

<b>EMPLOYMENT AND TRAINING ADMINISTRATION          ADVISORY SYSTEM          U.S. DEPARTMENT OF LABOR          Washington, D.C. 20210</b>	<b>CLASSIFICATION</b> WIA Section 166 Indian and Native American Program
	<b>CORRESPONDENCE SYMBOL</b> OWI/DAS/INAP
	<b>DATE</b> May 27, 2009

**TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 26-08**

**TO:** ALL WORKFORCE INVESTMENT ACT SECTION 166 INDIAN AND  
 NATIVE AMERICAN GRANTEEES

**FROM:** DOUGLAS F. SMALL   
 Deputy Assistant Secretary

**SUBJECT:** Workforce Investment Act (WIA), Program Year (PY) 2009 Allotments  
 for Section 166, Indian and Native American Programs

1. **Purpose.** To provide Indian and Native American grantees with WIA, Section 166, Supplemental Youth Services Program (SYSP) and Comprehensive Service Program (CSP) funding allotments and instructions for PY/2009 applications and plan modifications.
2. **References.**
  - a. American Recovery and Reinvestment Act of 2009, Pub. Law 111-5;
  - b. The Workforce Investment Act of 1998, Pub. Law 105-220;
  - c. Division of Indian and Native American Program Bulletin No. 00-04 - Final WIA Regulations - 20 Code of Federal Regulations, Part 668;
  - d. Training and Employment Guidance Letter (TEGL) No. 25-07- Planning Guidance and Instructions for Submission of a Two-Year Strategic Plan for the Indian and Native American (INA), Section 166 program for Program Years (PY) 2008-2009; applying the Native American Talent and Economic Development (NATED) Framework; and
  - e. TEGL No. 16-08 - Guidance for Implementation of the Workforce Investment Act (WIA) Funding in the American Recovery and Reinvestment Act of 2009, as required by Subtitle D, Section 166, Native American Programs.

<b>RESCISSIONS</b> None	<b>EXPIRATION DATE</b> Continuing
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3. **Background.** The funds for the allotments announced in this TEGL are part of the funds appropriated in the Department of Labor (DOL) Appropriations Act, 2009, Division F, Title I of the Omnibus Appropriations Act, 2009, Pub. Law 111-8, signed into law March 11, 2009.

WIA Section 166 grantees that received the American Recovery and Reinvestment Act of 2009 (Recovery Act) funds for the SYSP are expected to spend PY 2009 funds concurrently with the Recovery Act funding to increase the availability of services quickly and effectively. Successful implementation of funding includes effective provision of services and training for at risk youth and helps enable future economic growth and prosperity for all Indians, Native Americans, and Native Hawaiians.

In a stronger, more comprehensive workforce investment system participants are able to reconnect through multiple pathways to education and training opportunities necessary to enter and advance in the workforce. Education and training at every level would be closely aligned with jobs and industries important to local and regional economies. Every level of education and training would afford students and trainees the ability to advance in school or at work, with assessments and certifications linked to the requirements of the next level of education and employment.

With this infusion of PY 2009 funding, along with the recent release of Recovery Act funds for SYSP grantees, Indian and Native American (INA) grantees should consider how their funding decisions and implementation activities can help achieve this goal of workforce system transformation. New approaches should be reflected in plans and accomplishments should be documented as this transformation process evolves.

Under WIA Section 166(e), INA grantees have submitted and received approval of a two-year strategic plan for PYs 2008 and 2009. However, the Employment and Training Administration (ETA) requires a modification to the two-year strategic plan for grantees that received SYSP funding under the Recovery Act. Guidance on how to incorporate Recovery Act funds into the two-year strategic plan can be found in TEGL No. 16-08 - dated March 19, 2009 (see item 11 on page 7). Grantees that did NOT receive Recovery Act funds will NOT be required to submit a revised two-year strategic plan unless they intend to significantly modify the current strategic plan.

4. **Information.** The Grant Officer shall automatically process and issue modifications obligating PY 2009 funds to WIA Section 166 grantees. Grantees proposing to significantly modify the current two-year strategic plan will require Grant Officer authorization before new services and activities can be implemented. Significant changes to the plan may include the addition of services and activities not currently

approved under the current two-year strategic plan. Grantees receiving Recovery Act funding must submit a revised strategic planning narrative, in accordance with TEGL No. 16-08.

a. Allotments:

The PY 2009 CSP allotment is \$52,230,420 and the SYSP allotment is \$13,861,035. See Attachments B and C for the exact amount of PY 2009 funds to be obligated by grantee. To allow for the full three years of expenditure, the PY 2007 CSP and SYSP funds will be extended to June 30, 2010.

b. Waivers:

WIA Section 166(h)(3) permits waivers of any statutory or regulatory requirement imposed upon INA grantees, except for the areas cited in the WIA regulations at 20 CFR 668.920. Subject to those exception, grantees may seek a waiver to any WIA statutory requirement or regulation that prohibits the effective use of Recovery Act funds accept for the limits cited in 20 CFR 668.920. Grantees can contact their Federal Project Officer for guidance on how to submit a waiver.

