

IV. GENERAL APPLICATION INSTRUCTIONS AND INFORMATION

Preparing the Application

A completed application for assistance under this competition consists of two parts: a detailed narrative description of the proposed project and budget, and all forms and assurances that must be submitted in order to receive a grant.

A panel of non-federal readers with experience in alcohol and other drug abuse prevention or evaluation in higher education will review each eligible application submitted by the deadline. The panel will award points ranging from 0 to 100 to each application depending on how well the selection criteria are addressed. Be sure you provide a comprehensive response to each factor under each selection criterion. Applications that fail to do so will be read, but our experience suggests they may not score well enough to be funded.

If you apply via Grants.gov, you will use the following Grants.gov narrative forms:

- ED Abstract Form
- Project Narrative Attachment Form
- Other Attachments Form
- Budget Narrative Attachment Form

The **ED Abstract Form** is where you will attach your program abstract.

The **Project Narrative Attachment Form** is where you will attach the narrative sections addressing the selection criteria that will be used to evaluate applications submitted for this grant competition.

The **Other Attachments Form** is where you will attach proposal appendices, such as curriculum vitae of key personnel, letters of commitment, and samples of evaluation instruments. The Grants.gov system will allow applicants to attach as many as 10 separate appendices in this section.

The **Budget Narrative Attachment Form** is where you will attach a detailed line item budget and any supplemental budget information.

All applicants should adhere to the following formatting guidelines:

- Use 1-inch margins. If you submit your application in paper format by mail or hand delivery, your application must be printed on 8 1/2" by 11" paper.
- Use consistent font no smaller than 12-point type throughout your document. You may use boldface type, underlining, and italics; however, do not use colored text.
- For the project narrative, your application should consist of the number and text of each selection criterion followed by the narrative. The text of the selection criterion, if included, does not count against any page limitation.

- Place a page number at the bottom right of each page beginning with 1, and number your pages consecutively throughout your document, beginning with the Abstract and ending with the Appendices. **Note:** Do not paginate any of the forms.

If you submit your proposal electronically via Grants.gov, you will use your own word-processing software to complete the application for this grant competition.

If you submit your application in paper format by mail or hand delivery, you will follow the same general instructions but you will not attach your abstract, project narrative, or other narratives to the Grants.gov forms.

Organizing the Application

Supplemental Instructions for Standard Form 424

1. Application for Federal Assistance (SF Form 424): Reminder: All applicants must obtain and use a D-U-N-S Number, and all applicants applying through Grants.gov must register with Grants.gov. Information on how to obtain a D-U-N-S Number is included below. The D-U-N-S Number used on the application must be the same number that you used to register with the Central Contractor Registry. If the numbers are not the same, Grants.gov will reject the application.

D-U-N-S NUMBER INSTRUCTIONS

The D-U-N-S Number is a unique nine-digit number that does not convey any information about the recipient. A built-in check digit helps to ensure the accuracy of the D-U-N-S Number. The ninth digit of each number is the check digit, which is mathematically related to the other digits. It lets computer systems determine if a D-U-N-S Number has been entered correctly.

You can obtain a D-U-N-S Number at no charge by calling 800/333-0505 or by completing the D-U-N-S Number Request Form, available online at www.dnb.com/US/duns_update/index.html. Dun & Bradstreet, a global information provider, has assigned D-U-N-S Numbers to more than 43 million companies worldwide. Customer service is available on Monday-Friday from 8:00 a.m. to 6:00 p.m. (Eastern Time) at 888/814-1435.

Use the Application for Federal Assistance and the Department of Education Supplemental Information for SF 424. This is the title page of your application. Be sure that Item 10 identifies the CFDA Number for this grant competition: 84.184N and the Title as Models of Exemplary, Effective, and Promising Alcohol or Other Drug Abuse Prevention Programs on College Campuses Grant Competition.

If you submit your proposal for this grant competition electronically via Grants.gov, please complete the SF 424 first. Grants.gov will insert the correct CFDA number and program name automatically where needed.

If you submit your proposal in paper format by mail or hand delivery, you will need to insert the correct CFDA number and program name where requested.

Under Item 3 in the ED Supplemental Information, indicate whether the proposed project includes human subjects research activities, and if so, whether any or all of the proposed activities are exempt. For additional guidance, see instructions for ED Supplemental Information in the required forms section of this application package or call ED's protection of human subjects in research coordinator at 202/260-3353.

Electronic submission requires that narratives and other files be attached to the following attachment forms per the instructions in this document, such as:

One-Page Abstract must be attached to the ED Abstract Form.
Program Narratives must be attached to the Program Narrative Attachment Form.
Budget Narratives must be attached to the Budget Narrative Attachment Form.
All appendices must be attached to the Other Attachments Form.

