

<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> WIA/Performance Measures
	<b>CORRESPONDENCE SYMBOL</b> OPDR
	<b>DATE</b> June 6, 2012

**ADVISORY:** TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 20-01, Change 10

**TO:** STATE WORKFORCE LIAISONS  
STATE WORKFORCE AGENCIES

**FROM:** JANE OATES *Jane Oates*  
Assistant Secretary

**SUBJECT:** Application Process for Workforce Investment Act (WIA) Section 503 Incentive Grants, Based on Program Year (PY) 2010 Performance

**1. Purpose.** This guidance letter updates the procedures states should follow to apply for WIA Section 503 Incentive Grants.

**2. References.**

- WIA (Pub. L. 105-220) Sections 174, 211, and 503, (29 U.S.C. 2919, 20 U.S.C. §§ 9211, 9273);
- Adult Education and Family Literacy Act (AEFLA) Section 211, (20 U.S.C. 9211(a)(3))
- Carl D. Perkins Vocational and Technical Education Act of 1998 (Perkins III) (20 U.S.C. 2301 et seq., as amended by Pub. L. 105-332);
- 20 CFR part 664, 666.200 - 666.230, and 666.205(c);
- Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV) (20 U.S.C. 2301 et seq., as amended by Pub. L. 109-270, and its predecessor);
- Training and Employment Guidance Letter (TEGL) No. 9-07, *Revised Incentive and Sanction Policy for Workforce Investment Act Title IB Programs* (October 10, 2007);
- TEGL No. 14-00, Change 3, *Workforce Investment Act (WIA) Annual Report Narrative* (August 24, 2009); and
- TEGL No. 21-11, *Requirements for 2012 State Workforce Plans* (March 27, 2012).

**3. Background.** Section 503 of WIA provides for incentive grants to reward states for successful performance in workforce and education programs. The provisions authorizing funding for incentive grant awards are found in WIA Section 174(b)(2)(D) for workforce investment services (29 U.S.C. 2919(b)(2)(D)) and AEFLA Section 211(a)(3) for adult education activities. A total of \$10,428,273 is appropriated for AEFLA and available for incentive grants based on PY 2010 performance. The Department of Labor's (DOL) regulations on incentive awards may be found at 20 CFR 666.200 through 666.230.

<b>RESCISSIONS</b> None	<b>EXPIRATION DATE</b> Continuing
----------------------------	--------------------------------------

**4. Eligibility.** The list of states eligible to receive incentive grant awards based on PY 2010 performance, and the amounts of the awards for which they are eligible, are scheduled for publication in the Federal Register on May 25, 2012. Eligibility for a Section 503 incentive grant award was determined by state performance under WIA Title IB and AEFLA programs. States that are eligible for incentive grant awards have 45 days from the May 25, 2012 Federal Register notice to submit their applications for these awards.

**5. Amount of Incentive Awards.** WIA Section 503(c)(1) sets the range of incentive grant awards from \$750,000 to \$3 million, depending upon the amount of appropriated funds available. If the total amount available for grants is insufficient to award the minimum grant to each eligible state, the minimum and maximum grant amounts will be adjusted by a uniform percentage as required by WIA Section 503(c)(2). For PY 2010 incentive awards, the criterion for determining the amount of the incentive grant within this range will be the size of the state's programs, as measured by the state's relative share of the combined Title IB and AEFLA formula grants awarded to that state.

**6. Authorized Use of Funds.** Regulations at 20 CFR 666.210 authorize the state to use its incentive grant award to carry out an innovative program consistent with the requirements of any one or more of the programs within Title IB of WIA, AEFLA, or the Perkins Act. This provides states greater flexibility in using these funds, and governors and state agencies are not limited to only one type of innovative program.

Incentive grant funds awarded to states will be identified as WIA Title V, PY 2011 funds and must be expended by June 30, 2014.<sup>1</sup> Since this timeframe differs from the typical program timeframes used by AEFLA and Perkins IV programs, cooperation among state agencies to ensure timely expenditure of these funds is strongly encouraged.

States may expend funds for activities authorized under WIA Title IB, AEFLA, and/or the Perkins Act. While DOL administrative provisions apply to the statutory life of the funds, the individual program provisions apply to the use of funds. For example, if the incentive funds will be used for a WIA Title IB activity for youth services, the applicable program requirements for youth programs in 20 CFR 664 and WIA Title IB would apply to that portion of the funds. If innovative AEFLA and/or Perkins IV programs are planned, the provisions of AEFLA and/or Perkins IV would apply to that portion of the funds.

States are encouraged to plan activities that promote cooperation and collaboration among the agencies administering WIA Title IB, AEFLA, and Perkins Act programs. The Secretaries of Labor and Education encourage governors and their state agency representatives to take advantage of the broad flexibility Congress intended for these funds by planning for activities that are:

- A. *Innovative* — Services and activities beyond those the state conducts with its regular funds from these programs, particularly activities that are authorized through more than one program;

---

<sup>1</sup> Typically, states would have three years to spend a program year's funds. However, because incentive grants, taken from Fiscal Year 2011 funds, will be awarded at the end of PY 2011, states will be given through June 30, 2014, to expend the funds.

