

Technical Assistance Guide

for 2nd & 3rd Optional Year Funding Grant Modifications

for Competitive Grants

I. Determining Eligibility for Optional Year Funding:

In all Solicitation for Grant Applications (SGAs) for the Homeless Veterans' Reintegration Program (HVRP), it will indicate if optional year funding will be made available.

Usually, we allow for two (2) optional years of funding provided satisfactory grantee performance in the previous performance period and sufficient available funding. We usually automatically set aside funding to support 2nd and 3rd optional year funding upon receipt of program allocations.

Grantees do not have to compete for 2nd and 3rd optional year funding as they have already successfully competed for these funds with their initial grant award. A list of HVRP grantees that are eligible to apply for 2nd or 3rd year funding is provided in Attachments 1 and 2.

II. How does an eligible HVRP grantee apply for 2nd or 3rd Optional Year Funding?

A. To request any type of HVRP grant modification the following forms and information must be submitted by the eligible grantee to the Director for Veterans' Employment and Training Service (DVET)/Grant Officer Technical Representative (GOTR) in their respective State (see web site address in Section VI.1 below).

B. What forms and documents are required for a Grant Modification Request?

TO BE COMPLETED BY THE GRANT APPLICANT:

1. The Transmittal memo with an original signature requesting the 2nd or 3rd year optional funding that specifies the name of the authorized representative who is able to enter into this grant agreement with the Department of Labor. Grantees may also indicate if there are any changes to the scope grant agreement.

2. **A SF 424 Application for Federal Assistance** (see Attachment 3) with original signature in blue ink reflecting the original start date of the grant, and indicating that this is a “revision” of an existing grant to “increase award” and “increase duration”. The SF 424 is also to identify the total amount of projected funding needed to continue operations for the new 12 month performance period **not to exceed the original grant award.** The grantee can request less funding than what was originally awarded but not more.

3. **A SF 424A Budget Information** (see Attachment 4) showing four (4) new quarters of funding. The funding on the SF 424A must crosswalk and equal the funds requested on the SF 424, budget narrative, and Direct Cost Description for Applicants and Sub-Applicants. **There will be no carryover funds. All PY funds must be obligated by June 30, of the program year, including funds necessary to perform all participant follow-up activities.**

4. **If components remain unchanged,** reference may be provided by the eligible grantee in their transmittal memo that, **“this request is a continuation of the current program as originally approved”** without an additional narrative.

If program changes are being requested, a program narrative is required. This must include a statement of need, program design, program goals, qualifications, utilization of community linkages, and budget information. The requested program changes must clearly identify program activity, program efficiency, or resolve problems which have been identified during the last PY program operations.

5. **A Budget Narrative** that crosswalks and equals the funds requested on the SF 424 and SF 424A that explains each of the SF 424A budget line items, how the funds will be used including a Direct Cost Descriptions for Applicants and Sub-Applicants, and the methodologies used to determine the budget line item expenditures. For example: planned travel expenditures for privately owned vehicle reimbursement of cents per mile for approximate mileage.

6. **Direct Cost Description for Applicants and Sub-Applicants** (see Attachment 5) that crosswalks and equals the total amount requested on the SF 424, SF 424A, and Budget Narrative.

7. **A Recommended Format for Planned Common Measures Quarterly Technical Performance Goals Chart** (see Attachment 7) that is equal to or exceeds the first or second year pertinent final goals unless an explanation and justification is provided to verify that first or second year pertinent final goals were unattainable due to circumstances beyond the grantees control. **Please note that funding may be reduced if proposed second or third year pertinent final goals are reduced.**

8. **All certifications and assurances remain in effect throughout the duration of the grant.** The grantee continues to be bound by these when accepting the second or third optional year grant award. However, if the grantee representative authorized to engage in this type of grant activity has changed, then the grantee must submit a new original signed certification and assurances form and indicate in their cover letter of the change (see Attachment 8).

9. **Actual technical and financial performance reports for the period ending** December 31, 2008 are to be submitted with their grant applications (printing a Common Measures data spreadsheet is acceptable). If technical performance and/or financial data are unavailable at the time of application, this could impact availability of 2nd/3rd year funding.

10. **Indirect Cost Rate Agreement form is to be completed by all grantees.** If a grantee is charging indirect costs they must submit a copy of the approval of their indirect cost rate for the subject performance period and include the methodologies used. Note: The Grant Officer will not award funding if they do not have a copy of the indirect cost approval letter for the specific grant period or the letter requesting an indirect cost rate. (See attachment 6)

TO BE COMPLETED BY THE DVET/GOTR/RAVET:

11. **DVET recommendation memorandum and Grant Review Checklist** (see Attachment 9).
12. **Goals Comparison Spreadsheet** (see Attachment 8) noting any justifications for deviations.
13. **DVET/GOTR On-Site Monitoring Report, if applicable** and if not, reason(s) for not performing the on-site evaluation explained in the DVET recommendation memorandum. Refer to section (III.B.4).
14. **RAVET recommendation memorandum and Grant Review Checklist** (see Attachment 9).