5. **Action Requested.** All grantees receiving WIA Section 166 PY 09 funding are required to submit an originally signed Standard Form 424 (SF 424) and Standard Form 424a (SF 424a) within 30 days of this notice. This is a new SF/424 and 424a for the most recent appropriation bill. Additionally, grantees that received Recovery Act funds must submit three originally signed Grant Signature Sheets (Attachment A) to incorporate Recovery Act funds into the most recent grant designation. Grantees that recently submitted Recovery Act narratives are not required to re-submit these with Attachment A. In addition, if grantees plan to make significant changes to their current two-year plan, three originally signed copies of Attachment A and three copies of the grant modification narrative must be submitted.

Attached are the forms and instructions for completing the SF 424 and SF 424a (Attachment D and E.) These items must be submitted electronically to [taylor.belinda@dol.gov](mailto:taylor.belinda@dol.gov) within thirty days of this notice. However, grantees receiving SYSP PY 09 funding should submit the information as early as necessary to implement an effective summer program.

If you are unable to submit the required items electronically, they may be faxed to (202) 693-3817 or sent by overnight mail to be received prior to the deadline: attention Belinda Taylor, U. S. Department of Labor, Division of Adult Services, Indian and Native American Programs, 200 Constitution

Avenue, NW, Room S-4209, Washington, D.C. 20210.

6. **Inquiries.** Questions should be directed to your designated Federal Project Officer.

Andrea Brown	(202) 693-3736	Duane Hall	(972) 850-4637
Craig Lewis	(202) 693-3384	Si Seciwa	(415) 625-7987
Dawn Anderson	(202) 693-3745	Guy Suetopka	(415) 625-7988

7. **Attachments.**

- A. Grant Signature Sheet
- B. PY 2009 Comprehensive Services Allotment
- C. PY 2009 Supplemental Youth Services Allotment
- D. Standard Form 424
- E. Standard Form 424a

GRANT SIGNATURE SHEET  
WORKFORCE INVESTMENT ACT SECTION 166  
INDIAN AND NATIVE AMERICAN PROGRAM

GRANT

NUMBER \_\_\_\_\_

MODIFICATION

NUMBER \_\_\_\_\_

Grantee Name and Address:

Contact Phone Number:

This document: (check only one appropriate action)

A.  Submits a new Two Year Plan for the period \_\_\_\_\_ to \_\_\_\_\_

B.  Modifies the Two-Year Plan for the period 4/01/2009 to 6/30/2010.  
Briefly describe the purpose of the action and attach supporting documents  
and/or narrative as needed.

This modification incorporates the American Recovery and Reinvestment Act narrative previously submitted per Training and Employment Guidance Letter 16-08 and amends the approved two-year strategic plan for Program Year (PY) 2008 and 2009 through submission of amended narratives for the Comprehensive Services and/or Supplemental Youth Service Programs and to include PY 2009 CSP and SYSP allotments, as appropriate.

Approved for the Grantee by:

Name:

Title:

Signature

Date

**U. S. Department of Labor  
Employment and Training Administration  
WIA Title I Sec. 166 Comprehensive Services for Native Americans  
PY 2009 Allotments**

<b>Grantee CID</b>	<b>Grant Type</b>	<b>Seq#</b>	<b>State</b>	<b>Grantee</b>	<b>Total</b>
				<b>Appropriation Total</b>	52,758,000
				<b>TAT</b>	527,580
				<b>GranteeTotal</b>	<b>\$52,230,420</b>
1		1	1	AL Inter-Tribal Council of Alabama	277,190
2		2	1	AL Poarch Band of Creek Indians	88,865
3	477	3	2	AK Aleutian/Pribilof Islands Association	26,928
6	477	4	2	AK Association of Village Council Presidents	386,373
7	477	5	2	AK Bristol Bay Native Association	111,316
8	477	6	2	AK Central Council of Tlingit and Haida	181,928
9	477	7	2	AK Chugachmiut	26,237
10	477	8	2	AK Cook Inlet Tribal Council	416,590
189	477	9	2	AK Copper River Native Association	17,627
11	477	10	2	AK Kawerak Incorporated	144,916
12		11	2	AK Kenaitze Indian Tribe	41,637
13	477	12	2	AK Kodiak Area Native Association	27,362
196	477	13	2	AK Maniilaq Association Inc.	108,540
15	477	14	2	AK Metlakatla Indian Community	17,554
16	477	15	2	AK Orutsararmuit Native Council	49,720
17	477	16	2	AK Tanana Chiefs Conference, Inc.	272,815
19		17	4	AZ American Indian Association of Tucson	325,398
20		18	4	AZ Colorado River Indian Tribes	59,581
21		19	4	AZ Gila River Indian Community	491,148
23		20	4	AZ Hopi Tribal Council	209,160
22		21	4	AZ Hualapai Tribe	31,340
24		22	4	AZ Inter Tribal Council of Arizona, Inc.	76,735
25		23	4	AZ Native Americans for Community Action	190,197
26		24	4	AZ Navajo Nation	5,866,075
27		25	4	AZ Pasqua Yaqui Tribe	96,703
28		26	4	AZ Phoenix Indian Center, Inc.	1,182,685
29		27	4	AZ Quechan Indian Tribe	32,332
30		28	4	AZ Salt River Pima-Maricopa Indian Council	81,466
31		29	4	AZ San Carlos Apache Tribe	370,912

