

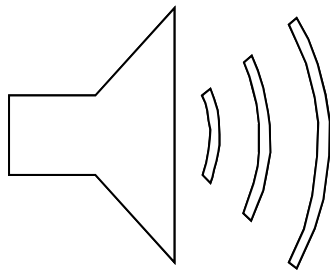
TECHNOLOGY CHECK

Welcome! The webinar will begin shortly...

In the meantime, please take a couple of minutes to prepare your technology for the session:

There is no call-in line for this webinar. All audio will stream from your computer. Please check your speakers to ensure that the volume is turned up to a comfortable listening level.

Participants will not be able to speak during this webinar; however, we will answer questions that participants submit in the Q&A panel.





FY 2018 SRSA Application Webinar

Dr. David Cantrell

**Acting Director,
Office of School Support
and Rural Programs**

Mr. Eric Schulz

**Team Lead,
Rural Education
Achievement Program**

Ms. Corrinne Callins
Mr. Robert Hitchcock
Ms. Bonny Long
Ms. Jean Marchowsky

Ms. Patricia Randall
Mr. Jacob Stern
Ms. Bonny Long

REAP Program Officers

Introduction

Mr. Eric Schulz

Agenda

- Webinar Objectives
- Webinar Procedures
- Pre-Application Overview
- How to Access the SRSA Application
- Overview of Grants.gov Workspaces
- FY 2018 SRSA Application Forms
- Conclusion & Questions

Webinar Objectives

At the conclusion of this webinar, participants will

- Understand the pre-application steps for the SRSA grant application
- Understand how to access the SRSA application in Grants.gov
- Know who to contact if they have technical questions about Grants.gov Workspace
- Know what information to insert into the required form fields for each SRSA application form
- Know how to submit the SRSA application
- Understand the submission confirmation process and how to track an SRSA application in Grants.gov

Webinar Procedures

- All attendees will be muted throughout the webinar.
- Please submit your questions in the Q&A panel.
- We will take time throughout the webinar to answer questions submitted through the Q&A panel.
- Please email **REAP@ed.gov** if you experience technical difficulties during the webinar.

Pre-Application Overview

Mr. Eric Schulz

Pre-Application Overview

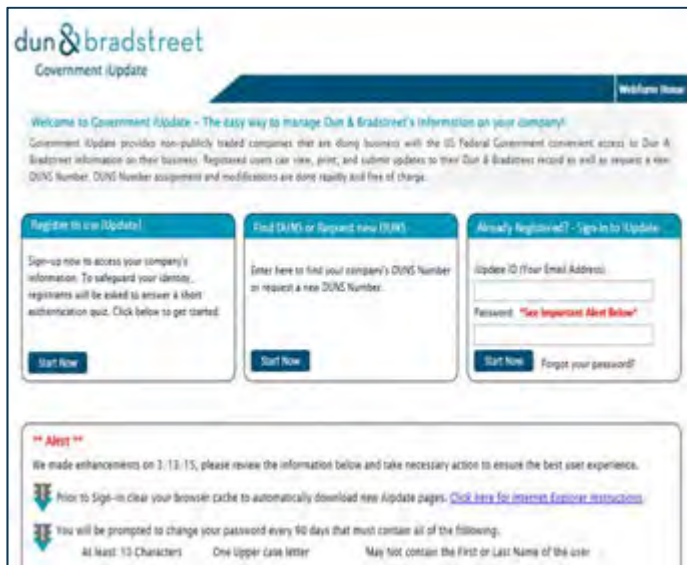
LEAs need the following before using Grants.gov to apply for federal grants:

1. Data Universal Numbering System (DUNS) Number
2. Active System for Award Management (SAM) registration

LEAs need the following in Grants.gov to apply for federal grants:

1. **Grants.gov Account:** You only need one. Uses unique email, username & password.
2. **Profile(s):** A user profile corresponds to an applicant organization (i.e. an applicant) that the user represents. Users may have multiple profiles within one Grants.gov account.

