issuance of these instructions until the enactment of the new Federal minimum wage increase on May 25, 2007. The measure, which goes into effect 60 days after enactment, raises the Federal minimum wage in three steps to \$7.25 by 2009. For PY 2007, the minimum wage changes on July 24, 2007, to \$5.85 per hour. (The minimum wage will increase to \$6.55 an hour one year after enactment, and to \$7.25 per hour in 2009.)

In order to ensure timely funding by July 1, 2007, and to safeguard continuity for participants in the short time period that remained until the beginning of PY 2007, the Department issued conditional grants as directed in TEGL 26-06. Grantees were advised that these grants were awarded contingent on the submission of complete grant application packages as delineated in these planning instructions.

**4. Regional Innovation and Economic Competitiveness and the SCSEP.**

ETA's current policy and strategic priorities reflect the critical role of regional economies in innovation and economic growth. In an effort to support regional economies, ETA encourages the public workforce system and its partners to adopt the Workforce Innovation in Regional Economic Development (WIRED) framework. This approach brings together key stakeholders in regions to leverage their collective public and private sector assets and resources in order to devise strategies that focus on infrastructure, investment, and talent development that will optimize innovation and successful regional economic transformation. This section of the TEGL provides SCSEP applicants with an overview of key economic trends impacting the U.S. economy, the role of the public workforce system and its partners in supporting regional economies, and background on the WIRED framework. Older workers are a critical talent asset in regional economies, and SCSEP applicants can play an important role in ensuring the success of these economies by supporting the WIRED framework and preparing SCSEP participants for employment opportunities in the regions in which they provide services.

The U.S. economy and its labor markets are undergoing changes of historic proportion. Globalization has forced change in every region in the country and impacted every aspect of our economy. Global competition is typically seen as a national challenge, but in reality, regions are where companies, workers, educators, researchers, entrepreneurs, and governments come together to create a competitive advantage in the global marketplace. Those regions that will be most successful will connect three key elements: talent, infrastructure, and investment. In particular, they will connect workforce skills and lifelong learning strategies; regional infrastructure and economic development strategies; and investment and entrepreneurship strategies.

In the new global economy, a region's ability to develop, attract, and retain a well-educated and skilled workforce is a key factor in our nation's economic competitiveness. A region may possess a strong infrastructure and the investment resources for success, but without the talented men and women to use those elements for economic growth, they are not utilized to the fullest potential. Talent can also drive infrastructure improvements and investment because investment capital will follow talent, while infrastructure can be built to support a growing economy.

It is increasingly important that the public workforce system acts as a strategic driver of regional economic development. The public workforce system plays a critical role in preparing the workforce for the global economy. ETA envisions that the public workforce system and its partners will operate as a talent development system that not only meets the needs of industry, but also contributes to economic prosperity by collaborating with economic development to identify emerging industries that it can help foster and grow. Its goal is an educated and prepared workforce that is able to compete in the global economy.

In recognition that talent drives prosperity, ETA launched the WIRED initiative. The goal of the WIRED initiative is to expand employment and advancement opportunities for American workers and catalyze the creation of high-skill and high-wage opportunities in regional economies. ETA has already invested in regional economies around the country through WIRED, and encourages the public workforce system and its partners to adopt the WIRED framework.

Though ETA developed this framework through working with the original set of WIRED grantees, it is helpful for any regional economy that is devising strategies that focus on infrastructure, investment, and talent development to optimize innovation and build economic prosperity. The WIRED framework has six critical components: a strong regional identity; a socially-networked leadership group; data-driven strengths, weaknesses, opportunities, and threats analysis; aligned strategies that integrate investment, infrastructure, and talent; a culture of innovation and entrepreneurship; and shared resources to implement strategies.

Applicants are encouraged to support the WIRED framework by preparing SCSEP participants for employment opportunities in industries and occupations that are critical in the regions in which they are providing services. Applicants can utilize a variety of specific strategies as part of their overall efforts to help prepare participants for these employment opportunities, such as ensuring that community service employment assignments help prepare participants for employment opportunities that are prevalent in key industries in their regions, and placing participants in employment opportunities that are critical to the economic success of those regions. Applicants are asked to identify specific strategies for preparing individuals for high-growth employment opportunities in their regions throughout the technical plan instructions.

5. **PY 2007 Program Allotments.** See Attachment V for funding levels and authorized positions.
6. **Grant Application Procedures.** All SCSEP grant applicants must submit a grant application package in order to be funded. The Grant Officer will not recommend a grant application for funding that fails to provide any of the required information outlined in this guidance. The attachments to this guidance provide detailed instructions.

A complete grant application package must contain the following:

- Project Narrative or Technical Proposal in accordance with Attachment I;
- A signed SF-424 Form, Application for Federal Assistance (Attachment III);
- An SF-424A Form, Budget Information Form, with a detailed budget breakout (see Attachments II and III); and
- Special Conditions (as provided in Attachment IV).

The Grant Officer will provide Grant Assurances and Certifications when the grant is returned to the applicant for signature.

Other required supporting documents, as applicable, include:

- If changes have been made or are required in the applicant's current operating manuals and procedures (including orientation materials provided to participants on policies) since the PY 2006 grant application submission, applicants should include one copy of the updated materials.
  - If applicants have elected to modify their PY 2006 State Senior Employment Services Coordination Plan as provided in TEGl 25-06, they should include one copy of the modification.
  - Applicants must list their most recent available audit report and their most recent available monitoring reports. Applicants should be able to provide such reports if requested by the regional SCSEP contact.
7. **Grant Application Intergovernmental Reviews.** In accordance with section 502(d) of the OAA, as amended in 2006 (the 2006 OAA Amendments), applicants must share applications on an intrastate basis and provide appropriate Area Agencies on Aging (AAAs) with copies of the SF-424, Application for Federal Assistance, including a summary of the project locations and an explanation of the services that the applicant will provide. In addition, applicants should follow procedures

established by Executive Order 12372, which implements the Single Point of Contact (SPOC) system, unless the state SPOC has waived this requirement. Applicants should include documentation supporting these requirements with the grant application.

8. **Methods of Submission.** There are several acceptable methods of submission:

- Applicants are encouraged to apply online at <http://www.grants.gov> by the deadline specified in section 12 of this issuance. Online applicants must use the following identifier with their submissions: SGA/DFA PY 06-13. Applicants submitting electronic applications via Grants.gov are strongly encouraged to immediately initiate and complete the "Get Started" steps to register with Grants.gov at <http://www.grants.gov/GetStarted>. These steps will probably take multiple days to complete, which should be factored into the applicant's plans for electronic application submission in order to avoid facing unexpected delays that could result in the rejection of the application. Applicants should save the application document as a .doc or PDF file if they submit the application electronically; or
- Applicants may submit hard copy applications via overnight delivery. If applicants elect to do so, an original and two copies of each document in the grant application package must be provided; or
- Applicants may submit applications on disks or CDs via overnight delivery.

In all cases, if the supporting documents referenced in section 6 of this issuance are required (e.g., changes in current operating manuals and procedures), applicants should ensure that such documents are included in the submission, either as an electronic attachment or in hard copy.

9. **Eligibility Review/Responsibility Review/Grant Application Review.** DOL will conduct a pre-award eligibility review, responsibility review, and grant application review as provided at section 514 of the 2006 OAA Amendments and 20 CFR 641.430-440 of the current regulations. DOL will not designate applicants as grantees for PY 2007 if they:

- Fail to meet the eligibility tests of section 514(c) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.430 of the current regulations; or
- Fail to meet the responsibility tests of section 514(d) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.440 of the current regulations; or

- Fail to submit a plan that complies with the new statutory requirements.
10. **Administrative Costs.** The 2006 OAA Amendments, at section 502(c)(3)(A)-(B), do not change the requirements relating to the use of funds for administrative costs. Section 641.867 of the current regulations generally limits administrative costs to no more than 13.5 percent of the SCSEP funds received for a program year. However, as provided at 20 CFR 641.870 of the current regulations, DOL may honor an applicant's request to increase the amount available for administrative costs to not more than 15 percent if DOL determines that it is necessary to carry out the project, and the applicant demonstrates that:
- It is incurring major administrative cost increases in necessary program components; or
  - The number of employment positions in the project or the number of eligible minority individuals participating in the project will decline if the amount available for paying the cost of administration is not increased; or
  - The size of the project is so small that the amount of administrative expenses incurred to carry out the project necessarily exceeds 13.5 percent of the amount for such project.