Grantee CID	Grant Type	Seq#	State	Grantee	Total
32	477	30	4	AZ Tohono O'Odham Nation	356,687
33		31	4	AZ White Mountain Apache Tribe	436,921
34		32	5	AR American Indian Center of Arkansas, Inc.	529,693
35		33	6	CA California Indian Manpower Consortium, Inc.	3,280,323
36		34	6	CA Candelaria American Indian Council	308,677
37		35	6	CA Indian Human Resources Center, Inc.	323,540
38		36	6	CA Northern CA Indian Development Council, Inc.	220,984
39		37	6	CA Southern CA Indian Center, Inc.	1,580,742
40		38	6	CA Tule River Tribal Council	117,970
41		39	6	CA United Indian Nations, Inc.	424,584
42		40	6	CA Ya-Ka-Ama Indian Education & Development	60,253
43		41	8	CO Denver Indian Center	598,091
44		42	8	CO Southern Ute Indian Tribe	36,038
45		43	8	CO Ute Mountain Ute Indian Tribe	83,054
47		44	12	FL Florida Governor's Council on Indian Affairs	1,098,961
48		45	12	FL Miccosukee Corporation	114,430
50		46	15	HI Alu Like, Inc.	1,266,654
51	477	47	16	ID Nez Perce Tribe	65,991
52	477	48	16	ID Shoshone-Bannock Tribes	171,425
4		49	18	IN American Indian Center of Indiana, Inc.	226,289
54		50	20	KS United Tribes of Kansas and S.E. Nebraska	191,961
55		51	22	LA Inter-Tribal Council of Louisiana, Inc.	465,403
56		52	23	ME Penobscot Nation	180,349
58		53	25	MA Mashpee-Wampahoag Indian Tribal Council, Inc.	55,496
59		54	25	MA North American Indian Center of Boston, Inc.	200,916
60	477	55	26	MI Grand Traverse Band of Ottawa & Chippewa Indians	29,656
61		56	26	MI Inter-Tribal Council of Michigan, Inc.	64,599
62		57	26	MI MI Indian Employment and Training Services, I	441,645
179		58	26	MI North American Indian Association of Detroit	131,715
63		59	26	MI Potawatomi Indian Nation	57,364
64		60	26	MI Sault Ste. Marie Tribe of Chippewa Indians	157,849
65		61	26	MI Southeastern Michigan Indians, Inc.	70,470
66		62	27	MN American Indian OIC	246,186
67		63	27	MN Bois Forte R.B.C.	18,822
68		64	27	MN Fond Du Lac R.B.C.	183,645
69		65	27	MN Leech Lake R.B.C.	141,644
70	477	66	27	MN Mille Lacs Band of Chippewa Indians	50,990