Note: Do not attach any narratives, supporting files, or application components to the SF 424. Although this form accepts attachments, ED will only review materials and files attached to the appropriate attachment forms listed above.

2. Abstract: Include a concise, one-page, double-spaced abstract following the Table of Contents. This is a key element and must include a brief narrative describing a summary of the project goals and objectives and the intended outcomes of the project. Clearly mark this page with the applicant's name as shown in Item 1 of SF Form 424. If you submit your application via Grants.gov, attach this document to the **ED Abstract Form**.

3. Project Narrative: This section should be no more than 25 double-spaced typewritten pages. The narrative must contain evidence that the applicant meets the grant competition's absolute priority, and should contain and follow in sequence the information requested for each selection criterion. Applicants should review Section II for a discussion of the selection criteria and the chief considerations for this grant competition. A timeline or schedule of tasks and events, responsible person(s), project milestone(s), and/or completion dates should be included in the narrative. Include a Table of Contents with page references. The Table of Contents does not count against any page limitations. If you submit your application via Grants.gov, attach this document to the **Project Narrative Attachment Form**.

4. Budget Narrative: You will use the Budget Information Form (ED Form 524) provided in the required forms section of this application package to prepare a budget for the project. That form will not be attached to the Budget Narrative Attachment Form.

You must include a detailed budget narrative that supports and explains the information provided on ED Form 524. Use the same budget categories as those on ED Form 524 and explain the basis used to estimate costs for all budget categories, and how the cost items relate to the project's goals, objectives, and activities. All expenditures must be necessary to carry out the goals and objectives of the project, reasonable for the scope and complexity of the project, and allowable under the terms and conditions of the grant and in accordance with government cost principles.

The Budget Information Form and accompanying narrative should provide enough detail for ED staff to easily understand how costs were determined and if the budget is commensurate with the scope of the project. **Note:** Failure to submit a detailed budget narrative may result in significant cuts to your request. If you submit your application via Grants.gov, attach this document to the **Budget Narrative Attachment Form**.

For this grant competition, you may charge indirect costs using the rate negotiated with your cognizant federal agency (e.g., Department of Education, Department of Health and Human Services, Department of the Interior). **Note:** Since these grants are not research grants, it is not appropriate to use your institution's indirect cost rate for organized research. If you intend to claim indirect costs during the project period, you should use the indirect cost rate for other sponsored activities, as specified in your institution's federally-approved indirect cost rate agreement. Be sure to include evidence of a federally negotiated indirect cost rate.

If you budget for contractual services, please note that indirect costs may be applied only to the first \$25,000 of each subcontract, regardless of the period covered by the subcontract.

You are encouraged to give priority to direct services to students by limiting the indirect costs charged to the project. You will not be penalized for failure to reduce indirect costs nor will you gain competitive advantage if you do.

If you claim indirect costs in the budget for your proposed project and do not have a negotiated rate with the federal government, ED will establish a temporary indirect cost rate for your project (i.e., 10 percent of the direct salaries and wages included in the budget for the project). Grantees will be allowed to draw at the temporary rate during the first 90 days after ED made the grant, as determined by the date of the Grant Award Notification. If a grantee does not submit an indirect cost rate proposal to its cognizant agency within that first 90 days, the grantee will not be allowed to draw any more funds for indirect costs until it obtains a federally recognized indirect cost rate from its cognizant agency. For more information about indirect cost rates, visit www.ed.gov/about/offices/list/ocfo/intro.html.

5. Appendices: If you submit your application via Grants.gov, the **Other Attachments Form** is where you will attach proposal appendices that you may choose to submit in support of your capacity and preparation to undertake the project, such as resumes of key personnel, letters of commitment, and samples of evaluation instruments. The Grants.gov system allows you to attach as many as 10 separate appendices in this section.

If you submit your application in paper format by mail or hand delivery, information provided in this section includes forms and other material required by ED in order for an application to be eligible for funding as well as any other information that you may choose to submit in support of your capacity and preparation to undertake the proposed project.

The following items are **not** part of the appendices and may not be included:

- Budget or program narrative information that you wish to have reviewed as part of your response to one or more scoring criteria—all such information must be included in the narrative portion of the application.
- Videotapes, CD-ROMs, photographs, or floppy disks—they will not be reviewed and we will not return them.

This section **must** include the following:

- GEPA 427, Equitable Access to and Participation in Federally Assisted Programs
- Letter of Transmittal to State Single Point of Contact (if your state participates)
- Proof of federally negotiated indirect cost rate (if you are claiming indirect costs)

This section **may** include the following:

- Other information you wish to include in support of your capacity, experience, and readiness to undertake the project, including:
 - Resumes of key personnel. If personnel have yet to be hired for this project, include a narrative description of expected staff qualifications.
 - Letters of commitment that reflect each person’s awareness of their role in the project. Each letter should indicate a willingness to put forth the necessary time and effort to make the project work efficiently and effectively.
 - Relevant prior grant experience.