C. Where are the Grant Application Forms and Instructions located?

The grant application forms and their instructions can be downloaded from below listed web site addresses:

http://www.whitehouse.gov/omb/grants/grants_forms.html

www.dol.gov/vets

D. Which Grant Provisions are in effect?

The grant award requirements, general grant provisions, HVRP SGA(s), VWIP SGA, and their respective PY Special Grant Provisions will remain in effect for the PY period of performance unless updated and provided to the grantees by the VETS National Office and/or Grant Officer.

The VETS National Office typically reviews the special grant provisions at least yearly to ensure updated programmatic and financial reporting requirements are kept up-to-date. If/when special grant provisions are updated and/or modified, the new special provisions are provided by the Grant Officer with the grant modification document.

III. Grant Modification Review Process

A. Who Reviews and Approves 2nd & 3rd Optional Year Grant Modifications?

The following U.S. Department of Labor, Veterans' Employment and Training Service staffs are to review the 2nd & 3rd optional year grant modification application packages from their respective State(s) and Region(s).

- Director for Veterans' Employment and Training (DVET)/Grant Officer
- Technical Representative (GOTR) reviews and makes recommendation for approval/disapproval;
- Regional Administrator for Veterans' Employment and Training (RAVET) reviews and makes recommendation for approval/disapproval;
- Regional Competitive Grants Expert Team (CGET) Representative(s) reviews either simultaneously in cooperation with the RAVET/Regional Office Reviews (in order to curtail travel expenditures) and/or as part of a CGET on-site team in the National Office – reviews and makes recommendation for approval/disapproval;
- The CGET Lead and the Competitive Grants Lead, review, make recommendation for approval/disapproval, and generate the financial documentation for grant award approvals; and
- The Director of Operations Grants and Transition Programs reviews, makes recommendation for approval, and authorizes the financial obligations; and

- The Assistant Secretary for Veterans' Employment and Training and/or the Deputy Assistant Secretary for Veterans' Employment and Training reviews, makes final recommendations for approval, and authorizes the financial obligations; and
- Grant Officer reviews and approves all grant awards and modification requests, generates the grant award documents, and forwards financial obligation documents to DOL Finance. The Grant Officer maintains the "official" grant files.

B. What is Involved with the Grant Modification Request Review Process?

The grant modification request review process consists of analyzing the grant modification application package for completeness, accuracy, ensuring the financial data crosswalks on all forms accordingly, and if it was completed as required. The review process also includes analyzing grantee actual vs. planned technical performance and fiscal activity through the quarter ending December 31.

1. DVETs/GOTRs must compare each grantee's pertinent final goals from last year to the proposed pertinent final goals for this year (see Attachment 6)
2. If proposed pertinent final goals are less than the previous year, then the DVET/GOTR is to notify the grantee.
3. The DVET/GOTR is authorized to negotiate with the grantee to ensure that the proposed pertinent final performance goals are at least equal to last year's approved pertinent final goals, unless there are special circumstances that prevent the grantee from performing. If so, the grantee is to provide an explanation and justification for each goal deviation. If goals are reduced funding may be reduced.
4. DVETs/GOTRs are to conduct their annual on-site monitoring visits for each active HVRP grant within their respective State, as travel funds permit. A courtesy copy of the on-site monitoring report is to be sent to each appropriate grantee and a "hard copy" forwarded with each grant modification application request package.

In an effort to save limited travel funds for priority programmatic activities:

- For all HVRP grantees awarded at “high risk” during the PY performance period, an on-site evaluation is required;
- For all HVRP grantees currently on a Corrective Action Plan (CAP), an on-site evaluation is highly recommended;
- For all HVRP grantees that have had a history of successfully achieving their programmatic and financial goals, an on-site evaluation is to be performed as travel funds permit but is not required at this time.