1. Pre-application: **Acquire a DUNS number**



- Register with DNB at <http://fedgov.dnb.com/webform>
- Requires TIN from IRS and organization information
- You will be issued a **DUNS number**
- Takes 1 – 2 business days
- DNB Hotline: 1-800-234-3867

2. Pre-application: **Register DUNS number in SAM**



- Use DUNS to register with SAM at www.SAM.gov
- Establish E-Business Point of Contact (**EBiz POC**): Individual who oversees all activities for organization within Grants.gov and approves the AOR
- Establish Marketing Partner Identification Number (**MPIN**)
- Takes 7 – 10 business days
- SAM Hotline: 1-866-606-8220

SAM registration data is transferred to Grants.gov



- Organization data, EBiz POC information, and MPIN are electronically transferred from SAM to Grants.gov
- The organization is set up in Grants.gov and people within the organization are now able to register with Grants.gov and add profile to associate with organization
- **NOTE: EBiz POC must renew (reactivate) SAM registration annually**

3. Pre-Application: Register in Grants.gov

The image illustrates the registration process on Grants.gov. It features three main components:

- Grants.gov Homepage:** Shows the navigation bar with links like HOME, LEARN GRANTS, SEARCH GRANTS, APPLICANTS, GRANTORS, SYSTEM-TO-SYSTEM, FORMS, CONNECT, and SUPPORT. A large 'REGISTER' button is prominent. A red circle with the number '1' highlights the search bar area.
- REGISTER Form:** A detailed view of the registration form. It includes sections for:
 - Contact Information:** Fields for First Name, Middle Initial, Last Name, Email Address, and Phone Number. A red circle with the number '3' highlights the First Name field.
 - Account Details:** Fields for Username, Password, Confirm Password, Secret Question, and Secret Answer.
 - Communications:** Checkboxes for 'GRANTS.GOV ALERTS' and 'GRANTS.GOV NEWSLETTER'.
- Video Thumbnail:** A video titled '[R16.1] How to Register With Grants.gov - FINAL'. An orange arrow points to the 'Add Organization Applicant Profile' option, with text overlay stating: 'TO ADD AN ORGANIZATION APPLICANT PROFILE, YOU WILL NEED TO PROVIDE YOUR ORGANIZATION'S DUNS NUMBER'.

4. Pre-application: **Create Workspace Profile**

Profile associates you with organization.

GRANTS.GOV > Register

REGISTER ?

Congratulations! Your Grants.gov Account was successfully created.

If needed, you can add Applicant Profile(s) to your Account now. However, if you do not need a Profile or prefer to add your Profile(s) later, you can Continue to your Grants.gov logged in features.

How would you like to proceed?

☐ Continue - Skip adding a profile at this time

☒ Add Organization Applicant Profile - Affiliates you with an Organization and with additional access allows you to apply for Opportunities on behalf of the Organization

☐ Add Individual Applicant Profile - Allows you to apply for Opportunities on your own behalf

Please complete to Add an Organization Profile and click Save:

*DUNS:

*Profile Name:

*Job Title:

Save

EBiz POC assigns roles to your profile.

EBiz Point of Contact, AOR role, Manage Workspace role



AOR 1



AOR 2



AOR 3



AOR 4

- Each organization has one EBiz POC
- EBiz POCs are assigned in SAM

- EBiz POC approves Authorized Organization Representatives (AORs)
- AORs are allowed to submit grant applications on behalf of their organization