General statements that costs have increased do not constitute adequate justification. The applicant must identify which costs have increased, why they have increased, and how these costs relate to program operations.

11. **Data Submission and Quality Requirements.** Grantees are responsible for submitting required SCSEP participant data to the SCSEP Performance and Results QPR (SPARQ) system in a timely manner. Grantees who do not submit sufficient useable data may be determined to have failed to comply with a material condition of the award and may be subject to administrative penalties unless they can document that the failure to submit useable data was due to circumstances beyond their control. Administrative penalties for non-profit organizations are articulated at 29 CFR 95.62 and for state and local governments at 29 CFR 97.43.
12. **Schedule.** Applicants must comply with the following timetable:
- Provide the SF-424 and SF-424A Grant Application forms and narrative to the State Office on Aging and the Area Agencies on Aging no later than the date of submission to the Division of Adult Services; and
  - The PY 2007 grant application must be submitted to the Division of Adult Services by August 31, 2007. However, applicants are encouraged to submit their applications as soon as possible.

If applicants elect to submit applications by overnight delivery, completed

application packages, including supporting documents as applicable, should be transmitted to:

Ms. Alexandra Kielty  
Division of Adult Services  
U.S. Department of Labor/ETA  
200 Constitution Avenue, NW  
Room S-4209  
Washington, DC 20210

A hard copy, e-copy, disk or CD of the completed PY 2007 grant application package, including supporting documents as applicable, should also be transmitted to the appropriate regional SCSEP contact as indicated in Attachment VI.

13. **Action Required.** Applicants for PY 2007 SCSEP national and state SCSEP grants must submit applications by August 31, 2007.
14. **Inquiries.** Questions may be directed to the appropriate regional SCSEP contact.
15. **Attachments.**
  - I. Technical Proposal Instructions
  - II. Budget Information Instructions
  - III. Standard Forms SF-424 and SF 424A
  - IV. Special Conditions
  - V. Authorized Positions and Funding
  - VI. Regional SCSEP Contacts

## ATTACHMENT I

### **TECHNICAL PROPOSAL INSTRUCTIONS**

This Attachment contains detailed instructions for the completion of a project narrative. PLEASE READ EACH SECTION OF THE NARRATIVE INSTRUCTIONS CAREFULLY. NO GRANT WILL BE RECOMMENDED FOR FUNDING THAT FAILS TO PROVIDE THE INFORMATION REQUIRED BY THIS GUIDANCE.

### **FORMAT**

Although the Department encourages applicants to submit applications online, applicants may also elect to submit applications via disks or CDs, or in hard copy. If an application is submitted in hard copy, the text of the project narrative must be double-spaced with one-inch margins at the top, bottom, right and left sides. Pages must be numbered. The Department permits the use of graphs, maps, and tables, but these must be properly labeled. In addition to using the required section headings, the Department encourages applicants to use brief topic headings for paragraphs in the text.

To facilitate review of hard copy applications, the title, “PART I – PROJECT NARRATIVE” should be centered, the section headings and subheadings should be entered at the left-hand margin.

### **CONTENT**

Content guidelines for the project narrative are discussed in the following five sections. The content must be concise and relevant. Avoid direct reiteration of statutory or regulatory requirements. The grant application must provide an explanation of the proposed project.

### **SECTION 1 – TECHNICAL APPROACH**

This section requires information from the applicant about the operations of the proposed project and the methods and procedures that the applicant will use to implement project operations. You must provide a narrative that fulfills the requirements of the following two subsections.

**A. Plan of Action.** Provide a description of each project function or activity. You must provide adequate descriptions for the reviewer to ascertain how the applicant will implement the project. The following activities must be discussed separately:

- (1) **Regional Economic Overview.** Provide an overview of the labor market and economic landscape of the regions in which you plan to implement your SCSEP projects. Your overview should identify industries that are growing in these regions, have high levels of total employment, or are otherwise critical to the success of the economies of these regions, and labor market information for specific occupations in those industries that offer career opportunities for SCSEP participants. If you are a national grantee and serve states or multi-state areas with more than three regions or if you are a state grantee serving multiple regions, you only need to provide this information for a sample of the regions in your service area.
- (2) **Recruitment and Selection of Participants.** Outline a comprehensive plan for recruiting program participants. This plan should include specific recruiting activities that you will use, including the role of partners that will be involved in these efforts, and milestones, resources, and timelines. This plan should include a description of the role that One-Stop Career Centers will play in recruiting activities. The revised income definitions and income inclusions and exclusions for determining SCSEP eligibility, as described in TEGl 12-06, must be used to determine and document participant eligibility. Indicate how eligibility will be determined and documented. TEGl 12-06 may be accessed on [www.doleta.gov/seniors](http://www.doleta.gov/seniors) under "Technical Assistance." Identify new strategies to recruit applicants who can meet the income eligibility guidelines, especially those who must have priority for service.

Priority is to be afforded to individuals who are 65 years of age and older or:

- (a) Have a disability;
- (b) Have limited English proficiency or low literacy skills;
- (c) Reside in a rural area;
- (d) Are veterans or spouses of veterans as defined in 20 CFR 641.520(a)(2);
- (e) Have low employment prospects;
- (f) Have failed to find employment after utilizing services provided through the One-Stop Delivery System; or
- (g) Are homeless or are at risk for homelessness. See OAA sec. 518(b)(1)-(2)

In addition, applicants must be mindful of the requirements of OAA sec. 515 regarding documentation of efforts to serve minority individuals under the program. Please refer to section (A)(25) of these instructions for planning requirements related to this provision.

- (3) **20 CFR 641.505, Continued Eligibility for Enrollment in the SCSEP.** You are required to recertify the income of each participant at least once every 12 months. Indicate the schedule for certifying participants and the actions you plan to take to deal with those found to be ineligible, including notification of their right to appeal the finding. Indicate where eligibility records will be maintained. TEGL 12-06 does not permit self-attestation of income eligibility.
- (4) **20 CFR 641.565(b)(ii)(A) and (B), Physical Examinations.** Describe the process for offering physicals to participants as a fringe benefit as required under current regulations. Also describe the process for maintaining documentation of those participants who elect to take physicals and those who waive them.
- (5) **20 CFR 641.535(a)(1), Orientation.** Describe participant and host agency orientation procedures. The description should include mention of participant and agency responsibilities, permissible political activities, grievance procedures, etc.
- (6) **20 CFR 641.535(a)(2), Assessment.** Describe procedures for assessing the job aptitudes, readiness, and preferences of participants, their barriers to employment, as well as their potential for transition into unsubsidized employment. Training and supportive service needs of participants must also be addressed as part of this assessment. You must conduct assessments no fewer than two times during a twelve-month period.
- (7) **20 CFR 641.535(a)(3), Individual Employment Plan (IEP).** Describe how you will use the assessment to develop a participant's IEP, how often the IEP will be updated, and how the participant will participate in this joint effort at least as often as the assessment.
- (8) **20 CFR 641.535(a)(4), Assignment to Community Service Employment Activities In Host Agencies.** Describe how participants will be assigned to community service employment activities and receive training. Include such factors as:
  - (a) Types of community service employment activities that you will emphasize in assigning participants, and how they were chosen;
  - (b) Methods you will use to match participants with community service employment assignments;