- B. *Comprehensive and coordinated* — Combined activities and services that are authorized by different programs; and
- C. *Targeted to improving system performance* — Activities that serve needs and populations that are likely to result in improving state systems of employment, training, and education, including those linking to green occupations and high-growth industries.

As states plan how they will make use of Section 503 incentive funds, the Employment and Training Administration (ETA) encourages them to take an expansive view of how the funds can be integrated into efforts to improve the effectiveness of the public workforce system. State Departments of Labor and Education can work together to focus on workforce education and training projects that will facilitate innovative workforce and education policies within a state.

7. **Application Process.** To receive grant funds, states that qualify must apply by submitting an application for an incentive grant to DOL. The electronic application should include an electronic signature of the state's designee authorized to submit the application. DOL will work with the Department of Education to review the applications. The application may take the form of a letter from the governor to DOL's Assistant Secretary for Employment and Training (address is listed below), and must include the following:

A. Assurances

The application must include Standard Form 424 (OMB No. 4040-004) and 424a (OMB No. 4040-0006) (Application for Federal Assistance) and assurances that:

- i. The state legislature was consulted with respect to the development of the application;
- ii. The application was approved by the governor, the eligible agency for adult education (as defined in Section 203(4) of WIA (20 U.S.C. 9202(4)), and the state agency responsible for career and technical education programs (as defined in Section 3(12) of Perkins IV (20 U.S.C. 2302(12))); and
- iii. The state and eligible agency, as appropriate, exceeded the state adjusted levels of performance for WIA Title IB and the state adjusted levels of performance for AEFLA in PY 2010.

B. Additional Information

The state must provide a description of the planned use of incentive grants as part of the application process to ensure that the state's planned activities are authorized under WIA Title IB, AEFLA, and/or Perkins Act, as required by WIA Section 503(a). When describing the planned activities in response to number ii below, the state should note under which program the authorized activities fall.

The other descriptive information (see numbers iii and iv below) about the state's plan is requested for inclusion in the state's incentive grant document. The Department of Labor and the Department of Education will use this information in monitoring the use of

incentive grants and in reports to Congress on state performance. (Note: The state's receipt of an incentive grant is not contingent on this other descriptive information, but this information is required for the WIA Title V Grant Agreement.)

- i. Identify the state agency and contact person that will receive and administer the funds on behalf of all the state's agencies. The agency may be the state workforce agency or another state agency that receives funds under the AEFLA or Perkins IV grants. This agency will be responsible for reporting on the use of all funds. If agencies other than the grant recipient will be undertaking program activities with the funds, please identify the sub-grantee(s) and the amount(s) they will be provided.
- ii. Describe the planned activities. This information should include the statutory authority for the activity and a description of how the activities are innovative, comprehensive and coordinated, and targeted to improving system performance in accordance with the major objectives set forth in the state's current WIA Strategic Plan or the State Plan modification that was due April 16, 2012 (or September 15, 2012 with approved extension), AEFLA State Plan, or Perkins IV State Plan, as appropriate. Include information on how services build on, rather than duplicate, services offered under the state's plans for AEFLA, Perkins IV, or WIA Title IB. Describe how these funds are being used collaboratively with other partner programs to benefit service to clients.
- iii. Describe ways in which the activities are related to improving performance levels on the state indicators of performance for each different activity planned. For example, describe how the activities will strengthen the state's ability to improve literacy levels, increase employment, increase transitions to further education and training, and/or improve technical and academic skills.
- iv. Describe any state consultation with stakeholder groups and the public on the use of incentive award funds. States are encouraged to seek public input on the use of state incentive funding, including that of representatives of adult education, career and technical education programs, and other workforce system partners.
- v. Provide a completed set of the attached Standard Form 424 and 424(A), Budget Sections A, D and E only, as well as a brief budget narrative.

**8. Inquiries.** Questions concerning the WIA incentive grant application process should be directed to Karen Staha at [staha.karen@dol.gov](mailto:staha.karen@dol.gov) (202-693-2917) or Luke Murren at [murren.luke@dol.gov](mailto:murren.luke@dol.gov) (202-693-3733) in the Division of Strategic Planning and Performance, Office of Policy Development and Research.

**9. Action Requested.** As explained in 20 CFR 666.205(c), states will have 45 days from the publication date of the Federal Register notice, announcing eligible states and incentive amounts, to submit the required application materials. Applicants are advised that mail in the Washington, D.C. area may be delayed due to mail decontamination procedures. Therefore, states are

encouraged to submit applications electronically. Application materials are due by July 9, 2012, and should be sent electronically to:

Karen Staha at [staha.karen@dol.gov](mailto:staha.karen@dol.gov)

Luke Murren at [murren.luke@dol.gov](mailto:murren.luke@dol.gov)

The street address follows:

U.S. Department of Labor  
Employment and Training Administration  
Attn: Luke Murren  
200 Constitution Avenue, NW, Room N-5641  
Washington, D.C. 20210

States are encouraged to submit their applications prior to the due date. Funds must be obligated by DOL to states by June 30, 2012. ETA regional administrators will be available to provide any technical assistance to states in preparing and expediting the applications.