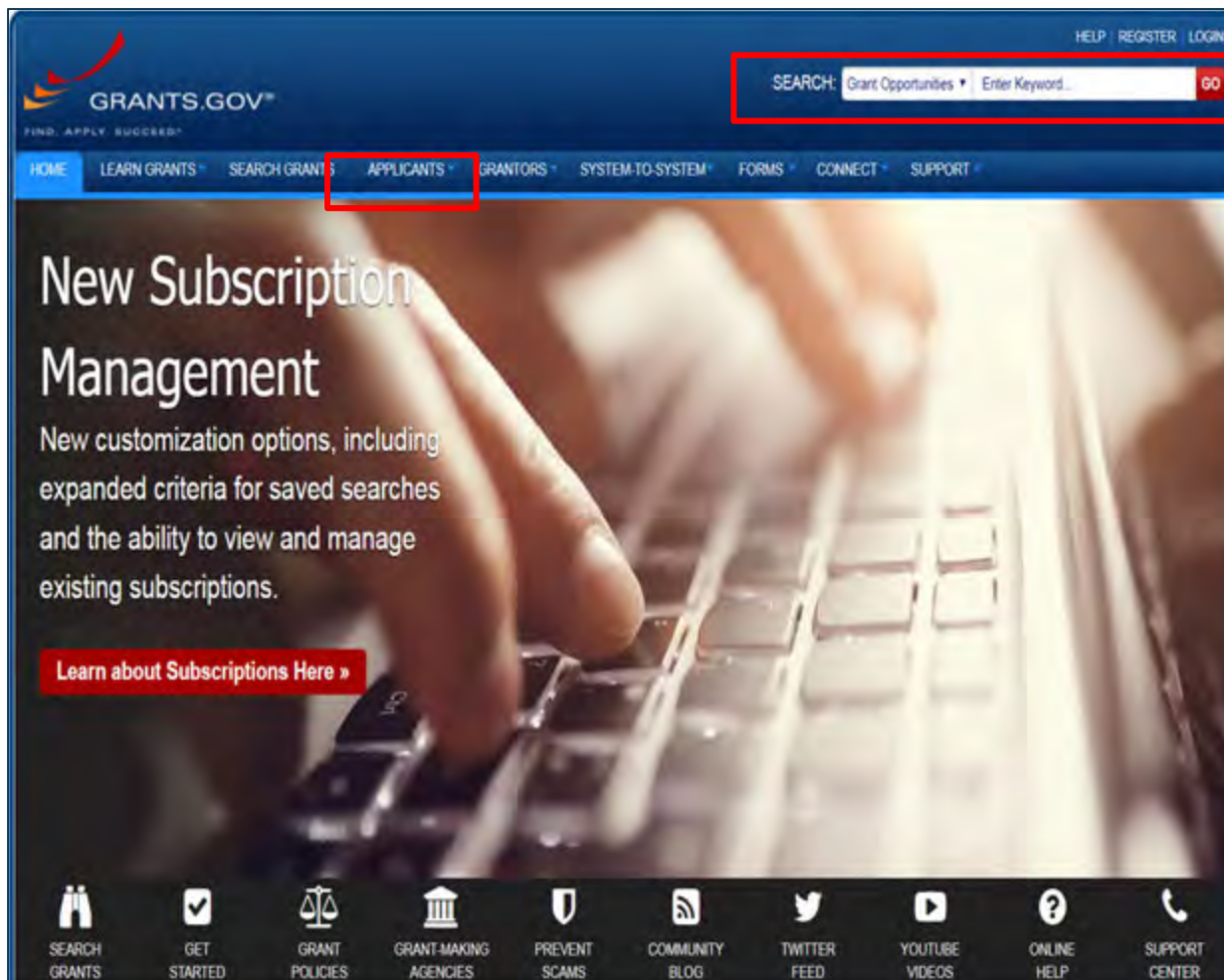
- One organization can have many users with AOR role

How to Access the SRSA Application in Grants.gov

Mr. Eric Schulz

Searching for the SRSA Application

Using the Grants.gov Search Fields



Insert Funding Opportunity Number **ED-GRANTS-022018-001** or key word **Rural Education** in search box on Grants.gov.

Searching for the SRSA Application

Search Results

[Search Tips](#) | [Export Detailed Data](#)

SORT BY:

DATE RANGE:

1 - 25 OF 558 MATCHING RESULTS:					
« Previous 1 2 3 4 5 6 ... 23 Next »					
Opportunity Number	Opportunity Title	Agency	Opportunity Status	Posted Date	Close Date
ED-GRANTS-022018-001	Office of Elementary and Secondary Education (OESE): Small, Rural School Achievement Program CFDA Number 84.358A	ED	Posted	02/20/2018	04/20/2018
ED-GRANTS-053017-005	Institute of Education Sciences (IES): Low-Cost, Short-Duration Evaluation of Education Interventions CFDA Number 84.305L-2	ED	Posted	05/30/2017	03/01/2018
ED-GRANTS-053017-009	Institute of Education Sciences (IES): Low-Cost, Short-Duration Evaluation of Special Education Interventions CFDA Number 84.324L-2	ED	Posted	05/30/2017	03/01/2018
USDA-NIFA-RIGP-006468	Distance Education Grants Program for Institutions of Higher Education in Insular Areas	USDA-NIFA	Posted	01/25/2018	04/06/2018
HRSA-18-088	Severe Combined Immunodeficiency (SCID) Screening and Education	HHS-HRSA	Posted	01/11/2018	03/13/2018
HRSA-18-039	Rural Health Clinic Policy and Clinical Assessment Program	HHS-HRSA	Posted	01/10/2018	03/16/2018
HRSA-18-036	Rural Quality Improvement Technical Assistance Cooperative Agreement	HHS-HRSA	Posted	01/25/2018	05/01/2018
RDBCP-09-RBEG-ARRA	Rural Business Enterprise Grant Programs (RBEG)	USDA-RBCS	Posted	03/27/2009	
USDA-NIFA-SAECF-006488	Secondary Agriculture Education Challenge Grant Program	USDA-NIFA	Posted	02/01/2018	04/04/2018
USAID-UGANDA-617-INFORMATION-04-2011	INFORMATION ON UGANDA LITERACY AND	USAID-	Posted	04/27/2011	

