


EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210	CLASSIFICATION SCSEP
	CORRESPONDENCE SYMBOL OWI/DAS
	DATE June 11, 2007

TRAINING AND EMPLOYMENT GUIDANCE LETTER NO 26-06

TO: ALL SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM GRANTEES

FROM: EMILY STOVER DeROCCO 
Assistant Secretary

SUBJECT: Planning Instructions and Allotments for Program Year 2007
Conditional Grants for Senior Community Service Employment Program Applicants

1. **Purpose.** To provide all Senior Community Service Employment Program (SCSEP) applicants with instructions and procedures for conditional grants for Program Year (PY) 2007, beginning July 1, 2007.
2. **References.** 2006 Older Americans Act (OAA) Amendments, Pub. L. 109-365 (OAA-2006); 20 CFR Part 641.
3. **Background.** The Department of Labor (the Department) delayed issuance of full PY 2007 SCSEP grant planning instructions contingent on potential action by the Congress on legislation authorizing an increase in the minimum wage. The Congress did authorize that increase on May 24, 2007, and the President signed the measure into law on May 25, 2007. The measure, which goes into effect 60 days after enactment (i.e., July 24, 2007), will raise the minimum wage to \$7.25 an hour from \$5.15 an hour in three stages over the course of

RESCISSIONS	EXPIRATION DATE Continuing
-------------	-------------------------------

three years. For PY 2007, the minimum wage will increase to \$5.85 per hour. The Fiscal Year 2007 appropriation for title V of the OAA is \$483,611,000. Authorized positions and funding are provided in Attachment III to this TEGL.

In order to ensure that funds are obligated in a timely manner and to safeguard continuity for participants in the short time period that remains until the beginning of PY 2007, the Department has decided to issue conditional SCSEP grants at this time.

Further, in the interest of expediency, the Department will use the project narrative in the approved PY 2006 grants as the technical proposal for the conditional PY 2007 grants. However, applicants must be aware that the new requirements resulting from the enactment of OAA-2006 become effective July 1, 2007, and that some of these requirements will immediately impact grantee operations at that time. These include the new priorities for participant recruitment and selection; establishment of uniform, documented participant policies about whether or not to provide paid or unpaid sick leave and Federal holiday pay when a grantee or sub-recipient's business is closed; and elimination of any annual leave, bonus or pension benefits. Accordingly, applicants are urged to carefully review the OAA-2006, which is available in its entirety on the Employment and Training Administration's (ETA) Web site at www.doleta.gov/seniors, in order to comply with all program requirements that are effective July 1, 2007.

Subsequent to the issuance of these conditional grants, the Department will issue another TEGL detailing full PY 2007 grant instructions and procedures. This issuance will specifically ask grantees to address all the requirements of OAA-2006 and ETA's new strategic focus on incorporating the Workforce Innovation in Regional Economic Development (WIRED) conceptual framework in full technical proposals to be submitted to the Department.

4. **Requirement.** As indicated in the Background section, the approved PY 2006 project narrative will serve as the technical proposal for the PY 2007 conditional grants. However, applicants must submit a new signed SF-424, as well as a SF-424A budget form and a minimal budget narrative.

In addition, applicants may elect to utilize the option provided at Section 502(c)(6)(C) of OAA-2006 in the conditional application process. This provision permits grantees to request authority to use not less than 65% of program funds for participant wages and fringe benefits, thereby freeing up an additional 10% of funds for training and supportive services. Applicants

interested in pursuing this option must submit a brief description of the additional training and supportive services they plan to provide along with their SF-424, SF-424A, and budget narrative. This description should not exceed two pages in length, and should also be included in the full proposal that is submitted in response to the Department's complete PY 2007 Grant Planning Instructions and Allotments TEGL, once that TEGL is issued later this year.

5. **PY 2007 Program Allotments.** See Attachment III for funding levels and authorized positions.
6. **Submission.** Applicants must submit hard copy budget forms and narrative via overnight delivery. An original and two copies of each budget form and the narrative must be provided.
7. **Schedule.** Applicants must comply with the following timetable:
 - Applicants must submit a hard copy signed SF-424, SF-424A, and budget narrative and, if applicable, description of planned additional training and supportive services via overnight delivery to the ETA Division of Adult Services by June 18, 2007. An original and two copies of each document must be provided. Applicants are encouraged to submit these materials as soon as possible.
 - Applicants should send these documents to:

Ms. Alexandra Kielty
Division of Adult Services
U.S. Department of Labor
Employment and Training Administration
200 Constitution Avenue, NW
Room S-4209
Washington, DC 20210

A hard copy, e-copy, disk or CD of these documents should also be sent to the appropriate regional SCSEP contact as indicated in Attachment IV.