- (c) Extent to which you will place participants in community service employment assignments involving the administration of the project itself and how you will ensure that all participants in a project are treated equally;
  - (d) Types of host agencies you will use and the procedures and criteria you will utilize in selecting the community service employment assignments;
  - (e) Process for ensuring that community service employment activities offered in communities provide training that prepares participants for unsubsidized employment;
  - (f) Process for ensuring that community service activities support the regional economy by helping prepare participants for employment opportunities that are prevalent in key industries in the regional economy or are otherwise critical to the success of the regional economy;
  - (g) Average number of hours per week for participants in community service employment assignments, including an explanation of circumstances if you anticipate that this may be adjusted during the course of the grant year to accommodate over-enrollment;
  - (h) Average hourly wage paid to participants during community service employment assignments, reflecting the higher of the local, State or Federal minimum wage as required at 641.565(a), and the average hourly wage paid to participants assigned to project administration;
  - (i) Time limits, if any, on the amount of time participants may spend at a particular host agency;
  - (j) Procedures for ensuring that participants are given adequate supervision during their community service employment assignment by host agency staff; and
  - (k) Procedures for ensuring that participants work in safe and healthy conditions.
- (9) **OAA sec. 502(c)(6)(A)(i), Participant Benefits.** The 2006 Amendments change the prior policies that applied to participant fringe benefits. The use of grant funds for benefits is now limited to those that are required by State or Federal law (such as workers' compensation or unemployment insurance), the costs of physical examinations, compensation for scheduled work hours during which an applicant's or sub-recipient's business is closed for a Federal holiday, and necessary paid or unpaid sick leave that is not part of an accumulated sick leave program. At this time, the Department has not determined if the statute requires that grantees must provide necessary sick leave and Federal holiday pay to participants, and leaves it to the discretion of the grantees to develop reasonable

documented policy on this matter. Grant funds may not be used to pay the cost of pension benefits, annual leave, accumulated sick leave or bonuses. With the exception of physical examinations for participants, which is addressed in section A(4) above, you must describe benefits you will provide to participants, consistent with these new statutory parameters.

- (10) **Other Training.** Describe the training that you will provide to participants in addition to training provided as part of a community service employment assignment, including, but not limited to, training provided through the One-Stop Delivery System. Identify the types of training provided (including occupation-specific training); the credential(s) that training leads to, including industry-recognized credentials, where appropriate; organizations that will provide training; how no-cost or low cost training is being leveraged through partnerships; and how training is linked to IEPs and the needs of the community, and will help prepare participants for unsubsidized employment, including employment opportunities that are prevalent in key industries in the regional economy or are otherwise critical to the success of the regional economy. Such training includes lectures, seminars, classroom instruction, individual instruction, online instruction, private sector on-the-job experiences, work experience or other arrangements. See Older Worker Bulletin 04-04.

In particular, applicants should describe plans to arrange to provide computer training for participants who require such instruction to prepare for meaningful community service employment assignments and unsubsidized employment, and should specify in the budget submissions that grant funds have been set aside for this purpose. If you have determined that your participants will not require computer training, you must provide documentation to support this decision.

- (11) **OAA sec 502(c)(6)(C), Additional Funds for Programmatic Activity Costs**  
The 2006 Amendments permit an exception to the 75% minimum level of expenditures on participant wages and fringe benefits that allows grantees to request to use not less than 65% of program funds for wages, benefits, and other costs, so that up to an additional 10% of funds is available for training and supportive services. Applicants that wish to request this authority must provide:

- (a) A description of the additional training and supportive services;
- (b) An explanation of how such activities will improve the effectiveness of the project and the employment outcomes for individuals served;
- (c) A sequence and timeline for these activities; and
- (d) If applicable, an explanation concerning whether any displacement of eligible individuals or elimination of positions for such individuals will occur, information on the number of such individuals to be displaced and

of such positions to be eliminated.

Applicants that requested this authority with their conditional applications should include a copy of this request with their complete application. If item (d) above applies, an additional explanation should be provided.

- (12) **20 CFR 641.545, Supportive Services.** Describe the supportive services that you will offer to help participants obtain and retain an unsubsidized job. Identify the source(s) of these services.
- (13) **20 CFR 641.550, Placement into Unsubsidized Employment.** Describe the steps that you will take to move or place participants into unsubsidized employment. Describe strategies for: identifying current employment opportunities and projected employment opportunities in regions, including employment opportunities in industries and occupations that are critical to the success of the regional economy; developing and maintaining partnerships with employers; efforts to identify employment opportunities with established career ladders; specific placement strategies, including strategies for placing individuals in industries and occupations that are critical to the success of the regional economy; strategies for placing participants in opportunities with established career ladders; and retention strategies once participants enter the workforce. Include the cooperative measures that you will take with the Workforce Investment Act and One-Stop delivery system in support of this effort, and who will be responsible for this implementation.
- (14) **OAA sec. 502(b)(1)(C), Average Participation.** The 2006 Amendments require that grantees must meet an average participation cap for eligible individuals (in the aggregate) of 27 months starting on July 1, 2007, subject to extension for extenuating circumstances. Describe the procedures you will implement to meet this new requirement.
- (15) **OAA sec. 518(a)(3)(B)(i), Maximum Duration of Program Participation.** The 2006 Amendments mandate new requirements relating to the maximum time period a participant may spend in the program. Describe how you will institute procedures to ensure that, starting on July 1, 2007, eligible individuals may not participate in the program in excess of a maximum duration of 48 months in the aggregate (whether or not consecutive), except in certain instances when an exception is granted by the Department. Describe how you will institute procedures to transition participants to unsubsidized employment or other assistance before the maximum duration time period has expired.
- (16) **20 CFR 641.580, Terminations.** Describe participant termination policies for:
  - (a) provision of false information;
  - (b) income ineligibility determined at recertification;

- (c) incorrect initial eligibility determination;
- (d) cause; and
- (e) failure to comply with the terms of the IEP.

(17) **20 CFR 641.910, Applicant, Employee and Participant Complaint Resolution.**

Describe the system of due process for cases in which an adverse action is contemplated against a participant, an employee of the grantee or sub-recipient, or in cases in which an applicant for enrollment wishes to dispute an unfavorable determination of eligibility. Attach an example of the written explanation of the due process system that is given to each participant.

(18) **Over-Enrollment.** Describe how participant over-enrollment would be handled to minimize the impact on participants. Describe how you will notify participants in advance of any duration limits that are imposed, and how you will document acknowledgement of such limits. Describe how you will work with other grantees to balance Equitable Distribution requirements with over-enrollment to achieve equitable distribution.

(19) **OAA sec. 502(b)(1)(G), Maintenance of Effort.** Describe steps that you will take to ensure compliance with the maintenance of effort requirements, which have been slightly modified from the current regulations as a result of the enactment of the 2006 Amendments:

Each project funded under title V:

- (a) Must not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals not participating in the program;
- (b) Must not displace currently employed workers (including partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits);
- (c) Must not impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be performed; and
- (d) Must not assign or continue to assign any eligible individual to perform the same work or substantially the same work as that performed by any other individual who is on layoff.

(20) **Procedures for Payroll and Payment of Workers' Compensation Costs.**

Describe how payroll and workers' compensation premiums are paid for

participants. Include in this description an estimate of how much is paid in a grant year for workers' compensation premiums and separately for workers' compensation claims. GRANTEES MAY NOT DELEGATE THESE PROCEDURES TO HOST AGENCIES.

- (21) **Collaboration**. Describe how you will collaborate with other entities serving the same area to maximize opportunities for SCSEP participants to obtain intensive and training services, and to move into unsubsidized employment:
- (a) **Coordination with the public workforce system**. Describe collaboration with workforce investment boards, One-Stop Career Centers, and other WIA partners, such as: stationing SCSEP staff at One-Stop Career Centers; co-enrolling SCSEP participants at One-Stop Career Centers; utilizing intensive and/or training services available through WIA; and partnering with One-Stop Career Center staff on employer engagement strategies;
  - (b) **Collaboration with other key organizations in the community**. Describe other organizations in the community with which the SCSEP program will collaborate, including vocational rehabilitation providers, basic education and literacy providers, and education and training providers such as community colleges; and
  - (c) **Establishment of Memoranda of Understanding (MOUs)**. Describe how MOUs will be established in areas where they do not exist, and the timeline for having agreements with all areas.
- (22) **Non-Federal Share (Required Match)**. Outline your strategy for providing the non-federal share of your project (i.e. the required match). This includes the specific cash and/or in-kind contributions that will be provided to satisfy this requirement. As provided at sec. 502(c)(1), in general, the Department may pay a Federal share not to exceed 90 percent of the cost of any project for which a grant is made unless a project is an emergency or disaster project, or a project in an economically depressed area, as determined by the Department in consultation with the Departments of Commerce and Health and Human Services.
- (23) **Leveraged Resources**. Describe any strategy you may have for leveraging other resources, in addition to the non-federal share (i.e. the required match), from other key partners in your region(s) (including organizations in both the public and private sector) to support your SCSEP program. Organizations providing leveraged resources could include state and local government agencies, foundations, employers, community-based organizations, and other entities. Leveraged resources include the following:
- (a) Cash and/or in-kind contributions that could qualify as non-federal share (i.e. the required match), but are not included on the SF-424 and 424A as part of the formal non-federal share (i.e. the required match);