Select Opportunity Number: **ED-GRANTS-022018-001**

Preview Application and Apply

VIEW GRANT OPPORTUNITY



ED-GRANTS-022018-001

Office of Elementary and Secondary Education (OESE): Small, Rural School Achievement Program CFDA Number

84.358A

Department of Education

[Back | Link](#)

Login to Subscribe

[SYNOPSIS](#) [VERSION HISTORY](#) [RELATED DOCUMENTS](#) **PACKAGE**

Print Package List ?

Select Grant Opportunity Package

READ BELOW BEFORE YOU APPLY FOR THIS GRANT!
Before you can view and complete an application package, you **MUST** have Adobe Reader installed. Packages are posted in Adobe Reader format. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader. If more than one person is working on the application package, ALL applicants must be using the same software version. [Click for more information on Adobe Reader Compatibility.](#)


OPPORTUNITY PACKAGE(S) CURRENTLY AVAILABLE FOR THIS FUNDING OPPORTUNITY:

CFDA	Competition ID	Competition Title	Opportunity Package ID	Opening Date	Closing Date	Workspace Compatible	Actions
84.358	84-358A2018-1	Small, Rural School Achievement Program Grant	PKG00238478	02/20/2018	04/20/2018	Yes	Preview Apply

- Click on the Package tab in order to download the Application Package and the Application Instructions
- Click Preview link to access read-only forms and application instructions
- Click Apply to apply

Preview Application and Apply

VIEW GRANT OPPORTUNITY

 ED-GRANTS-022018-001
Office of Elementary and Secondary Education (OESE): Small, Rural School Achievement Program CFDA Number 84.358A
Department of Education

[« Back | Link](#)

[Login to Subscribe](#)

SYNOPSIS | **VERSION HISTORY** | **RELATED DOCUMENTS** | **PACKAGE**

[« Back to Packages | Print Package Details](#) ?

Please review [Applicant FAQs](#) as you prepare and submit your application.

Selected Opportunity Package:

Opportunity Package ID: PKG00238478	Opening Date: Feb 20, 2018
CFDA: 84.358 – Rural Education	Closing Date: Apr 20, 2018
Competition ID – Title: 84-358A2018-1 – Small, Rural School Achievement Program Grant	

Apply Now Using Workspace

[Login to Apply Now »](#)

Workspace is our enhanced application submission feature, which helps organizations and individuals create, complete, and submit grant applications.

Log in to create a workspace to apply on Grants.gov

Overview of Grants.gov Workspace

Mr. Eric Schulz

Completing Workspace Forms

GRANTS.GOV > Applicants > Manage Workspace

MANAGE WORKSPACE

Created ☒ Fill Out Forms ☐ Complete and Notify AOR ☐ Submit ☐ Agency Received

TEST 1 09212017-SA-WS-1 - PKG00035576 Multiple Forms Versions - Reuse

Application Filing Name: Example Workspace [Edit Name]

Workspace ID: WS00014392 Workspace Status: In Progress Opening Date: Oct 09, 2017
AOR Status: Active Last Submitted Date: — Closing Date: Oct 09, 2018
Workspace Owner: James Madison SAM Expiration Date: Aug 20, 2020 DUNS: 0000000000000

FORMS PARTICIPANTS ACTIVITY DETAILS GRANTOR IMAGE PREVIEW GRANTOR VALIDATION

Workspace Actions:

Preview Application Forms Check Application Sign and Submit Delete

Application Package Forms - Users are encouraged to follow [aniviva best practices](#) when Downloading Instructions and Forms. Download Instructions

Include in Package	Form Name (Click to Preview)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	SF424 (R & R) [V2.0]	Mandatory	In Progress [Locked]	Nov 15, 2017 04:13:37 PM EST	James Madison	Unlock Download Upload Reuse Webform
<input type="checkbox"/>	PHS Fellowship Supplemental Form [V4.0]	Optional	—	—	—	Lock Download Upload Reuse Webform
<input type="checkbox"/>	Research And Related Other Project Information [V1.4]	Optional	—	—	—	Lock Download Upload Reuse Webform