6. Assurances and Certifications: If you submit your application electronically, you must complete all forms posted on Grants.gov.

If you submit your application in paper format via mail or hand delivery, you **must** fill out, have signed by the person authorized to sign for the institution, and submit the following forms:

- Assurances, Non-Construction Programs (Standard Form, 424B)
- Grants.gov Lobbying Form (formerly ED Form 80-0013)
- Disclosure of Lobbying Activities (Standard Form-LLL)

Note: If Item 2 of the Grants.gov Lobbying Form applies because of lobbying activities related to a previous grant, or are anticipated to occur with this project if it is funded, you must submit Standard Form LLL. If your organization does not engage in lobbying, please submit Standard Form LLL and indicate as “Not Applicable.”

Instructions for Standard Forms

- Application for Federal Assistance (Standard Form 424)
- Department of Education Supplemental Information Form for the Standard Form 424
- Department of Education Budget Information – Non-Construction Programs (ED Form 524)
- Assurances – Non-Construction Programs (Standard Form 424B)
- Certification Regarding Lobbying
- Disclosure of Lobbying Activities (Standard Form LLL)

| | | |
|---|--|----------------------------------|
| Application for Federal Assistance SF-424 | | Version 02 |
| *1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | *2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision | |
| 3. Date Received: | | 4. Applicant Identifier: |
| 5a. Federal Entity Identifier: | | *5b. Federal Award Identifier: |
| State Use Only: | | |
| 6. Date Received by State: | | 7. State Application Identifier: |
| 8. APPLICANT INFORMATION: | | |
| *a. Legal Name: | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): | | *c. Organizational DUNS: |
| d. Address: | | |
| *Street 1: _____ Street 2: _____ *City: _____ County: _____ *State: _____ Province: _____ *Country: _____ *Zip / Postal Code: _____ | | |
| e. Organizational Unit: | | |
| Department Name: | | Division Name: |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: _____ *First Name: _____ Middle Name: _____ *Last Name: _____ Suffix: _____ | | |
| Title: | | |
| Organizational Affiliation: | | |
| *Telephone Number: | | Fax Number: |
| *Email: | | |

Application for Federal Assistance SF-424

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? | | |
| <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372 | | |
| *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> ** 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. | Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • 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. | 10. | Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application. |
| | | 11. | Catalog Of Federal Domestic Assistance Number/Title: 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. | Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • 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"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) | 12. | Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement. |
| | | 13. | Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. |
| | | 14. | Areas Affected By Project: 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. | Date Received: Leave this field blank. This date will be assigned by the Federal agency. | 15. | Descriptive Title of Applicant's Project: (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. | Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable. | 16. | Congressional Districts Of: (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 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • 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. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000. |
| 5a. | Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any. | | |
| 5b. | Federal Award Identifier: 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. | Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable. | | |
| 7. | State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable. | | |
| 8. | Applicant Information: Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> a. Legal Name: (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 Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (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. Organizational DUNS: (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. Address: 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. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the | 17. | Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project. |
| | | 18. | Estimated Funding: (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. | Is Application Subject to Review by State Under Executive Order 12372 Process? 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>f. Name and contact information of person to be contacted on matters involving this application: 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. Is the Applicant Delinquent on any Federal Debt? (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> | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | <p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="194 409 860 976"> <tr> <td data-bbox="194 409 527 430">A. State Government</td> <td data-bbox="535 409 860 430">M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="194 430 527 451">B. County Government</td> <td data-bbox="535 430 860 451">N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="194 451 527 472">C. City or Township Government</td> <td data-bbox="535 451 860 472">O. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="194 472 527 493">D. Special District Government</td> <td data-bbox="535 472 860 493">P. Individual</td> </tr> <tr> <td data-bbox="194 493 527 514">E. Regional Organization</td> <td data-bbox="535 493 860 514">Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="194 514 527 535">F. U.S. Territory or Possession</td> <td data-bbox="535 514 860 535">R. Small Business</td> </tr> <tr> <td data-bbox="194 535 527 556">G. Independent School District</td> <td data-bbox="535 535 860 556">S. Hispanic-serving institution</td> </tr> <tr> <td data-bbox="194 556 527 577">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="535 556 860 577">T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="194 577 527 598">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="535 577 860 598">U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="194 598 527 619">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="535 598 860 619">V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="194 619 527 640">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="535 619 860 640">W. Non-domestic (non-US) Entity</td> </tr> <tr> <td data-bbox="194 640 527 661">L. Public/Indian Housing Authority</td> <td data-bbox="535 640 860 661">X. Other (specify)</td> </tr> </table> | A. State Government | M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) | B. County Government | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) | C. City or Township Government | O. Private Institution of Higher Education | D. Special District Government | P. Individual | E. Regional Organization | Q. For-Profit Organization (Other than Small Business) | F. U.S. Territory or Possession | R. Small Business | G. Independent School District | S. Hispanic-serving institution | H. Public/State Controlled Institution of Higher Education | T. Historically Black Colleges and Universities (HBCUs) | I. Indian/Native American Tribal Government (Federally Recognized) | U. Tribally Controlled Colleges and Universities (TCCUs) | J. Indian/Native American Tribal Government (Other than Federally Recognized) | V. Alaska Native and Native Hawaiian Serving Institutions | K. Indian/Native American Tribally Designated Organization | W. Non-domestic (non-US) Entity | L. Public/Indian Housing Authority | X. Other (specify) | <p>21. Authorized Representative: (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> |
| A. State Government | M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. County Government | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. City or Township Government | O. Private Institution of Higher Education | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. Special District Government | P. Individual | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Regional Organization | Q. For-Profit Organization (Other than Small Business) | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. U.S. Territory or Possession | R. Small Business | | | | | | | | | | | | | | | | | | | | | | | | | |
| G. Independent School District | S. Hispanic-serving institution | | | | | | | | | | | | | | | | | | | | | | | | | |
| H. Public/State Controlled Institution of Higher Education | T. Historically Black Colleges and Universities (HBCUs) | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Indian/Native American Tribal Government (Federally Recognized) | U. Tribally Controlled Colleges and Universities (TCCUs) | | | | | | | | | | | | | | | | | | | | | | | | | |
| J. Indian/Native American Tribal Government (Other than Federally Recognized) | V. Alaska Native and Native Hawaiian Serving Institutions | | | | | | | | | | | | | | | | | | | | | | | | | |
| K. Indian/Native American Tribally Designated Organization | W. Non-domestic (non-US) Entity | | | | | | | | | | | | | | | | | | | | | | | | | |
| L. Public/Indian Housing Authority | X. Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | |

**SUPPLEMENTAL INFORMATION
REQUIRED FOR
DEPARTMENT OF EDUCATION**

1. Project Director:

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

Address:

* Street 1: _____

Street 2: _____

* City: _____

County: _____

* State: _____ * Zip Code: _____ * Country: _____

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

E-mail Address: _____

2. Applicant Experience:

Novice Applicant Yes No Not applicable to this program

3. Human Subjects Research:

Are any research activities involving human subjects planned at any time during the proposed project period?
 Yes No

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

Yes Provide Exemption(s) #: _____

No Provide Assurance #, if available: _____

Please attach an explanation Narrative:

Instructions for Department of Education Supplemental Information for Standard Form 424

1. Project Director. Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application.

2. Novice Applicant. Check “Yes” or “No” only if assistance is being requested under a program that gives special consideration to novice applicants. Otherwise, **leave blank.**

Check “Yes” if you meet the requirements for novice applicants specified in the regulations in 34 CFR 75.225 and included on the attached page entitled “Definitions for Department of Education Supplemental Information for SF 424.” By checking “Yes” the applicant certifies that it meets these novice applicant requirements. Check “No” if you do not meet the requirements for novice applicants.

3. Human Subjects Research. (See I. A. “Definitions” in attached page entitled “Definitions for Department of Education Supplemental Information for SF 424.”)

If Not Human Subjects Research. Check “No” if research activities involving human subjects are not planned at any time during the proposed project period. The remaining parts of Item 3 are then not applicable.

If Human Subjects Research. Check “Yes” if research activities involving human subjects are planned at any time during the proposed project period, either at the applicant organization or at any other performance site or collaborating institution. Check “Yes” even if the research is exempt from the regulations for the protection of human subjects. (See I. B. “Exemptions” in attached page entitled “Definitions for Department of Education Supplemental Information for SF 424.”)

3a. If Human Subjects Research is Exempt from the Human Subjects Regulations. Check “Yes” if all the research activities proposed are designated to be exempt from the regulations. Insert the exemption number(s) corresponding to one or more of the six exemption categories listed in I. B. “Exemptions.” In addition, follow the instructions in II. A. “Exempt Research Narrative” in the attached page entitled “Definitions for Department of Education Supplemental Information for SF 424.”

3a. If Human Subjects Research is Not Exempt from Human Subjects Regulations. Check “No” if some or all of the planned research activities are covered (not exempt). In addition, follow the instructions in II. B. “Nonexempt Research Narrative” in the page entitled “Definitions for Department of Education Supplemental Information for SF 424.”