Grantee CID	Grant Type	Seq#	State	Grantee	Total
71		67	27 MN	Minneapolis American Indian Center	326,775
72	477	68	27 MN	Red Lake Tribal Council	205,262
73	477	69	27 MN	White Earth R.B.C.	111,452
74		70	28 MS	Mississippi Band of Choctaw Indians	277,614
75		71	29 MO	American Indian Council	682,504
76	477	72	30 MT	Assiniboine & Sioux Tribes	252,600
78		73	30 MT	B.C. of the Chippewa Cree Tribe	130,561
77	477	74	30 MT	Blackfeet Tribal Business Council	265,919
79	477	75	30 MT	Confederated Salish & Kootenai Tribes	261,358
80		76	30 MT	Crow Indian Tribe	152,184
81	477	77	30 MT	Fort Belknap Indian Community	112,879
82		78	30 MT	Montana United Indian Association	317,280
83		79	30 MT	Northern Cheyenne Tribe	197,817
84		80	31 NE	Indian Center, Inc.	261,692
85		81	31 NE	Omaha Tribe of Nebraska	73,297
86	477	82	31 NE	Winnebago Tribe	41,413
87		83	32 NV	Inter-Tribal Council of Nevada	254,589
88		84	32 NV	Las Vegas Indian Center, Inc.	176,700
188	477	85	32 NV	Reno Sparks Indian Colony	15,716
89	477	86	32 NV	Shoshone-Paiute Tribes	112,911
91		87	35 NM	Alamo Navajo School Board	82,440
93		88	35 NM	Eight Northern Indian Pueblo Council	62,529
94		89	35 NM	Five Sandoval Indian Pueblos, Inc.	141,700
95		90	35 NM	Jicarilla Apache Tribe	57,128
96		91	35 NM	Mescalero Apache Tribe	81,079
97		92	35 NM	National Indian Youth Council	1,480,573
98		93	35 NM	Pueblo of Acoma	125,954
92		94	35 NM	Pueblo of Isleta	36,910
99	477	95	35 NM	Pueblo of Laguna	80,675
100	477	96	35 NM	Pueblo of Taos	37,663
101	477	97	35 NM	Pueblo of Zuni	263,696
102		98	35 NM	Ramah Navajo School Board, Inc.	83,337
103		99	35 NM	Santa Clara Indian Pueblo	30,010
104		100	35 NM	Santo Domingo Tribe	92,659
105		101	36 NY	American Indian Community House, Inc.	1,064,583
107		102	36 NY	Native Am. Comm. Services of Erie & Niagara Co	147,302
106		103	36 NY	Native American Cultural Center, Inc.	192,256



Grantee CID	Grant Type	Seq#	State	Grantee	Total
109	477	104	36	NY Seneca Nation of Indians	220,100
108		105	36	NY St. Regis Mohawk Tribe	128,653
110		106	37	NC Cumberland County Association for Indian People	60,136
111		107	37	NC Eastern Band of Cherokee Indians	152,994
112		108	37	NC Guilford Native American Association	72,480
113		109	37	NC Haliwa-Saponi Tribe, Inc.	56,467
114		110	37	NC Lumbee Regional Development Association	949,302
115		111	37	NC Metrolina Native American Association	108,405
116		112	37	NC North Carolina Commission of Indian Affairs	275,085
117	477	113	38	ND Spirit Lake Sioux Tribe	144,464
118		114	38	ND Standing Rock Sioux Tribe	209,141
120	477	115	38	ND Three Affiliated Tribes - Ft. Berthold Reservation	174,680
121		116	38	ND Turtle Mountain Band of Chippewa Indians	284,761
119		117	38	ND United Tribes Technical College	222,882
122		118	39	OH North America Indian Cultural Centers	488,419
123		119	40	OK Absentee Shawnee Tribe of Oklahoma	21,668
125	477	120	40	OK Cherokee Nation of Oklahoma	1,254,875
126		121	40	OK Cheyenne-Arapaho Tribes	150,266
127	477	122	40	OK Chickasaw Nation of Oklahoma	343,500
128	477	123	40	OK Choctaw Nation of Oklahoma	551,732
129	477	124	40	OK Citizen Band Potawatomi Indians of Oklahoma	308,057
130		125	40	OK Comanche Tribe of Oklahoma	146,748
131	477	126	40	OK Creek Nation of Oklahoma	690,089
133		127	40	OK Four Tribes Consortium of Oklahoma	92,655
134		128	40	OK Inter-Tribal Council of N.E. Oklahoma	71,135
135		129	40	OK Kiowa Tribe of Oklahoma	122,021
136	477	130	40	OK Osage Tribal Council	93,119
137		131	40	OK OTOE-Missouria Tribe of Oklahoma	31,432
138	477	132	40	OK Pawnee Tribe of Oklahoma	29,942
139		133	40	OK Ponca Tribe of Oklahoma	78,487
140		134	40	OK Seminole Nation of Oklahoma	95,747
181		135	40	OK Tonkawa Tribe of Oklahoma	59,908
141		136	40	OK United Urban Indian Council, Inc.	349,543
182		137	40	OK Wyandotte Tribe of Oklahoma	104,567
142	477	138	41	OR Confed. Tribes of Siletz Indians of Oregon	420,150
143	477	139	41	OR Confed. Tribes of the Umatilla Indian Res	26,212
144		140	41	OR Confederated Tribes of Warm Springs	122,984