8. **Action Required.** Applicants for PY 2007 SCSEP national and State SCSEP grants must submit these documents by June 18, 2007.
9. **Inquiries.** Questions may be directed to the appropriate regional SCSEP contact.

10. **Attachments.**

- I. Budget Information Instructions
- II. SF-424 and SF-424A
- III. Authorized Positions and Funding
- IV. Regional SCSEP Contacts

ATTACHMENT I

BUDGET INFORMATION INSTRUCTIONS

The applicant must prepare the proposed budget using Standard Form (SF) 424 and 424A (available in Adobe Acrobat format at <http://www.doleta.gov/sga/forms.cfm>).

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

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

CLARIFYING INSTRUCTIONS FOR STANDARD FORM 424

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

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

Item 18. The Federal funding for Program Year 2007 conditional grants for all applicants is listed in Attachment III.

CLARIFYING INSTRUCTIONS FOR STANDARD FORM 424-A

Section A - Budget Summary

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

Under Column (a), enter "SCSEP."

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

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

Lines 2 – 4. Leave these lines blank.

Line 5. Show totals for Columns (c), (d), and (g). The non-Federal share must be no less than 10 percent of the total cost of the project. The legislative requirement is found in section 502(c)(1) of the OAA Amendments. Rules regarding States and non-Federal funds are found in the administrative regulations, 29 CFR Part 97.24. Rules regarding nonprofit and commercial organizations and non-Federal funds are found in the administrative regulations, 29 CFR Part 95.23. Please indicate as a remark (on Line 23) the specific source(s) and amounts (if known) of any non-Federal funds and include this information in the detailed budget narrative.

Section B – Budget Categories

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

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

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

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

Line 6j, Column 1. Show the amount of indirect costs. A copy of the current indirect cost rate agreement must be sent with the application. Applicants that do not have an indirect cost rate, but have more than one source of funds, are required to contact the Department of Labor's (DOL) Division of Cost Determination to determine the process to follow to apply for an indirect cost rate.

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

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

Section C – Source of Non-Federal Resources

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

Column (a). Enter “SCSEP.”

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

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

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

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

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

Section D - Forecasted Cash Needs

Make no entries.

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

Make no entries.

Section F - Other Budget Information

Line 21 - Direct Charges. In the space provided type “A minimal budget narrative is attached.”

You must provide a minimal budget narrative with the Grant Application Package. You should prepare this and have available for inspection the basis for their estimated costs by line item (including the detail for the "Other" line item). The cost breakout should reflect the SF-424A so that totals match for both the form and the minimal budget narrative.

You should present information by line item and category, and you should indicate which functional areas costs are associated with – administration, participants’ wages and fringe benefits, and other participant costs.

The budget narrative must show costs that occur at the national and/or state and the local level. The budget narrative should also indicate the non-Federal resources that will be provided to support the project, and the organization(s) providing them.

You may consult with the regional SCSEP contact regarding the needed level of detail for the PY 2007 conditional grants. In categorizing costs and their applicability, all applicants must follow OAA 2006 Section 502(c) and the Regulations at 20 CFR Part 641 Subpart H, sections 641.847 - 641.876. Please also see the discussion of administrative costs in the One-Stop Comprehensive Financial Management Guide at http://www.doleta.gov/sga/pdf/FinalTAG_August_02.pdf, pages II-5-3 to II-5-6.

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

Line 22 - Indirect Charges. Enter the type of indirect rate (provisional, predetermined, final, or fixed) that will be in effect during the grant period, and the nature and the amount of the base to which the rate is applied, and the total indirect charges. Include a copy of your agency’s approved indirect cost rate agreement. It should cover the entire grant period. If not, state that a new one will be provided when available.

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

Line 23 – Remarks. Provide any other explanations or comments deemed necessary. We suggest entering the words “See attached minimal budget narrative” in this section.