C. What are the various recommendations that can be made?

- **If the eligible grantee meets or exceeds all of their planned activities for the pertinent performance goals** (such as enrollments, entered employments, class room training, on-the-job training, cost per placement, and retention in employment for both 90 and 180 days + or – 15% or more) then the DVET/GOTR/RAVET may recommend 2nd or 3rd year funding.
- **If the eligible grantee experiences deviations of +/-10% to +/-15% from planned technical performance and/or financial goals**, the DVET/RAVET may consider recommending 2nd or 3rd year funding “at high risk”. A high risk designation requires grantees to report technical and financial progress on a monthly basis and DVETs/GOTRs are to provide monthly technical assistance to the high risk grantee via on-site, e-mail, or phone conversations.
- **For those eligible grantees that were on a Corrective Action Plan (CAP) and/or placed on “high risk”**, the DVET/GOTR and their respective RAVET must indicate in their forwarding memorandum whether or not the approved CAP has had a positive effect on the grantee’s ability to perform according to the original grant agreement. Further, if recommending 2nd or 3rd year funding of a previously designated “high risk” grantee that is now performing satisfactorily, that the grantee is expected to perform satisfactorily during the 2nd or 3rd year funding period (within +/-15% of planned goals).
- **If a “high risk” grantee has failed to show improvement** and we have provided (and documented) extensive technical assistance, to include a CAP, but to no avail, then the DVET/GOTR and their respective RAVET may recommend that 2nd or 3rd year funding not be awarded.

D. **What if a Grantee Does Not Want to Apply for 2nd or 3rd Year Funding?**

If an eligible HVRP grantee “voluntarily” does not apply for 2nd or 3rd year funding, then the DVET/GOTR is to secure an original signed “withdrawal” letter from the grantee and forward it to their respective RAVET who, in turn, will forward it to National Office to the attention of the Competitive Grants Lead.

IV. **What are the Actions Required and Due Dates?**

1. DVETs/GOTRs are to immediately ensure that eligible HVRP grantees within their respective States are aware of the 2nd or 3rd year funding requirements as outlined in this Technical Assistance Guide (see Attachments 1 and 2 for lists of eligible applicants). Note: DVETs/ GOTRs are not authorized to deviate from the instructions and/or due dates contained in this directive. If the grantee is unable to meet the requirements and if special circumstances exist, DVETs/GOTRs are to inform their respective RAVETs, who in turn, will inform their respective CGET member and Competitive Grants Lead.

2. Grantees must submit their 2nd or 3rd optional year grant modification requests to their respective DVET **by no later than close of business February 20th, 2009** (see web site address below in Section VI.1.).

3. DVETs will forward the “original” grant modification request package with his/her cover memo indicating their recommendation for approval/disapproval, completed grant review checklist (see Attachment 9) and completed comparison of goals spreadsheet (see Attachment 8) to the RAVET **by no later than February 27th, 2009**. DVETs will ensure any necessary corrections are made prior to submitting grant modification package to the RAVET.

4. RAVETs and their Regional CGET Representatives will simultaneously review the 2nd & 3rd year grant modification packages (if practicable, and if not, an on-site CGET review in National Office will have to be performed), make their recommendation for approval/disapproval in the RAVET transmittal memo addressed to Grant Officer Cassandra Mitchell through the Director of Operations, Grants and Transition Programs, Gordon J. Burke, Jr. RAVETs will complete their section of the grant review checklist and ensure any necessary corrections are made prior to submitting grant modification package to the National Office.

5. All completed original grant modification request packages are to be **mailed via federal express** to the attention of the Competitive Grants Lead, Room S-1312 **by no later than close of business March 9th, 2009**.

Note: Please do not use regular mail to send the grant modification applications to Washington D.C. as they are still radiating the incoming mail and it is usually received several weeks later and altered by the radiating process.

6. The Competitive Grants Lead will accept 2nd and 3rd year grant modification applications and grantee actual technical performance reports received late at the DVET and RAVET levels and make a determination of acceptance or rejection on a case by case basis.

V. How do we know when the Grant Modification Request has been approved?

- The Grant Officer will generate a grant award document and send it directly to the grantee point of contact listed on the SF 424 Application for Federal Assistance. The grant award document will indicate that the grant modification request has been approved and is effective the date of the Grant Officer's signature.
- In addition, the Grant Officer sends the Competitive Grants Lead a copy of all grant award documents, and in turn, scans the documents and sends them out electronically to their respective RAVETs and DVETs.
- For grantees recommended and approved for continued funding "at high risk", they will receive a letter from the VETS Director of Operations, Grants and Transition Programs shortly after the grant awards are finalized by the Grant Officer (with copies sent to their respective DVETs/GOTRs and RAVETs). In the awarded "at high risk" letter, it will indicate that grantee technical programmatic and financial reporting will now be required on a monthly basis. Also, the DVET/GOTR will provide each grantee awarded "at high risk" technical assistance on a monthly basis in order to assist in ensuring performance increases to the expected level(s).