Grantee CID	Grant Type	Seq#	State	Grantee	Total
145		141	41	OR Organization of Forgotten Americans	284,863
146		142	42	PA Council of Three Rivers	898,825
147		143	44	RI Rhode Island Indian Council	608,182
148		144	45	SC South Carolina Indian Development Council, Inc.	236,031
149	477	145	46	SD Cheyenne River Sioux Tribe	215,629
150		146	46	SD Lower Brule Sioux Tribe	54,221
151		147	46	SD Oglala Sioux Tribe	638,927
152	477	148	46	SD Rosebud Sioux Tribe	470,403
153	477	149	46	SD Sisseton-Wahpeton Sioux Tribe	119,992
154		150	46	SD United Sioux Tribe Development Corp.	544,699
180		151	46	SD Yankton Sioux Tribe	104,221
155		152	48	TX Alabama-Coushatta Indian Tribal Council	846,909
156		153	48	TX Dallas Inter-Tribal Center	373,632
157		154	48	TX Ysleta del Sur Pueblo	627,062
158		155	49	UT Indian Training & Education Center	343,473
159		156	49	UT Ute Indian Tribe	114,220
160		157	50	VT Abenaki Self-Help Association/ NH Ind. Council.	78,120
161		158	51	VA Mattaponi Pamunkey Monacan Consortium	242,655
162		159	53	WA American Indian Community Center	389,539
184	477	160	53	WA Colville Confederated Tribes	176,550
163		161	53	WA Confederated Tribes & Bands of the Yakama Nation	195,145
165	477	162	53	WA Makah Tribal Council	33,049
166		163	53	WA Puyallup Tribe of Indians	35,380
167		164	53	WA Seattle Indian Center	275,767
197	477	165	53	WA Spokane Reservation	38,655
168	477	166	53	WA The Tulalip Tribes	42,820
169		167	53	WA Western WA Indian Empl. and Trng Pgm.	807,885
170	477	168	55	WI Ho-Chunk Nation	169,477
171		169	55	WI Lac Courte Oreilles Tribal Governing Board	82,295
172		170	55	WI Lac Du Flambeau Band of Lake Superior Chippewa	40,769
173	477	171	55	WI Menominee Indian Tribe of Wisconsin	95,159
175		172	55	WI Oneida Tribe of Indians of WI, Inc.	159,004
174		173	55	WI Spotted Eagle, Inc.	210,100
176	477	174	55	WI Stockbridge-Munsee Community	53,706
177		175	55	WI Wisconsin Indian Consortium	82,439
178	477	176	56	WY Eastern Shoshone Tribe	124,965
185		177	56	WY Northern Arapaho Business Council	212,482

**U. S. Department of Labor  
Employment and Training Administration  
WIA Title I Sec. 166 Supplemental Youth Services for Native Americans  
PY 2009 Allotments**

Grantee CID	Grant Type	Seq#	State	Grantee	Total
					<b>\$13,861,035</b>
1		1	1	AL Inter-Tribal Council of Alabama	5,098
2		2	1	AL Poarch Band of Creek Indians	0
3	477	3	2	AK Aleutian/Pribilof Islands Association	12,073
6	477	4	2	AK Association of Village Council Presidents	165,274
7	477	5	2	AK Bristol Bay Native Association	48,294
8	477	6	2	AK Central Council of Tlingit and Haida	68,417
9	477	7	2	AK Chugachmiut	5,902
10	477	8	2	AK Cook Inlet Tribal Council	147,030
189	477	9	2	AK Copper River Native Association	9,390
11	477	10	2	AK Kawerak Incorporated	60,368
12		11	2	AK Kenaitze Indian Tribe	22,806
13	477	12	2	AK Kodiak Area Native Association	9,390
196	477	13	2	AK Maniilaq Association Inc.	52,319
15	477	14	2	AK Metlakatla Indian Community	5,366
16	477	15	2	AK Orutsararmuit Native Council	16,098
17	477	16	2	AK Tanana Chiefs Conference, Inc.	114,028
19		17	4	AZ American Indian Association of Tucson	0
20		18	4	AZ Colorado River Indian Tribes	32,196
21		19	4	AZ Gila River Indian Community	211,959
23		20	4	AZ Hopi Tribal Council	118,053
22		21	4	AZ Hualapai Tribe	20,123
24		22	4	AZ Inter Tribal Council of Arizona, Inc.	38,367
25		23	4	AZ Native Americans for Community Action	0
26		24	4	AZ Navajo Nation	3,077,429
27		25	4	AZ Pasqua Yaqui Tribe	55,002
28		26	4	AZ Phoenix Indian Center, Inc.	0
29		27	4	AZ Quechan Indian Tribe	17,440
30		28	4	AZ Salt River Pima-Maricopa Indian Council	52,319
31		29	4	AZ San Carlos Apache Tribe	222,691
32	477	30	4	AZ Tohono O'Odham Nation	224,033
33		31	4	AZ White Mountain Apache Tribe	266,961