- (b) Resources provided through involvement with other federal programs, such as Vocational Rehabilitation , Adult Education and adult services funded through the Workforce Investment Act;
  - (c) Cash and/or in-kind contributions that are allowable costs under OMB cost provisions, but are restricted and unallowable costs for the SCSEP program.
- (24) **20 CFR 641.500(b), Cross-Border Agreements.** State applicants may enter into agreements to permit cross-border enrollment of eligible participants. Such agreements must cover both State and national grantee slots and must be submitted as an attachment to this section for approval by the Department.
- (25) **OAA sec. 515, Service to Minorities.** The 2006 Amendments require that the Secretary prepare an annual report on the levels of participation and performance outcomes of minority individuals served by SCSEP. Accordingly, describe your plans to serve minority individuals in your service areas.

**B. Data Collection and Reporting.** In this section, describe how you will ensure complete, accurate, and timely data collection and reporting by all sub-recipients. Specifically, you must indicate:

- (1) How you will use SCSEP grant money or matching funds to obtain any needed hardware or Internet connectivity;
- (2) How and where data entry will be accomplished if sub-recipients lack the capacity to perform data entry;
- (3) How you will ensure that those capturing and recoding data are familiar with the latest instructions for data collection, including Department guidances, such as Older Worker Bulletins, TEGs, the Data Collection Handbook, and Internet postings;
- (4) How you will ensure that data are submitted timely for the QPR and final QPR;
- (5) That sub-recipients will be legally obligated to enter all required data relating to all participants served during the period covered by its sub-grants;
- (6) That sub-recipients will be legally obligated to turn over complete data files in the specified electronic format, as well as hard copy case files, to the grantee at the time that the sub-recipient ceases to administer the SCSEP;
- (7) That any new sub-recipients will be legally obligated to enter complete data related to any participants whom they acquire upon becoming sub-recipients; and

(8) For non-Web DCS users, how you will ensure that data are uploaded to SPARQ in accordance with Department timelines and guidance.

- C. **Equitable Distribution.** Describe any current slot imbalances and the steps you are proposing to correct such inequities in conjunction with other selected SCSEP applicants. Applicants must ensure that this information is consistent with the ED report.

## **SECTION 2 – GEOGRAPHIC AREAS TO BE SERVED**

List the cities and counties where you will conduct the project and its subprojects. Include the number of SCSEP authorized positions that you will establish in each jurisdiction. For those applicants with a project located in a city but also serving surrounding counties (or other jurisdictions), the authorized positions for the surrounding counties/jurisdictions must be listed as well. Please indicate where the Department has changed authorized positions from the prior year. Also include a list of how many slots are filled and the number that are vacant. The Department suggests using a chart format, although you may elect to provide a narrative or other format.

## **SECTION 3 – PROGRAM ADMINISTRATION**

- A. **Organizational Structure, Staff and Systems.** Describe the organizational structure of the project, including a brief explanation of the mission and function of each unit connected with the project. Identify the key staff involved in the project, including their primary responsibilities. Outline the primary systems that you will use to support the project, including both MIS systems to track and collect participant data and financial management systems.
- B. **20 CFR 641.861, Sub-recipient Management.** Sub-recipients are the legal entities to which a sub-award of financial assistance, which may include a subcontract, is made by the grantee (or by a sub-recipient), and that is accountable to the grantee for the use of funds provided. For purposes of the SCSEP, “sub-recipient” is defined at 29 CFR 95.2(kk).

Address key aspects of the management of SCSEP sub-recipients. Describe how you will communicate grant requirements to sub-recipients, and how you will keep sub-recipients informed of all significant policy, program, data collection, and performance developments and directives for which you are accountable. Describe how you will ensure that sub-recipients receive adequate resources to effectively operate local projects. Finally, describe the training that you will provide to increase their skills, knowledge, and abilities. Where applicable, include a description of the proposed staff training with dates, content, and potential participants. In completing this section, you need not provide specific information on your sub-recipients. For the purposes of this TEG, the Department is interested in general procedures and practices you will utilize to manage and select your sub-recipients.

**C. OAA sec. 514(e)(2), Special Consideration by National Grantees in Sub-recipient Selection.** The 2006 Amendments articulate specific requirements for national grant applicants in selecting sub-recipients. In areas where a substantial population of individuals with barriers to employment exists, national grant applicants must describe how they will give special consideration to organizations (including former recipients of national grants) with demonstrated expertise in serving individuals with barriers to employment. As provided at OAA sec. 514(e)(1), individuals with barriers to employment include minority individuals, Indian individuals and individuals in the priority of service categories described at OAA 518(b)(2).

**D. Project Monitoring.** Explain the methods and procedures you will use to monitor and evaluate project activities and sub-recipients to determine whether such project activities and sub-recipients are in accordance with Federal guidelines and regulations and whether sub-recipients are meeting project goals and timetables. Respond to the following particulars:

- (1) Frequency of monitoring/evaluation visits to local projects;
- (2) Person(s) responsible for monitoring and evaluation;
- (3) Key programmatic, administrative, and financial aspects of the grant that you will evaluate;
- (4) Monitoring tools that you will utilize;
- (5) Methods for prescribing corrective action when necessary;
- (6) Follow-up procedures to ensure that any identified problem has been remedied; and
- (7) Validation of sub-recipient reports.

**E. Financial Monitoring.** Describe how you will monitor the financial management system of local sub-recipients. The following particulars should be addressed:

- (1) Person(s) responsible for monitoring sub-recipient expenditures;
- (2) Frequency of monitoring of expenditures;
- (4) Training provided to sub-recipients to help them effectively manage their own expenditures;
- (5) Follow-up procedures to be used; and
- (6) Validation of financial reports.

- F. File Maintenance.** Describe how you maintain files for privacy. Also describe how your files are set up, including whether they are electronic or hard copy files. Include a description of how you will ensure that participant files are maintained for three (3) program years after the program year in which all follow-up activity for a participant has been completed.

You should describe how sub-recipients will protect personnel records, including the I-9 forms for all participants, to avoid identity theft and other violations of personal information. Specific steps should be outlined to assure that participant records are securely stored and access is limited to appropriate staff. If applicable, describe measures that you will take to protect the electronic storage and retrieval of personnel information.

If you are interested in using electronic media for record keeping, describe the safeguards that you will use to preclude tampering with the information and assurances that electronic signatures, Personal Identification Numbers (PINS), etc., belong to the individual who is certifying the information. If document authenticity can be assured and safeguarded, utilization of electronic media is an acceptable means of record keeping.

- G. Audits.** Describe audit coverage including plans to audit local projects as well as plans to audit the activities of headquarters. To the extent feasible, provide dates, possible audit firms and selection procedures for future audits. Provide specific references to the most recent audit. Include the name of the audit firm and the date.

## ATTACHMENT II

### BUDGET INFORMATION INSTRUCTIONS

Part 2 of the proposal should be titled "PART II-PROPOSED PROJECT BUDGET." The applicant must prepare the proposed budget using Standard Form (SF) 424 and 424A (available in Adobe Acrobat format at <http://www.doleta.gov/sga/forms.cfm>).

Sections A, B, and C of the SF-424A should include budget estimates for the entire grant period. In the past, in sections A and B applicants were asked to identify how costs would be allocated among different functional areas or cost classifications, such as administration and participant wages and fringe benefits. Applicants are no longer required to identify on this form how costs are allocated among functional areas. However, applicants must continue to follow the program requirements regarding the expenditure and reporting of funds, including requirements regarding the proportion of funds to be spent in each functional area.