ATTACHMENT II

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*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?**

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: _____

*First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

*Title: _____

*Telephone Number: _____

Fax Number: _____

* Email: _____

*Signature of Authorized Representative: _____

*Date Signed: _____

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

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

INSTRUCTIONS FOR THE SF-424

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

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

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

Item	Entry:	Item	Entry:
1.	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.		
5.	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? (Required) 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>		
a.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td data-bbox="185 617 516 869"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td data-bbox="526 617 850 932"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p>21. 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>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>			

BUDGET INFORMATION

SECTION A - BUDGET SUMMARY

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

SECTION B - BUDGET CATEGORIES

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

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES

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

SECTION D - FORECASTED CASH NEEDS

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

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

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

SECTION F - OTHER BUDGET INFORMATION

(Attach additional sheets if necessary)

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

PART IV PROGRAM NARRATIVE (Attach per instruction)

ATTACHMENT III
Authorized Positions
and Funding

USDOL/ETA

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

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

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

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

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

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

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

State	AARP	ABLE	ANPPM	ES	EW	GUI	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	\$0	\$0	\$0	\$2,047,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,906,494	\$0	\$0	\$6,953,594
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	1,244,815	0	1,328,424	0	0	1,087,784	0	0	0	0	0	0	0	0	0	3,661,023
Arkansas	3,830,635	0	4,283,006	0	3,684,278	0	0	1,228,578	0	0	0	0	0	0	0	6,836,002
California	1,473,244	0	0	0	3,318,697	0	0	0	2,455,767	0	0	10,685,457	4,024,756	0	0	28,598,318
Colorado	0	0	0	1,958,499	0	0	0	0	0	0	0	2,321,050	0	0	0	3,794,294
Connecticut	0	0	0	0	0	0	0	0	0	0	0	0	0	2,165,052	0	4,123,551
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	662,637	0	0	0	0	1,493,212	0	0	0	0	0	0	0	2,155,849
Florida	14,522,669	0	0	14,522,669	4,549,495	0	0	1,573,511	0	0	0	1,492,936	0	0	0	22,138,611
Georgia	2,907,369	0	0	0	3,944,018	0	0	0	1,466,271	0	0	0	0	0	0	8,317,658
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	0	1,807,234	0	0	0	0	0	0	0	0	0	0	1,807,234
Illinois	1,921,729	0	0	1,842,096	3,135,373	0	0	987,887	0	0	0	1,794,625	4,201,958	0	0	13,883,668
Indiana	2,455,038	0	0	0	2,928,559	2,162,306	0	0	0	1,985,078	0	0	2,276,929	0	0	9,822,832
Iowa	1,620,909	0	0	0	2,201,459	0	0	0	0	0	0	0	983,216	0	0	4,805,584
Kansas	0	0	0	0	0	0	0	0	0	0	0	3,700,221	0	0	0	3,700,221
Kentucky	1,596,076	0	0	0	3,582,661	0	0	0	1,931,645	0	0	0	0	0	0	7,110,382
Louisiana	1,312,326	0	1,669,977	0	2,004,358	0	0	0	751,818	0	0	0	0	0	0	5,738,479
Maine	0	2,312,638	0	0	0	0	0	0	0	0	0	0	0	0	0	2,312,638
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	5,158,359	0	0	5,158,359
Massachusetts	0	2,068,939	0	0	0	0	0	0	0	1,569,347	0	0	4,044,376	0	0	7,682,662
Michigan	3,811,709	0	0	0	4,074,280	0	0	2,068,418	0	1,985,078	0	0	0	0	0	11,939,485
Minnesota	0	0	0	0	4,017,701	0	0	0	0	0	1,622,412	0	3,077,357	0	0	8,717,470
Mississippi	0	0	0	0	1,380,638	0	0	1,069,915	0	0	0	0	2,174,723	0	0	4,625,276
Missouri	2,755,162	0	0	0	6,268,046	0	0	0	0	0	0	0	0	0	0	9,023,208
Montana	0	0	0	0	2,336,156	0	0	0	0	0	0	0	0	0	0	2,336,156
Nebraska	0	0	0	0	2,775,166	0	0	0	0	0	0	0	0	0	0	2,775,166
Nevada	1,842,271	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,842,271
New Hampshire	0	1,807,234	0	0	0	0	0	0	0	0	0	0	0	0	0	1,807,234
New Jersey	0	0	0	3,621,920	1,905,543	0	0	0	3,703,946	1,375,368	0	0	0	0	0	10,606,777
New Mexico	0	0	0	0	0	1,807,234	0	0	0	0	0	0	0	0	0	1,807,234
New York	5,262,240	0	0	3,939,424	4,203,846	0	0	2,789,804	3,493,625	2,025,645	0	5,197,211	0	0	0	24,121,991
North Carolina	0	0	0	0	0	0	0	0	1,689,611	0	0	0	5,335,578	0	0	9,814,993
North Dakota	0	0	0	0	2,249,922	0	0	0	0	0	0	0	0	0	0	2,249,922
Ohio	2,741,784	0	0	0	3,896,874	0	5,526,107	1,493,617	0	1,438,813	0	0	1,263,740	0	0	16,360,935
Oklahoma	2,640,301	0	0	0	1,867,383	0	0	0	0	0	0	0	0	0	0	4,507,684
Oregon	0	0	0	1,865,108	3,653,866	0	0	0	0	0	0	0	0	0	0	5,518,974
Pennsylvania	3,867,239	0	1,194,210	0	2,172,470	2,193,166	0	1,853,266	5,273,343	1,234,987	0	0	1,880,503	0	0	19,669,184
Puerto Rico	1,938,494	0	0	0	3,219,865	0	0	0	0	0	0	0	0	0	0	5,158,359
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	1,991,220	0	0	0	1,991,220
South Carolina	2,140,984	0	0	0	2,970,338	0	0	0	0	0	0	0	0	0	0	5,111,322
South Dakota	0	0	0	0	2,328,317	0	0	0	0	0	0	0	0	0	0	2,328,317
Tennessee	0	0	0	0	0	0	0	0	1,607,499	0	0	6,059,485	0	0	0	7,666,984
Texas	10,353,960	0	0	0	4,499,752	0	0	0	0	0	3,122,847	2,202,189	0	0	0	20,178,748
Utah	0	0	0	2,500,785	0	0	0	0	0	0	0	0	0	0	0	2,500,785
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Virginia	2,574,730	0	0	0	912,009	2,356,610	0	0	2,082,337	0	0	0	0	0	0	7,925,686
Washington	2,745,584	0	0	0	0	2,122,716	0	0	0	0	0	0	0	0	0	4,868,300
West Virginia	0	0	0	0	1,027,346	0	0	0	3,190,279	0	0	0	0	0	0	4,217,625
Wisconsin	0	0	0	0	3,774,804	0	0	0	0	0	0	2,675,720	2,862,744	0	0	9,313,268
Wyoming	0	0	0	0	1,807,234	0	0	0	0	0	0	0	0	0	0	1,807,234
Total	77,482,414	6,188,811	9,138,254	17,774,932	92,497,688	11,729,816	5,526,107	14,558,208	27,646,141	9,629,238	1,622,412	27,784,076	55,649,618	2,165,052	2,053,936	361,446,703