VI. Where do we go for Technical Assistance?

1. Grantees are to contact their respective DVETs/GOTRs for technical assistance. A list of DVETs is located at website address:

- **U.S. Department of Labor --Veterans' Employment and Training Service (VETS) -- Staff Directory**

2. DVETs/GOTRs are to contact their respective RAVET and/or their Regional CGET Representatives.

3. Regional CGET Representatives are to contact the CGET Lead.
4. RAVETs and CGET Lead are to contact the Competitive Grants Lead.

Attachments:

- (1) HVRP Eligible Applicants for 2nd and 3rd Year Funding
- (2) SF 424 Application for Federal Assistance
- (3) SF 424A Budget Information
- (4) Direct Cost Description for Applicants and Sub-Applicants
- (5) Indirect Cost Rate Agreement Form
- (6) Recommended Format for Planned Common Measures Quarterly
Technical Performance Goals Chart
- (7) Certifications and Assurances
- (8) Goals Comparison Spreadsheet
- (9) DVET/RAVET Grant Review Checklist

HVRP Eligible Applicants for 2nd year Funding

<u># Grant</u>	<u>State</u>	<u>Grant #</u>	<u>Grant Category</u>	<u>FY 2008 Grant Award</u>	<u>Grantee Name</u>
1	AZ	HV 17604086054	Urban	1st	Arizona Opportunities Industrialization Center
2	CA	HV-17611086056	Urban	1st	City of Sunnyvale
3	CA	HV17616086056	Urban	1st	Vietnam Veterans of San Diego
4	CA	HV17607086056	Non-urban	1st	United States Veterans Initiative - Riverside CA
5	GA	HV176030860513	Urban	1st	Samaritan House of Atlanta, Inc.
6	HI	HV176200860515	Non-Urban	1st	United States Veterans Initiative - Hawaii
7	IA	HV176060860519	Non-Urban	1st	Goodwill Industries of Central Iowa
8	KY	HV176150860521	Urban	1st	Volunteers of America of Kentucky, Inc.
9	LA	HV176120860522	Non-Urban	1st	Quad Area Community Action Agency, Inc.
10	MA	HV176180860525	Non-Urban	1st	Massachusetts Veterans, Inc.
11	MI	HV176050860526	Non-Urban	1st	Volunteers of America, Michigan, Inc
12	NH	HV176020860533	Non-Urban	1st	Harbor Homes, Inc.
13	NV	HV176140860532	Non-Urban	1st	United States Veterans Initiative - Las Vegas
14	TX	HV176090860548	Urban	1st	Service of the Emergency Aid Research Center for the Homeless (SEARCH)
15	TX	HV176080860548	Urban	1st	Goodwill Industries of Houston
16	WA	HV176130860553	Urban	1st	Washington Department of Veterans Affairs

HVRP Eligible Applicants for 3rd year Funding

1	AL	HV-16435-07-60-5-1	Urban	2nd	Aletheia House
2	AZ	HV-16412-07-60-5-32	Urban	2nd	United States Veterans Initiative, Inglewood
3	CA	HV-16410-07-60-5-6	Urban	2nd	The Salvation Army Harbor Light
4	CA	HV-16397-07-60-5-6	Urban	2nd	North County Interfaith Council, Inc.
5	CA	HV-16399-07-60-5-6	Urban	2nd	Goodwill of Santa Clara County
6	CA	HV-16429-07-60-5-6	Urban	2nd	People Assisting The Homeless
7	CA	HV-16425-07-60-5-6	Urban	2nd	Swords to Plowshares
8	CA	HV-16414-07-60-5-6	Non-Urban	2nd	Vietnam Veterans of San Diego, Inc.
9	CA	HV-16403-07-60-5-6	Urban	2nd	Vietnam Veterans of California
10	FL	HV-16440-07-60-5-12	Urban	2nd	City of Jacksonville, Florida
11	HI	HV-16408-07-60-5-15	Urban	2nd	Network Enterprises, Inc.
12	IL	HV-16411-07-60-5-17	Urban	2nd	Volunteers of America Illinois
13	LA	HV-16416-07-60-5-22	Urban	2nd	Quad Area Community Action Agency, Inc.
14	MA	HV-16428-07-60-5-25	Non-Urban	2nd	United Veterans of America, Inc.(Leeds)
15	MA	HV-16424-07-60-5-25	Urban	2nd	Veterans Benefits Clearinghouse
16	MA	HV-16426-07-60-5-25	Urban	2nd	Vietnam Veterans Workshop dba New England Center for Homeless Veterans
17	MD	HV-16427-07-60-5-24	Urban	2nd	Maryland Center for Veterans Education & Training, Inc.
18	MI	HV-16433-07-60-5-26	Urban	2nd	Michigan Veterans Foundation
19	MO	HV-16381-07-60-5-29	Urban	2nd	St. Patrick Center
20	MO	HV-16398-07-60-5-29	Urban	2nd	City of Saint Louis, Dept. of Human Services
21	NC	HV-16432-07-60-5-37	Non-Urban	2nd	Asheville Buncombe Community Christian Ministry, Inc.
22	NY	HV-16405-07-60-5-36	Non-Urban	2nd	WIB of Herkimer, Madison and Onedia Counties
23	NY	HV-16417-07-60-5-36	Urban	2nd	Black Veterans for Social Justice, Inc.
24	NY	HV-16404-07-60-5-36	Non-Urban	2nd	The Saratoga County Rural Preservation Company, Inc.
25	NY	HV-16409-07-60-5-36	Non-Urban	2nd	United Veterans Beacon House, Inc.
26	OH	HV 16423-07-60-5-39	Urban	2nd	VOA of Greater Ohio, Inc.
27	OH	HV 16406-07-60-5-39	Urban	2nd	Ohio Valley Goodwill Industries Rehabilitation Center, Inc.
28	OR	HV-16419-07-60-5-39	Urban	2nd	Central City Concern
29	PA	HV-16418-07-60-5-42	Urban	2nd	The Philadelphia Veterans Multi-Service & Education Center, Inc.
30	TX	HV-16407-07605-48	Urban	2nd	American GI Forum National Veterans Outreach Program, Inc.
31	WI	HV-16402-07-60-5-53	Non-Urban	2nd	Veterans Assistance Foundation, Inc.
32	WV	HV-16445-07-60-5-54	Non-Urban	2nd	Volunteers of America Kentucky, Inc.