The following instructions are intended to clarify the process of completing the SF-424 grant application and the SF-424A budget form. The current authorizing legislation and regulations should be reviewed as well as OW Bulletin No. 00-20, Allocation of Indirect Costs. Sufficient funding for administrative costs must go to the local levels of program operation.

### **CLARIFYING INSTRUCTIONS FOR STANDARD FORM 424**

If additional space is needed to complete an item, insert an asterisk and use an extra sheet of paper. For the most part, this form is self-explanatory. Complete all applicable items.

**Item 14.** List the counties with the number of authorized positions to be placed in each one. If the space on the form is not sufficient, please continue on a separate page. This list must be consistent with the appropriate current individual State Equitable Distribution plans.

**Item 18.** The Federal funding for Program Year 2007 for all applicants is listed in Attachment V. Applicants should be aware that once they identify the non-federal resources on this form that will be used to support their SCSEP project, the Employment and Training Administration (ETA) will require them to provide those resources to support their project. Applicants should not list resources in excess of the program's non-federal share requirement. If they do so, ETA will consider the full amount specified on the SF-424 as required and will adjust the costs if the specified non-federal resources are not provided.

## **CLARIFYING INSTRUCTIONS FOR STANDARD FORM 424-A**

### **Section A - Budget Summary**

Lines 1, Columns (a) and (b).

Under Column (a), enter “SCSEP.”

Under Column (b) on Line 1, enter “17.235”.

Line 1, Column (c) through (g). Enter in Columns (c) (Federal), and (d) (Non-Federal) the appropriate amount of funds needed to support the project for the grant period, and in column (g) enter the total. Leave Columns (e) and (f) blank.

Lines 2 – 4. Leave these lines blank.

Line 5. Show totals for Columns (c), (d), and (g). The non-Federal share must be no less than 10 percent of the total cost of the project. The legislative requirement is found in section 502(c)(1) of the OAA Amendments. The cost sharing or match requirements for States and local governments are found in the administrative regulations, 29 CFR Part 97. The cost sharing or match requirements for nonprofit and commercial organizations are found in the administrative regulations, 29 CFR Part 95.23. As noted with the 424 form, applicants should be aware that once they identify the non-federal resources on this form that will be used to support their SCSEP project, ETA will require them to provide those resources to support their project. Applicants should not list resources in excess of the program’s non-federal share requirement. If they do so, ETA will consider the full amount specified on the SF-424A as required and will adjust the costs if the specified non-federal resources are not provided. Please indicate as a remark (on Line 23) the specific source(s) and amounts (if known) of any non-Federal funds and include this information in the detailed budget narrative.

### **Section B – Budget Categories**

In the past, applicants were asked to identify the amount of grant funds budgeted for each functional area by object class category; object class categories are listed in lines 6(a) through 6(k). However, in section B of the SF - 424A applicants will no longer be asked to identify how grant funds are budgeted by functional area, but instead to note the total amount of funds for each object class category.

Lines 6a through 6h, Column 1. Show the estimated amount of funds (both federal and non-federal) for each direct object class category. All costs to be incurred under contracts or sub-grants should be reflected in line 6f (Contractual). For the purposes of this budget, costs associated with participant wages and fringe benefits should be categorized the following ways:

- When a participant has a community service employment assignment at the grantee’s facilities and is considered an employee of the grantee, then participant wage costs should be listed in “Personnel” and fringe benefits in “Fringe Benefits”
- When a participant has a community service employment assignment at a host agency or sub-recipient’s facilities, but is considered an employee of the grantee, then participant wage costs should be listed in “Personnel” and fringe benefits in “Fringe Benefits”
- When a participant has a community service employment assignment at a host agency or sub-recipient’s facilities, and is considered an employee of the host-agency or sub-recipient, then participant wage and fringe benefit costs should be listed in “Contractual”

Line 6i, Column 1. Show the total of entries made for lines 6a through 6h.

Line 6j, Column 1. Show the amount of indirect costs. If the applicant plans to expend federal funds on indirect costs, a copy of the current indirect cost rate agreement must be sent with the application. Applicants that do not have an in-direct cost rate, but have more than one source of funds, are required to contact the Department of Labor’s Division of Cost Determination to determine the process to follow to apply for an indirect cost rate.

Line 6k, Column 1. Enter the total of the amounts indicated on lines 6i and 6j. For all applications, the total amount in Column (1), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5.

Line 7. Do not enter an estimate of program income expected to be generated from this project. **Note:** Income generated by SCSEP projects must be used for SCSEP activities.

### **Section C – Source of Non-Federal Resources**

Line 8. Enter amounts of non-Federal resources that will be used in the grant; do not break down non-Federal resources by functional area.

Column (a). Enter “SCSEP.”

Column (b). Enter the amount of cash and/or in-kind contributions to be made by the applicant.

Column (c). Enter the State(s) contribution. This requirement does not apply to State grantees, when the State is the applicant.

Column (d). Enter the amount of cash and/or in-kind contributions to be made from all other sources.

Column (e). Enter totals of Columns (b), (c), and (d). The amount under Column (e) should be equal to the amount on Line 5, Column (d), Section A.

Line 12. Under each column enter the same figure entered in Line (8).

**Section D - Forecasted Cash Needs**

Make no entries.

**Section E - Budget Estimates of Federal Funds Needed for Balance of Project**

Make no entries.

**Section F - Other Budget Information**

Line 21 - Direct Charges. In the space provided type "A Detailed Budget Narrative is Attached."

You must provide a Detailed Budget Narrative with the Grant Application Package. You should prepare this and have available for inspection the basis for their estimated costs by line item (including the detail for the "Other" line item). The cost breakout should reflect the SF-424A so that totals match for both the form and the detailed budget narrative. You should present information by line item and category, and you should indicate which functional areas costs are associated with – administration, participants wages and fringe benefits, and other participant costs. Applicants must provide detail for all line items.

The budget narrative must show costs that occur at the national and/or state and the local level. The detailed budget narrative should also indicate the specific kinds of non-Federal resources that will be used to meet the match requirement, such as the provision of office space or the salaries of project staff, and the organization(s) providing them.

You may consult with the Federal Project Officer regarding the needed level of detail. In categorizing costs and their applicability, all applicants must follow OAA 2006 Section 502(c) and the Regulations at 20 CFR Part 641 Subpart H, sections 641.847 - 641.876. Please also see the discussion of administrative costs in the One-Stop Comprehensive Financial Management Guide at [http://www.doleta.gov/sga/pdf/FinalTAG\\_August\\_02.pdf](http://www.doleta.gov/sga/pdf/FinalTAG_August_02.pdf), pages II-5-3 to II-5-6.

*Other considerations:* Successful applicants are expected to attend DOL- sponsored training and should prepare their budgets accordingly. For example, you should allocate funds to attend the meeting for SCSEP grantees to be held in conjunction with the Workforce Innovations conference in 2007, and could allocate funds to attend the financial and administrative training sponsored by ETA. In addition, you must have current computer technology and ensure that your organization has the capability to link to the Internet. Reporting will continue to be done via the Internet.

Line 22 - Indirect Charges. Enter the type of indirect rate (provisional, predetermined, final, or fixed) that will be in effect during the grant period, and the nature and the

amount of the base to which the rate is applied, and the total indirect charges. Include a copy of your agency's approved indirect cost rate agreement. It should cover the entire grant period. If not, state that a new one will be provided when available.

If you not have an indirect cost rate, but have more than one source of funds, you must contact DOL's Division of Cost Determination to determine the process to follow to apply for an indirect cost rate.

Line 23 – Remarks. Provide any other explanations or comments deemed necessary. We suggest entering the words “See Attached Detailed Budget Narrative” in this section.