Key Actions:

- Fill out webforms
- Lock/unlock forms

Actions

Lock | Download | Upload | Reuse | Webform

Completing Webforms

SECTIONS:

- 1. Type of Submission
- 2. Date Submitted
- 3. Date Received by State
- 4. Identifiers
- 5. Applicant Information
- 5.A. Person to be Contacted
- 6. Employer Identification
- 7. Type of Applicant
- 8. Type of Application
- 9. Name of Federal Agency
- 10. Catalog of Federal Domestic Assistance Number
- 11. Descriptive Title of Applicant's Project
- 12. Proposed Project
- 13. Congressional District of Applicant
- 14. Project Director/Principal Investigator Contact Information
- 15. Estimated Budget

SF-424 (R&R)
Version 2.0

OMB Number: 4040-0001
Expiration Date: 10/31/2019

1. TYPE OF SUBMISSION:

Select Type of Submission:

- ☐ Pre-application
- ☒ Application
- ☐ Changed/Corrected Application

2. DATE SUBMITTED:

Date Submitted:

Applicant Identifier:

3. DATE RECEIVED BY STATE:

Date Received by State:

State Application Identifier:

SAVE CHECK FOR ERRORS CLOSE

- Complete online forms in web browser
- Navigate by clicking sections
- Tab through form fields
- Required fields have red asterisk

Completing Webforms

- Open text entry
- Drop-down menu
- Dates/calendar

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Position/Title:

7. TYPE OF APPLICANT:

Type of Applicant:

8. TYPE OF APPLICATION:

Type of Application:

Is this application being submitted to other agencies?:

Drop-down menu options:

- A. State Government
- B. County Government
- C. City or Township Government
- D. Special District Government
- E. Regional Organization
- F. U.S. Territory or Possession
- G. Independent School District
- H. Public/State Controlled Institution of Higher Education
- I. Indian/Native American Tribal Government (Federally Recognized)
- J. Indian/Native American Tribal Government (Other than Federally Recognized)
- K. Indian/Native American Tribally Designated Organization
- L. Public/Indian Housing Authority
- M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
- N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
- O. Private Institution of Higher Education
- P. Individual
- Q. For-Profit Organization (Other than Small Business)
- R. Small Business
- S. Hispanic-serving Institution

11. DESCRIPTIVE TITLE OF APPLICANT:

12. PROPOSED PROJECT:

Start Date:

End Date:


Calendar:

April 2018

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

Completing Webforms

- Radio buttons (multiple choice)



8. TYPE OF APPLICATION:

Type of Application:

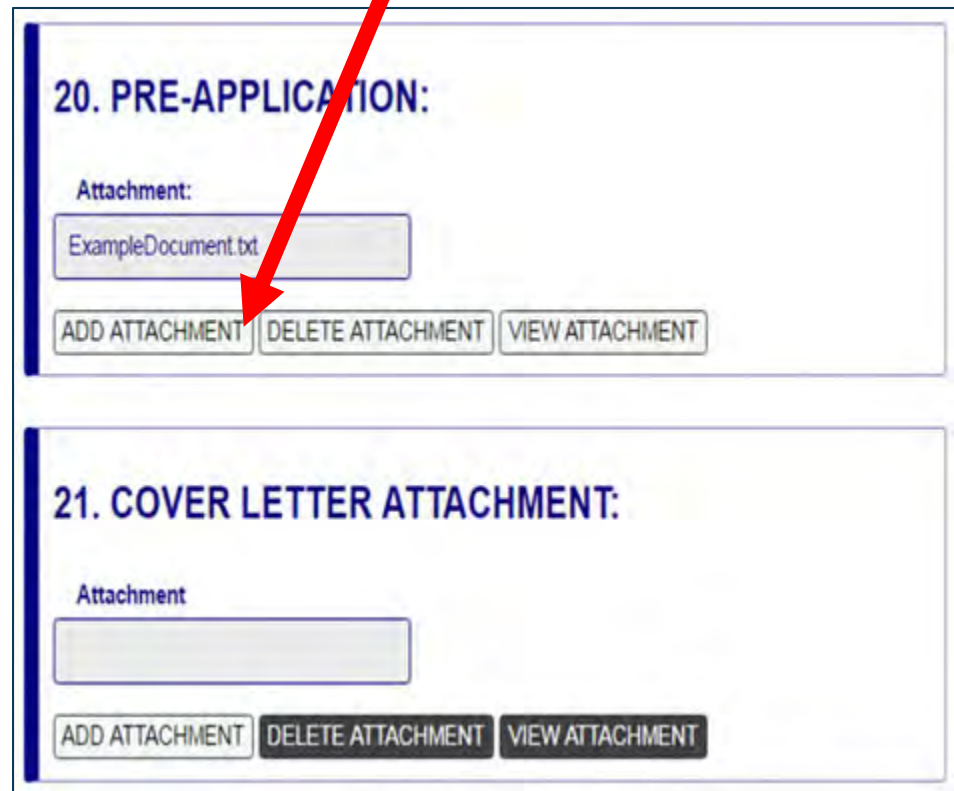
- ☒ New
- ☐ Resubmission
- ☐ Renewal
- ☐ Continuation
- ☐ Revision