3a. Human Subjects Assurance Number. If the applicant has an approved Federal Wide (FWA) on file with the Office for Human Research Protections (OHRP), U.S. Department of Health and Human Services, that covers the specific activity, insert the number in the space provided. If the applicant does not have an approved assurance on file with OHRP, enter “None.” In this case, the applicant, by signature on the SF-424, is declaring that it will comply with 34 CFR 97 and proceed to obtain the human subjects assurance upon request by the designated ED official. If the application is recommended/selected for funding, the designated ED official will request that the applicant obtain the assurance within 30 days after the specific formal request.

Note about Institutional Review Board Approval. ED does not require certification of Institutional Review Board approval with the application. However, if an application that involves non-exempt human subjects research is recommended/selected for funding, the designated ED official will request that the applicant obtain and send the certification to ED within 30 days after the formal request.

Paperwork Burden Statement. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0017. The time required to complete this information collection is estimated to average between 15 and 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, Potomac Center Plaza, 550 12th Street, S.W. Room 7076, Washington, D.C. 20202-4260.

Definitions for Department of Education Supplemental Information for Standard Form 424

Definitions:

Novice Applicant (See 34 CFR 75.225). For discretionary grant programs under which the Secretary gives special consideration to novice applications, a novice applicant means any applicant for a grant from ED that—

- Has never received a grant or subgrant under the program from which it seeks funding;
- Has never been a member of a group application, submitted in accordance with 34 CFR 75.127-75.129, that received a grant under the program from which it seeks funding; and
- Has not had an active discretionary grant from the Federal government in the five years before the deadline date for applications under the program. For the purposes of this requirement, a grant is active until the end of the grant's project or funding period, including any extensions of those periods that extend the grantee's authority to obligate funds.

In the case of a group application submitted in accordance with 34 CFR 75.127-75.129, a group includes only parties that meet the requirements listed above.

PROTECTION OF HUMAN SUBJECTS IN RESEARCH

I. Definitions and Exemptions

A. Definitions.

A research activity involves human subjects if the activity is research, as defined in the Department's regulations, and the research activity will involve use of human subjects, as defined in the regulations.

—Research

The ED Regulations for the Protection of Human Subjects, Title 34, Code of Federal Regulations, Part 97, define research as "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge." *If an activity follows a deliberate plan whose purpose is to develop or contribute to generalizable knowledge it is research.* Activities which meet this definition constitute research whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

—Human Subject

The regulations define human subject as "a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information." (1) *If an activity involves obtaining information about a living person by manipulating that person or that*

person's environment, as might occur when a new instructional technique is tested, or by communicating or interacting with the individual, as occurs with surveys and interviews, the definition of human subject is met. (2) If an activity involves obtaining private information about a living person in such a way that the information can be linked to that individual (the identity of the subject is or may be readily determined by the investigator or associated with the information), the definition of human subject is met. [Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a school health record).]

B. Exemptions.

Research activities in which the **only** involvement of human subjects will be in one or more of the following six categories of **exemptions** are not covered by the regulations:

(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (a) research on regular and special education instructional strategies, or (b) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. ***If the subjects are children, exemption 2 applies only to research involving educational tests and observations of public behavior when the investigator(s) do not participate in the activities being observed. Exemption 2 does not apply if children are surveyed or interviewed or if the research involves observation of public behavior and the investigator(s) participate in the activities being observed.*** [Children are defined as persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law or jurisdiction in which the research will be conducted.]

(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior that is not exempt under section (2) above, if the human subjects are elected or appointed public officials or candidates for public office; or federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

(5) Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (a) public benefit or service programs; (b) procedures for obtaining benefits or services under those programs; (c) possible changes in or alternatives to those programs or procedures; or (d) possible changes in methods or levels of payment for benefits or services under those programs.

(6) Taste and food quality evaluation and consumer acceptance studies, (a) if wholesome foods without additives are consumed or (b) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

II. Instructions for Exempt and Nonexempt Human Subjects Research Narratives

If the applicant marked "Yes" for Item 3 of Department of Education Supplemental Information for SF 424, the applicant must provide a human subjects "exempt research" or "nonexempt research" narrative. Insert the narrative(s) in the space provided. If you have multiple projects and need to provide more than one narrative, be sure to label each set of responses as to the project they address.

A. Exempt Research Narrative.

If you marked "Yes" for item 3 a. and designated exemption numbers(s), provide the "exempt research" narrative. The narrative must contain sufficient information about the involvement of human subjects in the proposed research to allow a determination by ED that the designated exemption(s) are appropriate. The narrative must be succinct.

B. Nonexempt Research Narrative.

If you marked "No" for item 3 a. you must provide the "nonexempt research" narrative. The narrative must address the following seven points. Although no specific page limitation applies to this section of the application, be succinct.