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 <input type="checkbox"/> Revision *Other (Specify) _____	
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.
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. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	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.
		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.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	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.
		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-025 for California 5 th district, CA-212 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:	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
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	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

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)	(4)	(5)	
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	0.00	0.00
j. Indirect Charges						0.00
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00

7. Program Income	\$	\$	\$	\$	\$	0.00
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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	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

SECTION D - FORECASTED CASH NEEDS				
	Total for 1st Year	FUTURE FUNDING PERIODS (Years)		
		1st Quarter	2nd Quarter	3rd 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 \$

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 \$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	

Direct Cost Descriptions for Applicants and Sub-Applicants*

Position Title(s)	Annual Salary/Wage Rate	% of Time Charged to Grant	Proposed Administration Costs **	Proposed Program Costs

Sub-Total

Administration Program

Fringe Benefits For All Positions

Contractual

Travel

Indirect Costs

Equipment

Supplies

Total Costs -----

Administration Program

** Administrative costs are associated with the supervision and management of the program and do not directly or immediately affect participants.

* Direct costs for all funded positions for both applicant and sub-applicant(s) must be provided.

EXAMPLE

INDIRECT COST NEGOTIATION AGREEMENT
NONPROFIT ORGANIZATIONS

EXAMPLE

ORGANIZATION:

DATE:

FILE REF:

DATED:

The indirect cost rate(s) contained herein are for use on grants and contracts with the Federal Government to which OMB Circular A-122 applies subject to the limitations contained in the Circular and Section II-A, below. The rate(s) were negotiated by the Inc. and the U. S. Department of Labor in accordance with the authority contained in Attachment A, Section E.2 (a) of the Circular.

SECTION I: RATES

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE*</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
Provisional	7/1/03	6/30/07	20.43%	All	All Programs

(See Special Remarks)

BASE*:

Direct salaries and wages including all fringe benefits.

TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed in the Special Remarks Section of this Agreement.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for these absences are not made.

EXAMPLE...EXAMPLE....EXAMPLE

Recommended Format for Common Measures Quarterly Technical Performance Report

PLEASE NOTE: If the entry shows as a red checked cell, it is incorrect. Please refer to directions and if there are still questions, please contact your DVET/GOVER.

Grantee Name:

Period of Performance:

July 1, 2008 - June 30, 2009

Grant #:

Total Grant Award Amount:

Enter All Data NON-Cumulatively

Actual Performance:	1st	2nd	3rd	4th	5th	6th	7th	Total
# of Assessments	0	0	0	0				0
# of Participants Placed (Auto Calc)								0
# Placed in Trans. or Perm Housing								0
# Referred to VA for Benefits								0
# Placed in Employment (Auto Calc)								0
Average Monthly Wage on Placement (Auto Calc)	\$0.00	\$0.00	\$0.00	\$0.00				\$0.00
Placement Rate (Auto Calc)								0%
Cost of Program (Auto Calc)								\$0.00
# of Exits (Common Measures)								0
*Ratio from Prev. Qtr. A.L.L. must be entry by end of 4th qtr								0
Entered Employment (Common Measures)								0
*Same as old 90 day retention (Auto entry from Summary)								0
Entered Employment Rate (Auto Calc)								0%
# of Participants 90 Day Retention								0
*Same as old 180 day retention								0
Employment Retention (Common Measures)								0
Number Employed during 1st, 2nd and 3rd Qtr after Exit								0
Employment/Retention Rate (Auto Calc)								0%
AVG EARNINGS (Common Measures - AUTO CALC)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AVG HOURLY WAGE AT RETENTION (AUTO CALC)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Actual Training Activities