Grantee CID	Grant Type	Seq#	State	Grantee	Total
34		32	5 AR	American Indian Center of Arkansas, Inc.	0
35		33	6 CA	California Indian Manpower Consortium, Inc.	151,859
36		34	6 CA	Candelaria American Indian Council	0
37		35	6 CA	Indian Human Resources Center, Inc.	0
38		36	6 CA	Northern CA Indian Development Council, Inc.	24,415
39		37	6 CA	Southern CA Indian Center, Inc.	0
40		38	6 CA	Tule River Tribal Council	8,050
41		39	6 CA	United Indian Nations, Inc.	0
42		40	6 CA	Ya-Ka-Ama Indian Education & Development	0
43		41	8 CO	Denver Indian Center	0
44		42	8 CO	Southern Ute Indian Tribe	10,732
45		43	8 CO	Ute Mountain Ute Indian Tribe	22,806
47		44	12 FL	Florida Governor's Council on Indian Affairs	0
48		45	12 FL	Miccosukee Corporation	5,634
50		46	15 HI	Alu Like, Inc.	1,875,434
51	477	47	16 ID	Nez Perce Tribe	15,561
52	477	48	16 ID	Shoshone-Bannock Tribes	57,685
4		49	18 IN	American Indian Center of Indiana, Inc.	0
54		50	20 KS	United Tribes of Kansas and S.E. Nebraska	10,464
55		51	22 LA	Inter-Tribal Council of Louisiana, Inc.	4,025
56		52	23 ME	Penobscot Nation	25,221
58		53	25 MA	Mashpee-Wampahaog Indian Tribal Council, Inc.	0
59		54	25 MA	North American Indian Center of Boston, Inc.	0
60	477	55	26 MI	Grand Traverse Band of Ottawa & Chippewa Indians	0
61		56	26 MI	Inter-Tribal Council of Michigan, Inc.	29,513
62		57	26 MI	MI Indian Employment and Training Services, I	0
179		58	26 MI	North American Indian Association of Detroit	0
63		59	26 MI	Potawatomi Indian Nation	0
64		60	26 MI	Sault Ste. Marie Tribe of Chippewa Indians	19,586
65		61	26 MI	Southeastern Michigan Indians. Inc.	0
66		62	27 MN	American Indian OIC	0
67		63	27 MN	Bois Forte R.B.C.	9,123
68		64	27 MN	Fond Du Lac R.B.C.	18,244
69		65	27 MN	Leech Lake R.B.C.	53,392
70	477	66	27 MN	Mille Lacs Band of Chippewa Indians	23,879
71		67	27 MN	Minneapolis American Indian Center	0
72	477	68	27 MN	Red Lake Tribal Council	84,515

Grantee CID	Grant Type	Seq#	State	Grantee	Total
73	477	69	27 MN	White Earth R.B.C.	55,002
74		70	28 MS	Mississippi Band of Choctaw Indians	68,149
75		71	29 MO	American Indian Council	9,390
76	477	72	30 MT	Assiniboine & Sioux Tribes	138,176
78		73	30 MT	B.C. of the Chippewa Cree Tribe	38,904
77	477	74	30 MT	Blackfeet Tribal Business Council	127,443
79	477	75	30 MT	Confederated Salish & Kootenai Tribes	139,518
80		76	30 MT	Crow Indian Tribe	88,272
81	477	77	30 MT	Fort Belknap Indian Community	50,977
82		78	30 MT	Montana United Indian Association	0
83		79	30 MT	Northern Cheyenne Tribe	99,272
84		80	31 NE	Indian Center, Inc.	0
85		81	31 NE	Omaha Tribe of Nebraska	46,953
86	477	82	31 NE	Winnebago Tribe	21,464
87		83	32 NV	Inter-Tribal Council of Nevada	46,417
88		84	32 NV	Las Vegas Indian Center, Inc.	0
188	477	85	32 NV	Reno Sparks Indian Colony	9,390
89	477	86	32 NV	Shoshone-Paiute Tribes	14,757
91		87	35 NM	Alamo Navajo School Board	49,636
93		88	35 NM	Eight Northern Indian Pueblo Council	27,367
94		89	35 NM	Five Sandoval Indian Pueblos, Inc.	93,638
95		90	35 NM	Jicarilla Apache Tribe	28,171
96		91	35 NM	Mescalero Apache Tribe	61,709
97		92	35 NM	National Indian Youth Council	0
98		93	35 NM	Pueblo of Acoma	30,855
92		94	35 NM	Pueblo of Isleta	11,805
99	477	95	35 NM	Pueblo of Laguna	37,563
100	477	96	35 NM	Pueblo of Taos	18,781
101	477	97	35 NM	Pueblo of Zuni	130,126
102		98	35 NM	Ramah Navajo School Board, Inc.	30,855
103		99	35 NM	Santa Clara Indian Pueblo	13,415
104		100	35 NM	Santo Domingo Tribe	45,611
105		101	36 NY	American Indian Community House, Inc.	9,123
107		102	36 NY	Native Am. Comm. Services of Erie & Niagara Co	0
106		103	36 NY	Native American Cultural Center, Inc.	3,219
109	477	104	36 NY	Seneca Nation of Indians	32,196
108		105	36 NY	St. Regis Mohawk Tribe	22,806