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

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

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

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

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

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

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

ATTACHMENT IV
Regional SCSEP Contacts

ATTACHMENT IV
REGIONAL SCSEP CONTACTS

Region 1 – Boston

Dana Bourne
Federal Project Officer
U.S. Department of Labor
Employment and Training Administration
JFK Federal Building, Room E-350
Boston, MA 02203
Ph: (617) 788-0122
Fax: (617) 788-0125
E-mail: bourne.dana@dol.gov

State Grantees

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

National Grantees

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

Region 2 – Philadelphia

Chantal Watler
Federal Project Officer
U.S. Department of Labor
Employment and Training Administration
The Curtis Center
170 S. Independence Mall West
Suite 825E
Philadelphia, PA 19106-3315
Ph: (215) 861-5224
Fax: (215) 861-5620
E-mail: watler.chantal@dol.gov

State Grantees

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

National Grantees

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

Region 3 – Atlanta

Deborah Bradley
Federal Project Officer
U.S. Department of Labor
Employment and Training Administration
61 Forsyth Street, Suite 6M12
Atlanta, GA 30303
Ph: (404) 302-5379
Fax: (404) 302-5386
E-mail: bradley.deborah@dol.gov

State Grantees

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

Region 4 – Dallas

Marilyn Brandenburg
Federal Project Officer
U.S. Department of Labor
Employment and Training Administration
525 S. Griffin Street, Suite 317
Dallas, TX 75202
Ph: (214) 767-2257
Fax: (214) 767-4952
E-mail: brandenburg.marilyn@dol.gov

State Grantees

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

Region 5 – Chicago

Celeste Moerle
Federal Project Officer
U.S. Department of Labor
Employment and Training Administration
230 S. Dearborn Street, 6th Floor
Chicago, IL 60604
Ph: (312) 596-5422
Fax: (312) 596-5401
E-mail: moerle.celeste@dol.gov

State Grantees

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

National Grantees

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

Region 6 – San Francisco

Ingrid Nyberg
Federal Project Officer
U.S. Department of Labor
Employment and Training Administration
90 7th Street, Suite 17-300
San Francisco, CA 94103
Ph: (415) 625-7947
E-mail: nyberg.ingrid@dol.gov

States

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