ATTACHMENT III

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <b>*Other (Specify)</b> _____
---	--

<b>3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
--------------------------------	---------------------------------------

<b>5a. Federal Entity Identifier:</b> _____	<b>*5b. Federal Award Identifier:</b> _____
---	---

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
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**8. APPLICANT INFORMATION:**

**\*a. Legal Name:** \_\_\_\_\_

<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> _____	<b>*c. Organizational DUNS:</b> _____
---	---------------------------------------

**d. Address:**

\*Street 1: \_\_\_\_\_  
Street 2: \_\_\_\_\_  
\*City: \_\_\_\_\_  
County: \_\_\_\_\_  
\*State: \_\_\_\_\_  
Province: \_\_\_\_\_  
\*Country: \_\_\_\_\_  
\*Zip / Postal Code: \_\_\_\_\_

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
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**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: \_\_\_\_\_

<b>*Telephone Number:</b> _____	<b>Fax Number:</b> _____
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**\*Email:** \_\_\_\_\_

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**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:**

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: \_\_\_\_\_

\*b. Program/Project: \_\_\_\_\_

**17. Proposed Project:**

\*a. Start Date: \_\_\_\_\_

\*b. End Date: \_\_\_\_\_

**18. Estimated Funding (\$):**

\*a. Federal \_\_\_\_\_

\*b. Applicant \_\_\_\_\_

\*c. State \_\_\_\_\_

\*d. Local \_\_\_\_\_

\*e. Other \_\_\_\_\_

\*f. Program Income \_\_\_\_\_

\*g. TOTAL \_\_\_\_\_

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

**Authorized Representative:**

Prefix: \_\_\_\_\_

\*First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\* Email: \_\_\_\_\_

\*Signature of Authorized Representative: \_\_\_\_\_

\*Date Signed: \_\_\_\_\_

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

**INSTRUCTIONS FOR THE SF-424**

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

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

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

Item	Entry:	Item	Entry:
1.	<b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>	10.	<b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	<b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	<b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.                             <ul style="list-style-type: none"> <li>A. Increase Award      B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>	12.	<b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	<b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	<b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	15.	<b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	<b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	<b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul>
5a.	<b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	<b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.		
7.	<b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions:	17.	<b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.
a.	<b>Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with OCR may be obtained by visiting the Grants.gov website.		
b.	<b>Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.		
c.	<b>Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
d.	<b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).		
e.	<b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the	18.	<b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p> <p>20. <b>Is the Applicant Delinquent on any Federal Debt?</b> (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
8.	<p><b>Type of Applicant: (Required)</b> Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td style="width: 50%; vertical-align: top;"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p>21. <b>Authorized Representative: (Required)</b> To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>			

### BUDGET INFORMATION

#### SECTION A - BUDGET SUMMARY

Grant Program, Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.						
2.						
3.						
4.						
5. TOTALS						

#### SECTION B - BUDGET CATEGORIES

Object Class Categories	- Grant Program, Function or Activity				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges					
j. Indirect Charges					
k. TOTALS					
l. Program Income					

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**SECTION C - NON-FEDERAL RESOURCES**

(a) Grant Program	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS
8.				
9.				
10.				
11.				
12. TOTALS				

**SECTION D - FORECASTED CASH NEEDS**

	Total for 1 <sup>st</sup> Year	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
13. Federal					
14. Non-Federal					
15. TOTAL					

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) FIRST	(c) SECOND	(d) THIRD	(e) FOURTH
16.				
17.				
18.				
19.				
20. TOTALS				

**SECTION F - OTHER BUDGET INFORMATION**

(Attach additional sheets if necessary)

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

**PART IV PROGRAM NARRATIVE (Attach per instruction)**

## ATTACHMENT IV

### SPECIAL CLAUSES/ CONDITIONS

- (1) Website and contact information on file with the Department of Labor (DOL) must be up-to-date at all times. Updates to websites and contact information should be sent to the appropriate ETA regional Older Worker contact and to Dana Graham, Division of Adult Services, [graham.dana@dol.gov](mailto:graham.dana@dol.gov) on at least a quarterly basis.
- (2) Attendance is required at any training during the program year deemed mandatory by DOL, and grantees must ensure that funds are available to support such attendance.
- (3) Workers' Compensation coverage is required at all times during a participant's training.
- (4) Accurate SCSEP financial reports must be submitted on a quarterly basis.
- (5) Users of the SCSEP Performance and Results QPR (SPARQ) system are responsible for keeping participants files up-to-date, especially in time to meet quarterly reporting deadline requirements. Users of proprietary systems must submit data files prior to submission deadlines announced by DOL.
- (6) Any grantee that submits insufficient data, or data that do not meet quality thresholds established by DOL will be held to the national baseline for performance measures and will be subject to corrective action.

ATTACHMENT V

AUTHORIZED POSITIONS AND FUNDING

- V. A--State and Territory Grantee Positions and Funding
- V. B--National Non-Minority Grantee Positions, totals and by state
- V. C--National Non-Minority Grantee Funding, totals and by state
- V. D--National Minority Grantee Positions, totals and by state
- V. E--National Minority Grantee Funding, totals and by state

## USDOL/ETA

**Senior Community Service Employment Program  
PY 2007 Authorized Positions and Funding\*  
for State Agencies and Territories, by State**

States	Positions	Dollars
<b>State Agencies</b>		
Alabama	224	\$1,777,641
Alaska	258	2,051,727
Arizona	161	1,276,456
Arkansas	220	1,746,317
California	1,035	8,230,400
Colorado	122	971,046
Connecticut	132	1,049,357
Delaware	258	2,051,727
District of Col	70	556,003
Florida	712	5,661,826
Georgia	268	2,130,037
Hawaii	258	2,051,727
Idaho	64	510,814
Illinois	470	3,735,396
Indiana	316	2,513,757
Iowa	155	1,229,470
Kansas	123	978,878
Kentucky	230	1,824,627
Louisiana	204	1,621,021
Maine	75	595,158
Maryland	166	1,323,442
Massachusetts	263	2,090,882
Michigan	403	3,202,886
Minnesota	287	2,278,826
Mississippi	150	1,190,314
Missouri	299	2,372,798
Montana	76	602,989
Nebraska	93	736,115
Nevada	64	510,814
New Hampshire	64	510,814
New Jersey	341	2,709,532
New Mexico	68	540,340
New York	798	6,343,125
North Carolina	316	2,513,757
North Dakota	73	579,495
Ohio	527	4,189,595
Oklahoma	194	1,542,711
Oregon	177	1,409,583
Pennsylvania	646	5,137,148
Puerto Rico	166	1,315,611
Rhode Island	65	516,848
South Carolina	165	1,307,780
South Dakota	84	665,636
Tennessee	246	1,957,754
Texas	670	5,325,092
Utah	81	642,144
Vermont	67	532,509
Virginia	262	2,083,051
Washington	178	1,417,414
West Virginia	136	1,080,680
Wisconsin	309	2,458,940
Wyoming	64	510,814
<b>State Agencies Total</b>	<b>12,853</b>	<b>\$102,162,824</b>
<b>Territories</b>		
American Samoa	137	1,088,125
Guam	137	1,088,125
Northern Marianas	46	362,708
Virgin Islands	137	1,088,125
<b>Territories Total</b>	<b>457</b>	<b>\$3,627,083</b>

\* Based on cost per position of \$7,949, with enacted minimum wage increase effective 7/24/07