## ATTACHMENT C

Grantee CID	Grant Type	Seq#	State	Grantee	Total
110		106	37	NC Cumberland County Association for Indian People	0
111		107	37	NC Eastern Band of Cherokee Indians	57,685
112		108	37	NC Guilford Native American Association	0
113		109	37	NC Haliwa-Saponi Tribe, Inc.	0
114		110	37	NC Lumbee Regional Development Association	0
115		111	37	NC Metrolina Native American Association	0
116		112	37	NC North Carolina Commission of Indian Affairs	0
117	477	113	38	ND Spirit Lake Sioux Tribe	75,125
118		114	38	ND Standing Rock Sioux Tribe	124,761
120	477	115	38	ND Three Affiliated Tribes - Ft. Berthold Reservation	56,344
121		116	38	ND Turtle Mountain Band of Chippewa Indians	128,785
119		117	38	ND United Tribes Technical College	0
122		118	39	OH North America Indian Cultural Centers	0
123		119	40	OK Absentee Shawnee Tribe of Oklahoma	13,146
125	477	120	40	OK Cherokee Nation of Oklahoma	677,732
126		121	40	OK Cheyenne-Arapaho Tribes	104,638
127	477	122	40	OK Chickasaw Nation of Oklahoma	203,641
128	477	123	40	OK Choctaw Nation of Oklahoma	292,450
129	477	124	40	OK Citizen Band Potawatomi Indians of Oklahoma	219,740
130		125	40	OK Comanche Tribe of Oklahoma	72,442
131	477	126	40	OK Creek Nation of Oklahoma	356,842
133		127	40	OK Four Tribes Consortium of Oklahoma	68,149
134		128	40	OK Inter-Tribal Council of N.E. Oklahoma	27,098
135		129	40	OK Kiowa Tribe of Oklahoma	90,418
136	477	130	40	OK Osage Tribal Council	52,319
137		131	40	OK OTOE-Missouria Tribe of Oklahoma	16,903
138	477	132	40	OK Pawnee Tribe of Oklahoma	14,757
139		133	40	OK Ponca Tribe of Oklahoma	56,075
140		134	40	OK Seminole Nation of Oklahoma	72,442
181		135	40	OK Tonkawa Tribe of Oklahoma	28,171
141		136	40	OK United Urban Indian Council, Inc.	199,885
182		137	40	OK Wyandotte Tribe of Oklahoma	0
142	477	138	41	OR Confed. Tribes of Siletz Indians of Oregon	1,073
143	477	139	41	OR Confed. Tribes of the Umatilla Indian Res	14,757
144		140	41	OR Confederated Tribes of Warm Springs	41,587
145		141	41	OR Organization of Forgotten Americans	6,171
146		142	42	PA Council of Three Rivers	0

Grantee CID	Grant Type	Seq#	State	Grantee	Total
147		143	44 RI	Rhode Island Indian Council	0
148		144	45 SC	South Carolina Indian Development Council, Inc.	2,683
149	477	145	46 SD	Cheyenne River Sioux Tribe	142,201
150		146	46 SD	Lower Brule Sioux Tribe	20,123
151		147	46 SD	Oglala Sioux Tribe	417,210
152	477	148	46 SD	Rosebud Sioux Tribe	245,496
153	477	149	46 SD	Sisseton-Wahpeton Sioux Tribe	59,026
154		150	46 SD	United Sioux Tribe Development Corp.	13,415
180		151	46 SD	Yankton Sioux Tribe	53,661
155		152	48 TX	Alabama-Coushatta Indian Tribal Council	1,073
156		153	48 TX	Dallas Inter-Tribal Center	0
157		154	48 TX	Ysleta del Sur Pueblo	17,440
158		155	49 UT	Indian Training & Education Center	5,902
159		156	49 UT	Ute Indian Tribe	60,368
160		157	50 VT	Abenaki Self-Help Association/ NH Ind. Council	0
161		158	51 VA	Mattaponi Pamunkey Monacan Consortium	0
162		159	53 WA	American Indian Community Center	18,244
184	477	160	53 WA	Colville Confederated Tribes	49,636
163		161	53 WA	Confederated Tribes & Bands of the Yakama Nation	109,736
165	477	162	53 WA	Makah Tribal Council	13,415
166		163	53 WA	Puyallup Tribe of Indians	14,488
167		164	53 WA	Seattle Indian Center	0
197	477	165	53 WA	Spokane Reservation	24,148
168	477	166	53 WA	The Tulalip Tribes	21,464
169		167	53 WA	Western WA Indian Empl. and Trng Pgm.	105,443
170	477	168	55 WI	Ho-Chunk Nation	4,829
171		169	55 WI	Lac Courte Oreilles Tribal Governing Board	33,538
172		170	55 WI	Lac Du Flambeau Band of Lake Superior Chippewa	12,073
173	477	171	55 WI	Menominee Indian Tribe of Wisconsin	49,636
175		172	55 WI	Oneida Tribe of Indians of WI, Inc.	16,098
174		173	55 WI	Spotted Eagle, Inc.	0
176	477	174	55 WI	Stockbridge-Munsee Community	3,756
177		175	55 WI	Wisconsin Indian Consortium	26,562
178	477	176	56 WY	Eastern Shoshone Tribe	35,952
185		177	56 WY	Northern Arapaho Business Council	80,759