Unduplicated Count of All Participants Trained

% of Participants Trained (Minimum 80%)	Enter NON-Cumulatively
Class-Room-Training	0
On-the-Job Training	0%
Occupational Skills Training	0
Apprenticeship Training	0
Upgrading and Retraining	0
Life Skills and Money Management	0
Other Training	0

Actual Supportive Services

Enter NON-Cumulatively, NON-Duplicative	
Job Search Assistance	0
Counseling/Vocational Guidance	0
Job Club Workshops	0
Compensated Work Therapy	0
Tools/Fees/Specific Work Clothing/Boots	0
Other Supportive Services	0

Actual Expenditures:

Enter NON-Cumulatively	
Participant Services	\$0.00
Admin Costs (NTE 20% HVRP and 10% VWIP)	\$0.00
Stand Down (NTE \$10K per year)	\$0.00
Total Expenditures	\$0.00

CERTIFICATIONS AND ASSURANCES

ASSURANCES AND CERTIFICATIONS SIGNATURE PAGE

The Department of Labor will not award a grant or agreement where the grantee/recipient has failed to accept the ASSURANCES AND CERTIFICATIONS contained in this section. By signing and returning this signature page, the grantee/recipient is providing the certifications set forth below:

- A. Certification Regarding Lobbying, Debarment, Suspension, Other Responsibility Matters - Primary Covered Transactions and Certifications Regarding Drug-Free/Tobacco-Free Workplace,
- B. Certification of Release of Information
- C. Assurances - Non-Construction Programs
- D. Applicant is not a 501(c)(4) organization

APPLICANT NAME and LEGAL ADDRESS:

If there is any reason why one of the assurances or certifications listed cannot be signed, please explain. Applicant need only submit and return this signature page with the grant application. All other instruction shall be kept on file by the applicant.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

Please Note: This signature page and any pertinent attachments which may be required by these assurances and certifications shall be attached to the applicant's Cost Proposal.

HVRP Grant Review Checklist

Date: _____

Grantee Name: _____

DVET/GOTR Name: _____

RAVET Name: _____

The grant checklist is to be completed by VETS reviewers with an "X" in the appropriate "yes" or "no" column or an "N/A" in the remarks section for those items that do not apply. The DVET/GOTR is to complete Section A and the RAVET is to complete Section B. A "Remarks" column is provided for comments regarding the answer selected.

The term (REQUIRED) indicates that the information requested must be provided or the request cannot be approved.

Review Items	Yes	No	Remarks
---------------------	------------	-----------	----------------

Section A - DVET/GOTR Review

I. Documentation

Has the Grant Applicant submitted a:

- | | | | |
|---|-----|-----|--|
| a. Grantee transmittal letter indicating individual authorized to sign the SF 424 (REQUIRED) | [] | [] | |
| b. Standard Form 424 (original signed in blue ink) (REQUIRED) | [] | [] | |
| c. Standard Form 424A (REQUIRED) | [] | [] | |
| d. A budget narrative (REQUIRED) | [] | [] | |
| e. Direct Cost Description for Applicants and Sub-Applicants (REQUIRED) | | | |
| f. If grantee is charging indirect costs - a copy of the current approved indirect cost rate and methodology used. (REQUIRED) | [] | [] | |
| g. A new, signed certification page (only required if the authorized representative has changed). | [] | [] | |
| h. Proposed Common Measures Performance Goals (REQUIRED) | [] | [] | |

II. Grantee Transmittal Letter

- | | | | |
|---|-----|-----|--|
| a. Does the transmittal letter indicate the individual who signed the SF 424 is authorized to enter into this agreement with the USDOL? | [] | [] | |
| b. Does the letter contain narrative justifications? | [] | [] | |

III. Standard Form 424 Application for Federal Assistance

Note: If there are any errors, omissions, and/or white out on the form, it must be returned to the grantee for correction prior to submittal to the RAVET. VETS staff can make pen and ink changes to the SF 424. Simply draw one (1) horizontal line thru the error, annotate the correct information, and initial.

Note: DVET/GOTR is to enter the date grant application received in Block # 4 of the SF 424.