U. S. Department of Labor / Employment & Training Administration  
 Senior Community Service Employment Program  
 PY 2007 Authorized Positions\* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GH	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	0	0	0	258	0	0	0	0	0	0	0	0	617	0	0	875
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	157	0	167	0	137	0	0	0	0	0	0	0	0	0	0	461
Arkansas	242	0	0	463	0	0	0	155	0	0	0	0	0	0	0	860
California	482	0	539	0	417	0	0	309	0	0	0	1,344	506	0	0	3,597
Colorado	185	0	0	0	0	0	0	0	0	0	0	292	0	0	0	477
Connecticut	0	0	0	246	0	0	0	0	0	0	0	0	0	272	0	518
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	83	0	0	0	0	188	0	0	0	0	0	0	0	271
Florida	1,827	0	0	572	0	0	0	198	0	0	0	188	0	0	0	2,785
Georgia	366	0	0	496	0	0	0	0	184	0	0	0	0	0	0	1,046
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	227	0	0	0	0	0	0	0	0	0	0	0	227
Illinois	242	0	0	232	394	0	0	124	0	0	0	226	529	0	0	1,747
Indiana	309	0	0	368	272	0	0	0	0	0	0	0	286	0	0	1,235
Iowa	204	0	0	277	0	0	0	0	0	0	0	0	124	0	0	605
Kansas	0	0	0	0	0	0	0	0	243	0	0	465	0	0	0	465
Kentucky	201	0	0	451	0	0	0	0	0	0	0	0	0	0	0	895
Louisiana	165	0	210	252	0	0	0	95	0	0	0	0	0	0	0	722
Maine	0	291	0	0	0	0	0	0	0	0	0	0	0	0	0	291
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Massachusetts	0	260	0	0	0	0	0	0	0	197	0	0	649	0	0	649
Michigan	480	0	0	513	0	0	0	260	0	250	0	0	509	0	0	966
Minnesota	0	0	0	505	0	0	0	135	0	0	204	0	387	0	0	1,503
Mississippi	0	0	0	174	0	0	0	0	0	0	0	0	274	0	0	1,096
Missouri	347	0	0	789	0	0	0	0	0	0	0	0	0	0	0	583
Montana	0	0	0	294	0	0	0	0	0	0	0	0	0	0	0	1,136
Nebraska	0	0	0	349	0	0	0	0	0	0	0	0	0	0	0	294
Nevada	232	0	0	0	0	0	0	0	0	0	0	0	0	0	0	349
New Hampshire	0	227	0	0	0	0	0	0	0	0	0	0	0	0	0	232
New Jersey	0	0	0	456	240	0	0	0	466	173	0	0	0	0	0	1,335
New Mexico	0	0	0	496	529	227	0	0	0	0	0	0	0	0	0	227
New York	662	0	0	0	0	0	0	0	440	255	0	0	654	0	0	3,036
North Carolina	0	0	0	0	0	0	0	351	213	0	0	0	671	0	0	1,235
North Dakota	0	0	0	283	0	0	0	0	0	0	0	0	0	0	0	283
Ohio	345	0	0	490	0	0	0	188	0	181	0	0	159	0	0	2,058
Oklahoma	332	0	0	235	0	0	0	0	0	0	0	0	0	0	0	567
Oregon	0	0	0	235	460	0	0	0	0	0	0	0	0	0	0	695
Pennsylvania	487	0	150	273	276	276	0	233	663	155	0	0	237	0	0	2,474
Puerto Rico	244	0	0	405	0	0	0	0	0	0	0	0	0	0	0	649
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	250	0	0	0	250
South Carolina	269	0	0	374	0	0	0	0	0	0	0	0	0	0	0	643
South Dakota	0	0	0	293	0	0	0	0	0	0	0	0	0	0	0	293
Tennessee	0	0	0	0	0	0	0	0	202	0	0	0	762	0	0	964
Texas	1,303	0	0	566	0	0	0	0	0	0	0	393	277	0	0	2,539
Utah	0	0	0	315	0	0	0	0	0	0	0	0	0	0	0	315
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	258	258
Virginia	324	0	0	115	296	0	0	0	262	0	0	0	0	0	0	997
Washington	345	0	0	0	267	0	0	0	0	0	0	0	0	0	0	612
West Virginia	0	0	0	129	0	0	0	0	401	0	0	0	0	0	0	530
Wisconsin	0	0	0	475	0	0	0	0	0	0	0	337	360	0	0	1,172
Wyoming	0	0	0	227	0	0	0	0	0	0	0	0	0	0	0	227
Total	9,750	778	1,149	2,238	11,635	1,475	695	1,832	3,478	1,211	204	3,495	7,001	272	258	45,471

\* Based on cost per position of \$7,949, with enacted minimum wage increase effective 7/24/07

U. S. Department of Labor / Employment & Training Administration  
 Senior Community Service Employment Program  
 PY 2007 Authorized Funding\* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GH	Mature	NCBA	NCOA	NULLI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	\$0	\$0	\$0	\$2,047,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,906,494	\$0	\$0	\$6,953,594
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	1,244,815	0	1,328,424	0	0	1,087,784	0	0	0	0	0	0	0	0	0	3,661,023
Arkansas	1,923,146	0	0	3,684,278	0	0	0	1,228,578	0	0	0	0	0	0	0	6,836,002
California	3,830,635	0	4,283,006	0	3,318,697	0	0	0	2,455,767	0	0	10,685,457	4,024,756	0	0	28,998,318
Colorado	1,473,244	0	0	0	0	0	0	0	0	0	0	2,321,050	0	0	0	3,794,294
Connecticut	0	0	0	1,958,499	0	0	0	0	0	0	0	0	0	2,165,032	0	4,123,531
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	14,522,669	0	662,637	0	0	0	0	1,493,212	0	0	0	0	0	0	0	2,155,849
Florida	2,907,369	0	0	4,549,495	0	0	0	1,573,511	0	0	0	1,492,936	0	0	0	22,138,611
Georgia	0	0	0	3,944,018	0	0	0	0	1,466,271	0	0	0	0	0	0	8,317,658
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	1,807,234	0	0	0	0	0	0	0	0	0	0	0	1,807,234
Illinois	1,921,729	0	0	1,842,096	3,135,373	0	0	987,887	0	0	0	1,794,625	4,201,958	0	0	13,883,668
Indiana	2,455,038	0	0	2,928,559	2,162,306	0	0	0	0	0	0	2,276,929	0	0	0	9,822,832
Iowa	1,620,909	0	0	2,201,459	0	0	0	0	0	0	0	3,700,221	0	0	0	4,805,584
Kansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,900,221
Kentucky	1,596,076	0	0	3,582,661	0	0	0	0	1,931,645	0	0	0	0	0	0	7,110,382
Louisiana	1,312,326	0	1,669,977	0	2,004,358	0	0	0	751,818	0	0	0	0	0	0	5,738,479
Maine	0	2,312,638	0	0	0	0	0	0	0	0	0	0	0	0	0	2,312,638
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	5,158,359	0	0	5,158,359
Massachusetts	0	2,068,939	0	0	4,074,280	0	0	2,068,418	0	1,569,347	0	0	4,044,376	0	0	7,682,662
Michigan	3,811,709	0	0	4,017,701	0	0	0	1,069,915	0	1,985,078	1,622,412	0	3,077,357	0	0	11,939,485
Minnesota	0	0	0	0	1,380,638	0	0	0	0	0	0	0	2,174,723	0	0	3,555,361
Mississippi	0	0	0	0	6,268,046	0	0	0	0	0	0	0	0	0	0	6,268,046
Missouri	2,755,162	0	0	0	2,336,156	0	0	0	0	0	0	0	0	0	0	5,091,318
Montana	0	0	0	0	2,775,166	0	0	0	0	0	0	0	0	0	0	2,775,166
Nebraska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	1,842,271	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,842,271
New Hampshire	0	1,807,234	0	0	0	0	0	0	3,703,946	1,375,368	0	0	0	0	0	5,885,548
New Jersey	0	0	0	3,621,920	1,905,543	0	0	0	0	0	0	0	0	0	0	5,527,463
New Mexico	0	0	0	0	0	1,807,234	0	0	0	0	0	0	0	0	0	1,807,234
New York	5,262,240	0	0	3,939,424	4,203,846	0	0	2,789,804	3,493,625	2,025,645	0	5,197,211	5,335,578	0	0	24,121,991
North Carolina	0	0	0	0	0	0	0	0	1,689,611	0	0	0	0	0	0	1,689,611
North Dakota	0	0	0	0	2,249,922	0	0	0	0	0	0	0	0	0	0	2,249,922
Ohio	2,741,784	0	0	3,896,874	1,867,383	0	5,526,107	1,493,617	0	1,438,813	0	0	1,263,740	0	0	16,360,935
Oklahoma	2,640,301	0	0	1,865,108	3,653,866	0	0	0	0	0	0	0	0	0	0	4,507,684
Oregon	3,867,239	0	1,194,210	2,172,470	2,193,166	0	0	1,853,266	5,273,343	1,234,987	0	1,880,503	0	0	0	19,669,184
Pennsylvania	1,938,494	0	0	3,219,865	0	0	0	0	0	0	0	1,991,220	0	0	0	5,158,359
Puerto Rico	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Carolina	2,140,984	0	0	2,970,338	0	0	0	0	0	0	0	0	0	0	0	5,111,322
South Dakota	0	0	0	2,328,317	0	0	0	0	0	0	0	0	0	0	0	2,328,317
Tennessee	0	0	0	4,499,752	0	0	0	0	1,607,499	0	0	3,122,847	6,059,485	0	0	7,666,984
Texas	10,353,960	0	0	2,500,785	0	0	0	0	0	0	0	0	2,202,189	0	0	20,178,748
Utah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,500,785
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,053,936
Virginia	2,574,730	0	0	912,009	2,356,610	0	0	0	2,082,337	0	0	0	0	0	0	7,925,686
Washington	2,745,584	0	0	0	2,122,716	0	0	0	0	0	0	0	0	0	0	4,868,300
West Virginia	0	0	0	1,027,346	0	0	0	0	3,190,279	0	0	0	0	0	0	4,217,625
Wisconsin	0	0	0	3,774,804	0	0	0	0	0	0	0	2,675,720	2,862,744	0	0	9,313,268
Wyoming	0	0	0	1,807,234	0	0	0	0	0	0	0	0	0	0	0	1,807,234
Total	77,482,414	6,188,811	9,138,254	17,774,932	92,497,688	11,729,816	5,526,107	14,558,208	27,646,141	9,629,238	1,622,412	27,784,076	55,649,618	2,165,052	2,053,936	361,446,703