**10. Attachments.**

- Attachment 1 - Standard Form 424
- Attachment 2 - Standard Form 424A

**Application for Federal Assistance SF-424**

Version 02

<p><b>*1. Type of Submission</b></p> <p><input type="checkbox"/> Preapplication</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p><b>*2. Type of Application</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p><b>*If Revision, select appropriate letter(s):</b></p> <p><b>* Other (Specify)</b></p>
<p><b>*3. Date Received:</b></p>		<p><b>4. Application Identifier:</b></p>
<p><b>5a. Federal Entity Identifier:</b></p>		<p><b>*5b. Federal Award Identifier:</b></p>
<p><b>State Use Only:</b></p>		
<p><b>6. Date Received by State:</b></p>		<p><b>7. State Application Identifier:</b></p>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p><b>* a. Legal Name:</b></p>		
<p><b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b></p>		<p><b>*c. Organizational DUNS:</b></p>
<p><b>d. Address:</b></p> <p><b>*Street1:</b> Street 2:</p> <p><b>*City:</b> County:</p> <p><b>*State:</b> Province:</p> <p>Country: <span style="float:right;"><b>*Zip/ Postal Code:</b></span></p>		
<p><b>e. Organizational Unit:</b></p> <p>Department Name: <span style="float:right;">Division Name:</span></p>		
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p> <p>Prefix: <span style="float:right;">First Name:</span> Middle Name:</p> <p><b>*Last Name:</b> Suffix:</p> <p>Title:</p> <p>Organizational Affiliation:</p>		
<p><b>*Telephone Number:</b></p>		<p><b>Fax Number:</b></p>
<p><b>*Email:</b></p>		

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

\*15. Descriptive Title of Applicant's Project:

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

\*b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\*a. Start Date:

\*b. End Date:

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

\*a. Federal

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL

\$0.00

**\*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 field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

**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.	<p><b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions.</p> <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.	<p><b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.</p>
		11.	<p><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.</p>
2.	<p><b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions.</p> <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. A. Increase Award    B. Decrease Award C. Increase Duration    D. Decrease Duration E. Other (specify)</li> </ul>	12.	<p><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.</p>
		13.	<p><b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.</p>
		14.	<p><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.</p>
3.	<p><b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.</p>	15.	<p><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.</p>
4.	<p><b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.</p>		
5a.	<p><b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.</p>	16.	<p><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.</p> <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>
5b.	<p><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.</p>		
6.	<p><b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.</p>		
7.	<p><b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.</p>		
8.	<p><b>Applicant Information:</b> Enter the following in accordance with agency instructions:</p> <p><b>a. 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 CCR may be obtained by visiting the <a href="http://Grants.gov">Grants.gov</a> website.</p> <p><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.</p> <p><b>c. 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 <a href="http://Grants.gov">Grants.gov</a> website.</p> <p><b>d. 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).</p> <p><b>e. Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the</p>	17.	<p><b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.</p>
		18.	<p><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.</p>
		19.	<p><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>

	<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>		
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="147 430 836 989"> <tr> <td data-bbox="147 430 495 989"> <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 data-bbox="495 430 836 989"> <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:</b> (Required) 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 - Non-Construction Programs**

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$		\$		0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00

**SECTION B - BUDGET CATEGORIES**

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY			Total (5)
	(1)	(2)	(3)	
a. Personnel	\$	\$	\$	0.00
b. Fringe Benefits				0.00
c. Travel				0.00
d. Equipment				0.00
e. Supplies				0.00
f. Contractual				0.00
g. Construction				0.00
h. Other				0.00
i. Total Direct Charges (sum of 6a-6h)	0.00	0.00	0.00	0.00
j. Indirect Charges				0.00
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ 0.00	\$ 0.00	0.00
7. Program Income	\$	\$	\$	0.00

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8.	\$	\$	\$	0.00	0.00	0.00
9.						0.00
10.						0.00
11.						0.00
12. TOTAL (sum of lines 8-11)	\$	0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00
SECTION D - FORECASTED CASH NEEDS						
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
	\$	\$	\$	\$	\$	\$
13. Federal	0.00					
14. Non-Federal	0.00					
15. TOTAL (sum of lines 13 and 14)	\$	0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00
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. TOTAL (sum of lines 16-19)	\$	0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks:						

## INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 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 (0348-0044), 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.**

### General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

### Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

### Lines 1-4, Columns (c) through (g)

For *new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For *continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For *supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

**Line 5** - Show the totals for all columns used.

### Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

**Line 6a-i** - Show the totals of Lines 6a to 6h in each column.

**Line 6j** - Show the amount of indirect cost.

**Line 6k** - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

**Line 7** - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program

## INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

### Section C. Non-Federal Resources

**Lines 8-11** Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

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

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

### Section D. Forecasted Cash Needs

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15** - Enter the totals of amounts on Lines 13 and 14.

### Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

### Section F. Other Budget Information

**Line 21** - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

**Line 23** - Provide any other explanations or comments deemed necessary.