(1) **Human Subjects Involvement and Characteristics:** Provide a detailed description of the proposed involvement of human subjects. Describe the characteristics of the subject population, including their anticipated number, age range, and health status. Identify the criteria for inclusion or exclusion of any subpopulation. Explain the rationale for the involvement of special classes of subjects, such as children, children with disabilities, adults with disabilities, persons with mental disabilities, pregnant women, prisoners, institutionalized individuals, or others who are likely to be vulnerable.

(2) **Sources of Materials:** Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data.

(3) **Recruitment and Informed Consent:** Describe plans for the recruitment of subjects and the consent procedures to be followed. Include the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent. State if the Institutional Review Board (IRB) has authorized a modification or waiver of the elements of consent or the requirement for documentation of consent.

(4) **Potential Risks:** Describe potential risks (physical, psychological, social, legal, or other) and assess their likelihood and seriousness. Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects.

(5) **Protection Against Risk:** Describe the procedures for protecting against or minimizing potential risks, including risks to confidentiality, and assess their likely effectiveness. Where appropriate, discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects. Also, where appropriate, describe the provisions for monitoring the data collected to ensure the safety of the subjects.

(6) **Importance of the Knowledge to be Gained:** Discuss the importance of the knowledge gained or to be gained as a result of the proposed research. Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

(7) **Collaborating Site(s):** If research involving human subjects will take place at collaborating site(s) or other performance site(s), name the sites and briefly describe their involvement or role in the research.

Copies of the Department of Education's Regulations for the Protection of Human Subjects, 34 CFR Part 97 and other pertinent materials on the protection of human subjects in research are available from the Grants Policy and Oversight Staff, Office of the Chief Financial Officer, U.S. Department of Education, Washington, D.C. 20202-4250, telephone: (202) 245-6120, and on the U.S. Department of Education's Protection of Human Subjects in Research Web Site: <http://www.ed.gov/about/offices/list/OCFO/humansub.html>

NOTE: The **State Applicant Identifier** on the SF 424 is for State Use only. Please complete it on the OMB Standard 424 in the upper right corner of the form (if applicable).



**U.S. DEPARTMENT OF EDUCATION
BUDGET INFORMATION
NON-CONSTRUCTION PROGRAMS**

OMB Control Number: 1890-0018
Expiration Date: 02/28/2011

Name of Institution/Organization

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

**SECTION A - BUDGET SUMMARY
U.S. DEPARTMENT OF EDUCATION FUNDS**

| Budget Categories | Project Year 1 (a) | Project Year 2 (b) | Project Year 3 (c) | Project Year 4 (d) | Project Year 5 (e) | Total (f) |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| 1. Personnel | | | | | | |
| 2. Fringe Benefits | | | | | | |
| 3. Travel | | | | | | |
| 4. Equipment | | | | | | |
| 5. Supplies | | | | | | |
| 6. Contractual | | | | | | |
| 7. Construction | | | | | | |
| 8. Other | | | | | | |
| 9. Total Direct Costs (lines 1-8) | | | | | | |
| 10. Indirect Costs* | | | | | | |
| 11. Training Stipends | | | | | | |
| 12. Total Costs (lines 9-11) | | | | | | |

***Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? Yes ___ No ___

(2) If yes, please provide the following information:

Period Covered by the Indirect Cost Rate Agreement: From: ___/___/___ To: ___/___/___ (mm/dd/yyyy)

Approving Federal agency: ___ ED ___ Other (please specify): ___

(3) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

___ Is included in your approved Indirect Cost Rate Agreement? or ___ Complies with 34 CFR 76.564(c)(2)?

Name of Institution/Organization

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

**SECTION B - BUDGET SUMMARY
NON-FEDERAL FUNDS**

| Budget Categories | Project Year 1 (a) | Project Year 2 (b) | Project Year 3 (c) | Project Year 4 (d) | Project Year 5 (e) | Total (f) |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| 1. Personnel | | | | | | |
| 2. Fringe Benefits | | | | | | |
| 3. Travel | | | | | | |
| 4. Equipment | | | | | | |
| 5. Supplies | | | | | | |
| 6. Contractual | | | | | | |
| 7. Construction | | | | | | |
| 8. Other | | | | | | |
| 9. Total Direct Costs (Lines 1-8) | | | | | | |
| 10. Indirect Costs | | | | | | |
| 11. Training Stipends | | | | | | |
| 12. Total Costs (Lines 9-11) | | | | | | |

SECTION C - BUDGET NARRATIVE (see instructions)

Instructions for Department of Education Budget Information – Non-Construction Programs (ED Form 524)

General Instructions

This form is used to apply to individual U.S. Department of Education (ED) discretionary grant programs. Unless directed otherwise, provide the same budget information for each year of the multi-year funding request. Pay attention to applicable program specific instructions, if attached. Please consult with your Business Office prior to submitting this form.