- | | | | |
|--|-----|-----|--|
| a. Is the date submitted in Item #2? (or date signed on SF 424 Version 02) | [] | [] | |
| b. Is the legal name and proper mailing address, including the county entered in Item 5? (or Block #8. a thru e on SF 424 Version 02) | [] | [] | |
| c. Is the "organizational unit" and the name and telephone number of a contact person included in the space provided in Item 5? (or Block # 8.f on SF 424 Version 02). | [] | [] | |
| 1. If the grant applicant is a non-profit organization, such as 501(c)(3) has IRS documentation been provided and is on file to support this? | [] | [] | |
| d. Is the DUNS number indicated in Item 5 and the IRS Employer Identification number in Item 6? (or Block #8. b. and # 8. c. on SF 424 Version 02). | [] | [] | |
| e. Is the type of application indicated in Item 7? (or Block # 2 on SF 424 Version 02). | [] | [] | |

f. Is the appropriate { } block checked in Item 8? (Revision, A & C)
(or Block #2 on right hand insert A & C in empty box on SF 424 Version 02). [] []

g. Is "USDOL, Veterans' Employment and Training Service" entered in Item 9?
(or Block #10 on SF 424 Version 02). [] []

III. Standard Form 424 Application for Federal Assistance - Continued:

Yes No Remarks

h. Is the appropriate number HVRP=17-805 and VWIP=17-802 entered in blocks in Item 10? CFDA Number and is the name of the Grant Program "Homeless Veterans' Reintegration Program (HVRP)" or Veterans' Workforce Investment Program (VWIP) entered in Item 10 next to "Title"?
(or Block # 11 on SF 424 Version 02). [] []

i. Does Item 11 have a description of the applicant's project entered? (Block # 15 on SF 424 Version 02) [] []

j. Does Item 12 contain the "areas affected by the project"? (or Block # 14 on SF 424 Version 02) [] []

k. Item 13, proposed project "Start Date" entered as 07/01/2006 for E-9-5-6 grants and 07/01/2007 for # HV- grants, and all grants having an "End Date" of 06/30/2009?
(or Block # 17 on SF 424 Version 02). [] []

l. Is the Federal Congressional District # for the capital city (or applicant's headquarters operating city) identified in Item 14a? (or Block # 16 a and b on SF 424 Version 02) [] []

m. Is the total funding requested identical in Items 15a and 15g (if there are no matching funds)?
(or Block # 18a thru 18F on SF 424 Version 02). [] []

n. Is the proper entry made in Item 16 for the Single Point of Contact (SPOC) under E.O. 12372?
(or Block # 19 on SF 424 Version 02). [] []

o. Is Item 17, Certification for Non-Delinquency, checked "No" and, if not, is there an explanation?
(or Block # 20 on SF 424 Version 02). [] []

p. Is the signature on the SF 424, Item 18d, that of the authorized representative of the Grant Applicant (same as previous year or as indicated in the grantee transmittal letter)? And has the "I Agree" block been checked off in Block 21 of SF 424 Version 02? [] []

IV. Performance Goals

a. Are enrollment and placement goals equal to or greater than the previous performance period?
If not, has the grantee explained the variances and provided written justification for deviations? [] []

b. Is the cost-per-placement equal to or less than previous performance period? If not, has the grantee explained the variances and provided written justifications for deviations? [] []

c. Has the grantee submitted a Corrective Action Plan (CAP)? If so, please provide a hard copy of the approved CAP to RAVET and NO Competitive Grants Lead. [] []

V. Budget Information

SF Form 424A and Budget Narrative:

a. Do the amounts of funding shown in Section A agree with the figures in Box 15 of the SF 424 and the budget narrative? (Block # 18 of SF424 Version 02) [] []

b. Are the totals in line K and in Column I of Section B accurate? [] []

c. Are the funding amounts as shown in SF 424A, Section B supported by the budget narrative, and do they crosswalk to the SF 424, budget narrative, and Direct Cost Description properly? [] []

d. Are the line item charges, such as travel and equipment, consistent with services and activities being proposed in the budget narrative? [] []

e. Does the amount of total indirect charges in line 6j of Section B represent 20% for HVRP or 10% for VWIP or less of the total amount of Federal funds requested? If not, does the grantee provide written justification for indirect (including administrative) expenses that exceed program limitations? [] []

f. If applicable, are the sources of match funds specified in Section C and do these amounts and sources agree with the amounts and sources in Section A, SF 424A and in Box 15 of the SF 424? (or Block # 18 of the SF 424 Version 02) [] []

g. If travel expenses exceed 5 percent of the total federal amount requested, have written justifications been provided? [] []

h. If the acquisition of Automated Data Processing (ADP) hardware and/or software is being proposed, is the grantee justification, to include a detailed description of the equipment, the cost, and it's purpose been identified? (REQUIRED)

i. Has the grantee obligated up to \$10,000 per year to support Stand Down activities? If not, why not? DVETs/GOTRs are to ensure that grantees are aware that they can obligate up to \$10,000 per year to support Stand Down activities.