**Application for Federal Assistance SF-424** Version 02

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

3. Date Received:	4. Applicant Identifier:
-------------------	--------------------------

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
--------------------------------	--------------------------------

**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

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

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

**d. Address:**

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

**e. Organizational Unit:**

Department Name:	Division Name:
------------------	----------------

**f. Name and contact information of person to be contacted on matters involving this application:**

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

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

Organizational Affiliation: \_\_\_\_\_

*Telephone Number:	Fax Number:
--------------------	-------------

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



**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

**11. Catalog of Federal Domestic Assistance Number:**

\_\_\_\_\_

CFDA Title:

\_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: _____	*b. Program/Project: _____	
<b>17. Proposed Project:</b>		
*a. Start Date: _____	*b. End Date: _____	
<b>18. Estimated Funding (\$):</b>		
*a. Federal _____		
*b. Applicant _____		
*c. State _____		
*d. Local _____		
*e. Other _____		
*f. Program Income _____		
*g. TOTAL _____		
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<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		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: _____	
Middle Name: _____		
*Last Name: _____		
Suffix: _____		
*Title: _____		
*Telephone Number: _____	Fax Number: _____	
* Email: _____		
*Signature of Authorized Representative: _____		*Date Signed: _____

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

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

**INSTRUCTIONS FOR THE SF-424**

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

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

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

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

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

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name:			Organizational Unit:		
			Department:		
Organizational DUNS:			Division:		
<b>Address:</b>			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
Street:			Prefix:	First Name:	
City:			Middle Name		
County:			Last Name		
State:		Zip Code		Suffix:	
Country:			Email:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ]			Phone Number (give area code)		Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)			<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> State Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Public Health and Social Services Emergency Fund			<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
<b>13. PROPOSED PROJECT</b>			<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
Start Date:		Ending Date:		a. Applicant	b. Project
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$		a. YES. <input type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	-		DATE:	
c. State	\$	-	b. NO. <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$	-	<input type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	-			
f. Program Income	\$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT</b>		
g. TOTAL	\$	-	<input type="checkbox"/>	Yes. If "Yes," attach an explanation. <input type="checkbox"/> No.	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix		First Name		Middle Name	
Last Name			Suffix		
b. Title			c. Telephone Number (give area code)		
d. Signature of Authorized Representative			e. Date Signed		

**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	\$0			
2						
3.						
4.						
<b>5. TOTALS</b>		\$0	\$0			

**SECTION B - BUDGET CATEGORIES**

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(3)	(4)	(5)	(6)	
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
j. Indirect Charge					\$0.00
<b>k. TOTALS (sum of 6i and 6j)</b>					\$0.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES														
(a) Grant Program	(b) Applicant	(c) State	(d) Other Resources	(e) TOTALS										
8.									\$0					
9.														
10.														
11.														
12. TOTALS (sum of lines 8-11)		\$0	\$0	\$0					\$0					
SECTION D - FORECASTED CASH NEEDED														
	Total for 1st Year	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			
13. Federal														
14. NonFederal														
15. TOTAL (sum of lines 13 and 14)														
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT														
Grant Program	FUTURE FUNDING PERIODS (YEARS)													
	(b) First	(c) Second	(d) Third	(e) Fourth										
17.				\$0.00										
18.				\$0										
19.				\$0										
20. Totals (sum of lines 16-19)				\$0.00										
SECTION F - OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)														
21. Direct Charges:														
22. Indirect Charges: Preliminary Indirect Cost Rate														
23. Remarks:														



## INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

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

### General Instructions

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

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

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

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

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

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

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

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

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

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

### Section B Budget Categories

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

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

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

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

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

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

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

### Section C. Non-Federal Resources

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

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

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

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

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

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

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

### Section D. Forecasted Cash Needs

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

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

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

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

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

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

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

### Section F. Other Budget Information

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

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

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