\* Based on cost per position of \$7,949, with enacted minimum wage increase effective 7/24/07

## Attachment V-D

U. S. Department of Labor / Employment &amp; Training Administration

## Senior Community Service Employment Program

## PY 2007 Authorized Positions\* for Minority National Sponsors, by State

State	IID	NAPCA	NICOA	Total
Alabama	0	0	0	0
Alaska	0	0	0	0
Arizona	0	0	177	177
Arkansas	74	0	0	74
California	0	354	89	443
Colorado	0	0	0	0
Connecticut	0	0	0	0
Delaware	0	0	0	0
District of Col	0	0	0	0
Florida	0	0	0	0
Georgia	0	0	0	0
Hawaii	0	0	0	0
Idaho	0	0	0	0
Illinois	0	89	0	89
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	0	0	0	0
Kentucky	0	0	0	0
Louisiana	97	0	0	97
Maine	0	0	0	0
Maryland	0	0	0	0
Massachusetts	0	63	0	63
Michigan	0	0	0	0
Minnesota	0	0	28	28
Mississippi	35	0	0	35
Missouri	0	0	0	0
Montana	0	0	0	0
Nebraska	0	0	0	0
Nevada	0	0	0	0
New Hampshire	0	0	0	0
New Jersey	0	0	0	0
New Mexico	0	0	64	64
New York	0	85	0	85
North Carolina	0	0	0	0
North Dakota	0	0	0	0
Ohio	0	0	0	0
Oklahoma	0	0	187	187
Oregon	0	0	0	0
Pennsylvania	0	79	0	79
Puerto Rico	0	0	0	0
Rhode Island	0	0	0	0
South Carolina	0	0	0	0
South Dakota	0	0	42	42
Tennessee	0	0	0	0
Texas	0	81	0	81
Utah	0	0	0	0
Vermont	0	0	0	0
Virginia	0	0	0	0
Washington	0	83	0	83
West Virginia	0	0	0	0
Wisconsin	0	0	38	38
Wyoming	0	0	0	0
<b>Total</b>	<b>206</b>	<b>834</b>	<b>625</b>	<b>1,665</b>

\* Based on cost per position of \$7,949, with enacted minimum wage increase effective 7/24/07

U. S. Department of Labor / Employment & Training Administration  
**Senior Community Service Employment Program**  
**PY 2007 Authorized Funding\* for Minority National Sponsors, by State**

State	IID	NAPCA	NICOA	Total
Alabama	\$0	\$0	\$0	\$0
Alaska	0	0	0	0
Arizona	0	0	1,408,441	1,408,441
Arkansas	591,714	0	0	591,714
California	0	2,812,058	708,001	3,520,059
Colorado	0	0	0	0
Connecticut	0	0	0	0
Delaware	0	0	0	0
District of Col	0	0	0	0
Florida	0	0	0	0
Georgia	0	0	0	0
Hawaii	0	0	0	0
Idaho	0	0	0	0
Illinois	0	704,962	0	704,962
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	0	0	0	0
Kentucky	0	0	0	0
Louisiana	767,345	0	0	767,345
Maine	0	0	0	0
Maryland	0	0	0	0
Massachusetts	0	499,341	0	499,341
Michigan	0	0	0	0
Minnesota	0	0	220,245	220,245
Mississippi	279,807	0	0	279,807
Missouri	0	0	0	0
Montana	0	0	0	0
Nebraska	0	0	0	0
Nevada	0	0	0	0
New Hampshire	0	0	0	0
New Jersey	0	0	0	0
New Mexico	0	0	504,859	504,859
New York	0	673,345	0	673,345
North Carolina	0	0	0	0
North Dakota	0	0	0	0
Ohio	0	0	0	0
Oklahoma	0	0	1,486,380	1,486,380
Oregon	0	0	0	0
Pennsylvania	0	625,986	0	625,986
Puerto Rico	0	0	0	0
Rhode Island	0	0	0	0
South Carolina	0	0	0	0
South Dakota	0	0	330,209	330,209
Tennessee	0	0	0	0
Texas	0	641,662	0	641,662
Utah	0	0	0	0
Vermont	0	0	0	0
Virginia	0	0	0	0
Washington	0	658,066	0	658,066
West Virginia	0	0	0	0
Wisconsin	0	0	298,817	298,817
Wyoming	0	0	0	0
<b>Total</b>	<b>1,638,866</b>	<b>6,615,420</b>	<b>4,956,952</b>	<b>13,211,238</b>

\* Based on cost per position of \$7,949, with enacted minimum wage increase effective 7/24/07

Attachment VI

**REGIONAL SCSEP CONTACTS**

**Region 1 – Boston**

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**State Grantees**

Connecticut, Maine, Massachusetts, New Hampshire  
New Jersey, New York, Rhode Island, Vermont, Puerto Rico  
Virgin Islands

**National Grantees**

National Able Network (NAN), The Workplace, Inc. (TWI),  
Vermont Associates for Training and Development, Inc. (VATD)

**Region 2 – Philadelphia**

Chantal Watler  
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E-mail: [watler.chantal@dol.gov](mailto:watler.chantal@dol.gov)

**State Grantees**

Delaware, Washington D.C., Maryland, Pennsylvania  
Virginia, West Virginia

**National Grantees**

AARP Foundation (AARP), Asociacion Nacional Pro Personas Mayores (ANPPM), Easter Seals, Inc. (ES), Experience Works, Inc (EW), Goodwill Industries International, Inc. (GII), Institute for Indian Development, Inc. (IID), National Asian Pacific Center on Aging (NAPCA), National Caucus and Center on Black Aged, Inc. (NCCBA), National Urban League, Inc. (NUL), National Council on the Aging, Inc.(NCOA), National Indian Council on the Aging (NICOA), Senior Service America, Inc. (SSAI), SER-Jobs for Progress, Inc. (SER)

**Region 3 – Atlanta**

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**State Grantees**

Alabama, Florida, Georgia, Kentucky, Mississippi  
North Carolina, South Carolina, Tennessee

**Region 4 – Dallas**

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**State Grantees**

Arkansas, Louisiana, New Mexico, Oklahoma, Colorado,  
Montana, North Dakota, South Dakota, Utah, Wyoming, Texas

**Region 5 – Chicago**

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**State Grantees**

Illinois, Indiana, Michigan Minnesota, Ohio, Iowa  
Kansas, Missouri, Nebraska, Wisconsin

**National Grantees**

Mature Services, Inc. (MS), Quality Career Services, Inc. (QCSI)

**Region 6 – San Francisco**

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**States**

Arizona, California, Hawaii, Nevada, Alaska  
Idaho, Oregon, Washington, Guam, Northern  
Mariana Islands, American Samoa