Section A - Budget Summary U.S. Department of Education Funds

All applicants must complete Section A and provide a breakdown by the applicable budget categories shown in lines 1-11.

Lines 1-11, columns (a)-(e): For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If funding is requested for only one project year, leave this column blank.

Line 12, columns (a)-(e): Show the total budget request for each project year for which funding is requested.

Line 12, column (f): Show the total amount requested for all project years. If funding is requested for only one year, leave this space blank.

Indirect Cost Information:

If you are requesting reimbursement for indirect costs on line 10, this information is to be completed by your Business Office. (1): Indicate whether or not your organization has an Indirect Cost Rate Agreement that was approved by the Federal government. (2): If you checked "yes" in (1), indicate in (2) the beginning and ending dates covered by the Indirect Cost Rate Agreement. In addition, indicate whether ED or another Federal agency (Other) issued the approved agreement. If you check "Other," specify the name of the Federal agency that issued the approved agreement. (3): If you are applying for a grant under a Restricted Rate Program (34 CFR 75.563 or 76.563), indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement or whether you are using a restricted indirect cost rate that complies with 34 CFR 76.564(c)(2). Note: State or Local government agencies may not use the provision for a restricted indirect cost rate specified in 34 CFR 76.564(c)(2). Check only one response. Leave blank, if this item is not applicable.

Section B - Budget Summary Non-Federal Funds

If you are required to provide or volunteer to provide matching funds or other non-Federal resources to the project, these should be shown for each applicable budget category on lines 1-11 of Section B.

Lines 1-11, columns (a)-(e): For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If non-Federal contributions are provided for only one year, leave this column blank.

Line 12, columns (a)-(e): Show the total matching or other contribution for each project year.

Line 12, column (f): Show the total amount to be contributed for all years of the multi-year project. If non-Federal contributions are provided for only one year, leave this space blank.

Section C - Budget Narrative [Attach separate sheet(s)]
Pay attention to applicable program specific instructions, if attached.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B. For grant projects that will be divided into two or more separately budgeted major activities or sub-projects, show for each budget category of a project year the breakdown of the specific expenses attributable to each sub-project or activity.
2. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
3. If you are requesting reimbursement for indirect costs on line 10, this information is to be completed by your Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which you are applying and/or your approved Indirect Cost Rate Agreement, some direct cost budget categories in your grant application budget may not be included in the base and multiplied by your indirect cost rate. For example, you must multiply the indirect cost rates of "Training grants" (34 CFR 75.562) and grants under programs with "Supplement not Supplant" requirements ("Restricted Rate" programs) by a "modified total direct cost" (MTDC) base (34 CFR 75.563 or 76.563). Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

When calculating indirect costs (line 10) for "Training grants" or grants under "Restricted Rate" programs, you must refer to the information and examples on ED's website at: <http://www.ed.gov/fund/grant/apply/appforms/appforms.html>. You may also contact (202) 377-3838 for additional information regarding calculating indirect cost rates or general indirect cost rate information.

4. Provide other explanations or comments you deem necessary.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0004. The time required to complete this information collection is estimated to vary from 13 to 22 hours per response, with an average of 17.5 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to (insert program office), U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

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

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

| | |
|--|--|
| * APPLICANT'S ORGANIZATION <input style="width: 90%; height: 20px;" type="text"/> | |
| * PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE | |
| Prefix: <input style="width: 50px;" type="text"/> | * First Name: <input style="width: 150px;" type="text"/> Middle Name: <input style="width: 100px;" type="text"/> |
| * Last Name: <input style="width: 180px;" type="text"/> | Suffix: <input style="width: 50px;" type="text"/> * Title: <input style="width: 150px;" type="text"/> |
| * SIGNATURE: <input style="width: 200px;" type="text" value="Completed on submission to Grants.gov"/> | * DATE: <input style="width: 150px;" type="text" value="Completed on submission to Grants.gov"/> |

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

| | | |
|---|---|--|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known</i> : Congressional District, if known: | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: | |
| 6. Federal Department/Agency: | 7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____ | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ _____ | |
| 10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> | b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____ | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 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 (0348-0046), Washington, DC 20503.

Intergovernmental Review of Federal Programs

This grant competition is subject to the requirements of Executive Order 12372 and the regulations in 34 CFR Part 79. One of the objectives of the Executive Order is to foster an intergovernmental partnership and a strengthened federalism. The Executive Order relies on processes developed by state and local governments for coordination and review of proposed federal financial assistance.