V. Budget Information - SF 424A and Budget Narrative Continued:

Yes No Remarks

j. Are equipment (or computer related) requests requiring Capital Expenditures equal to or in excess of \$5,000 per unit recommended for Grant Officer approval? (REQUIRED)

k. Based on program design, do these amounts for equipment and capital expenditures appear to be reasonable?

l. Do the amounts requested each quarter appear to be reasonable to support planned programmatic and fiscal objectives through each quarter of the program year?

m. If sub-grantees are proposed, are their Indirect Costs reflected in Line I., Column 3, Section B?

n. If applicable, are matching funds identified by object class categories in Column 2 of Section B, and do these amounts agree with sub-grantee information sheet?

VI. Grantee Past Performance Review

a. Has the DVET/GOTR completed an on-site past performance review/analysis? If yes, please attach a copy of the on-site review report. If not, please explain in the remarks section and on DVET/RAVET memo.

b. Has the grant applicant complied with all of the grant general and special provisions in their previous year's grant? If not, please explain in remarks section.

c. Has the grant applicant complied with the reporting requirements as outlined in the grant special provisions?

d. If the grantee was on a Corrective Action Plan and/or was assigned "high risk", has performance improved to an acceptable level (+/-10% to +/-15% of planned goals)?

VII. DVET/GOTR Recommendation

a. Do you recommend approval of this grant modification request? (Address pertinent comments in your transmittal memo to RAVET.)

b. Do you recommend this grant be approved "at high risk"? If yes, please provide documentation of extensive technical assistance provided, Corrective Action Plan, and any other relative documentation or information to support this recommendation.

DVET/GOTR Signature and Date

Section B - RAVET Review

I. DVET Analysis and Transmittal Memo

a. Is there a statement certifying the signatory's status as an authorized rep of the Applicant?

b. Did DVET/GOTR approve/disapprove grantee request for capital expenditures with a unit cost equal to or in excess of \$5,000? (REQUIRED)

c. If the acquisition of ADP hardware and/or software is being proposed, is the grantee justification, to include a detailed description of the equipment, the cost, and it's purpose been identified(REQUIRED)

d. Has the DVET/GOTR made a recommendation for approval/disapproval on the checklist and in the transmittal memo?

- e. Did the DVET/GOTR note any problems or variances that were not corrected or adequately explained when completing his/her review?
- f. Are there any omissions, discrepancies, or pen and ink changes on the grant application? If so, briefly explain in your transmittal memo.
- g. If the grantee was on a Corrective Action Plan and/or was assigned "high risk", has performance improved to an acceptable level (+/-10% to +/-15% of planned goals)?
- h. Do you concur with the DVET/GOTR recommendation to approve/disapprove the grant modification request?

Grantee Name:

II. RAVET Recommendation

Yes No Remarks

- a. Do you recommend approval of this grant modification request?
- b. Do you recommend this grant be awarded "at high risk"? If yes, please provide documentation of the extensive technical assistance provided, Corrective Action Plan, and any other pertinent documentation or information that supports this recommendation.

Please address pertinent comments in your transmittal memo to NO.

Please sign and date below in blue ink.

Signature of RAVET and Date

III. Distribution

Grant Modification Packages are to include:

- a. Original Grant Modification Request Package;
 1. Grantee Transmittal Memo (original signed)
 2. SF 424 (original signed in blue ink)
 3. SF 424A
 4. Budget Narrative (with SF 424A object class categories line by line explanation).
 5. Direct Cost Descriptions for Applicants and Sub-Applicants
 6. Approval of Indirect Cost Rate and methodology used (current dates to coincide with grant mod period 07/01/08 to 06/30/09)
 7. Original Signed Certification and Assurances (if grantee representative changed from last year)
 8. Planned Quarterly Technical Performance Goals
- b. Grantee Technical and Financial Quarterly Reports for period ending 03/31/08.
- c. Approved Corrective Action Plan (if appropriate).
- d. Current On-Site or Desk- Audit Monitoring Report
- e. DVET Goals Comparison spreadsheet (Grantee goals for last year vs. this year with differences justified)
- f. Original signed DVET transmittal memo
- g. Original signed RAVET transmittal memo.

Please send all grant modification request packages via federal express mail to:

U.S. Department of Labor
 Veterans' Employment and Training Service
 200 Constitution Avenue, NW, Room S-1312
 Attn: Competitive Grants Lead
 Washington, D.C. 20210
 Phone: (202) 693-4756

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