Applicants must contact the appropriate State Single Point of Contact to find out about, and to comply with, the state's process under Executive Order 12372. Applicants proposing to perform activities in more than one state should immediately contact the Single Point of Contact for each of those states and follow the procedure established in each state under the Executive Order. **Note: A copy of the applicant's letter to the State Single Point of Contact must be included with the application.**

To view a list of states that participate in the intergovernmental review process, visit www.whitehouse.gov/omb/grants/spoc.html. States that are not listed have chosen not to participate in the intergovernmental review process, and therefore do not have a State Single Point of Contact. If you are located within one of these states, you are exempt from this requirement.

In states that have not established a process or chosen a program for review, state, area-wide, regional, and local entities may submit comments directly to the Department.

Any state process recommendation and other comments submitted by a State Single Point of Contact and any comments from state, area-wide, regional, and local entities must be received by July 18, 2008, at the following address: The Secretary, EO 12372—CFDA #84.184N, U.S. Department of Education, 400 Maryland Avenue, SW, Room 7W300, Washington, DC 20202-0124. Recommendations or comments may be hand-delivered until 4:30 p.m. (Eastern Time) on July 18, 2008. Please do not send applications to this address.

General Education Provisions Act (GEPA) Section 427

Section 427 of GEPA affects applicants for new discretionary grant awards under this program. All applicants for new awards must include information in their applications to address this provision, summarized below, in order to receive funding under this program.

Section 427 requires each applicant for funds (other than an individual person) to include in its application a description of the steps the applicant proposes to take to ensure equitable access to, and participation in, its federally-assisted program for students, teachers, and other program beneficiaries with special needs.

This section allows applicants discretion in developing the required description. The statute highlights six types of barriers that can impede equitable access or participation that you may address: *gender, race, national origin, color, disability, or age*. Based on local circumstances, you can determine whether these or other barriers may prevent your students, teachers, or others from equitable access or participation. Your description need not be lengthy; you may provide a clear and succinct description of how you plan to address those barriers that are applicable to your circumstances. In addition, the

information may be provided in a single narrative, or, if appropriate, may be discussed in connection with related topics in the application.

NOTE: A general statement of an applicant's nondiscriminatory hiring policy is not sufficient to meet this requirement. Applicants must identify potential barriers and explain steps they will take to overcome these barriers.

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

Examples

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

1. An applicant that proposes to carry out an adult literacy project serving, among others, adults with limited English proficiency, might describe in its application how it intends to distribute a brochure about the proposed project to such potential participants in their native language.
2. An applicant that proposes to develop instructional materials for classroom use might describe how it will make the materials available on audiotape or in Braille for students who are blind.
3. An applicant that proposes to carry out a model science program for secondary students and is concerned that girls may be less likely than boys to enroll in the course might indicate how it tends to conduct "outreach" efforts to girls to encourage their enrollment.

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

Estimated Public Reporting Burden

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for the GEPA 427 is OMB No. 1890-0007. The time required to complete GEPA 427 is estimated to average 1.5 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Office of Safe and Drug-Free Schools, 400 Maryland Avenue, SW, Washington, DC 20202-6450.

Application Preparation Checklist

Application for Federal Assistance (SF Form 424) is completed according to the instructions and includes the nine-digit D-U-N-S Number and Tax Identification Number.

All required forms are signed in black or blue ink and dated by an authorized official and the signed original is included with your submission.

One signed original and two copies of the application, including all required forms and appendices plus one voluntarily submitted additional copy, are included. All copies are unbound and each page is consecutively numbered.

Deadline Date: **May 19, 2008**. See Sections I and IV of this application package for complete application transmittal instructions and general application instructions and information.

EACH COPY OF THE APPLICATION MUST INCLUDE THE FOLLOWING:

- Application for Federal Assistance (SF Form 424) - Page 1
- Department of Education Supplemental Information Form for the SF 424
- Project Abstract - Page 2 (one page double-spaced)
- Project Narrative (up to 25 pages double-spaced)
- All applications must include the required forms, assurances, and certifications, including:
 - Budget Information Form (ED Form 524) and detailed budget narrative
 - Assurances, Non-Construction Programs (ED Form 424B)
 - Certification Regarding Lobbying (Grants.gov Lobbying Form)
 - Disclosure of Lobbying Activities (Standard Form-LLL)
- Narrative response to GEPA 427
- Copy of letter to State Single Point of Contact (see page 83)
- Proof of federally negotiated indirect cost rate (if you are claiming indirect costs)
- Resumes of key personnel
- Letters of commitment

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB No. 1890-0009, Expiration Date: 06/30/2008. The time required to complete this information collection is estimated to average 32 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Office of Safe and Drug-Free Schools, 400 Maryland Avenue, SW, Washington, DC 20202-6450.