Is this application being submitted to other agencies?:

- ☐ Yes
- ☒ No

A red arrow points from the top-left towards the 'New' radio button in the 'Type of Application' list.

- Attach files within online form



20. PRE-APPLICATION:

Attachment:

ExampleDocument.txt

ADD ATTACHMENT DELETE ATTACHMENT VIEW ATTACHMENT

21. COVER LETTER ATTACHMENT:

Attachment

ADD ATTACHMENT DELETE ATTACHMENT VIEW ATTACHMENT

A red arrow points from the top-left towards the 'Attachment' input field in the '20. PRE-APPLICATION' section.

Completing Webforms

SECTIONS:

- 1. Type of Submission
- 2. Date Submitted
- 3. Date Received by State
- 4. Identifiers
- 5. Applicant Information
 - 5.A. Persons to be Contacted
- 6. Employer Identification
- 7. Type of Applicant
- 8. Type of Application
- 9. Name of Federal Agency
- 10. Catalog of Federal Domestic Assistance Number
- 11. Descriptive Title of Applicant's Project
- 12. Proposed Project
- 13. Congressional District of Applicant
- 14. Project Director/Principal Investigator Contact Information
- 15. Estimated Project Funding
- 16. E.O. 12372 Review
- 17. Application Contribution

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Descriptive Title of Applicant's Project is required. Enter a brief Descriptive Title of the Project.

Enter a brief Descriptive Title of the Project. This field is required.

12. PROPOSED PROJECT:

Start Date: 04/01/2018 *

End Date: *

End Date is required. Enter the Proposed End Date of the Project.

13. CONGRESSIONAL DISTRICT OF APPLICANT:

Congressional District Code: *

Congressional District of Applicant is required. Enter the Congressional District in the format: 2 character State abbreviation - 3 character District number. Examples: CA-005 for California's 5th District, CA-012 for California's 12th District. If outside the U.S. enter 00-000. To

SAVE CHECK FOR ERRORS CLOSE

More Features:

- Hover mouse over form fields for help
- Error messages explain how to fill out form fields

Completing Webforms

SECTIONS:

- 1. Type of Submission
- 2. Date Submitted
- 3. Date Received by State
- 4. Identifiers
- 5. Applicant Information
- 5.A. Person to be Contacted
- 6. Employer Identification
- 7. Type of Applicant
- 8. Type of Application
- 9. Name of Federal Agency
- 10. Catalog of Federal Domestic Assistance Number
- 11. Descriptive Title of Applicant's Project
- 12. Proposed Project
- 13. Congressional District of Applicant
- 14. Project Director/Principal Investigator Contact Information
- 15. Estimated Cost

SF-424 (R&R) Version 2.0 OMB Number: 4040-0001 Expiration Date: 10/31/2019

1. TYPE OF SUBMISSION:

Select Type of Submission:

- ☐ Pre-application
- ☒ Application
- ☐ Changed/Corrected Application

2. DATE SUBMITTED:

Date Submitted:

Applicant Identifier:

3. DATE RECEIVED BY STATE:

Date Received by State:

State Application Identifier:

SAVE CHECK FOR ERRORS CLOSE

More Features:

- Autosave occurs every 5 minutes
- Complete SF-424 first to pre-populate form fields and save time

Completing Webforms

Applicant's Project

12. Proposed Project

13. Congressional District of Applicant

14. Project Director/Principal Investigator Contact Information

15. Endowment Document

3. DATE RECEIVED BY STATE:

Date Received by State:

State Application Identifier:

SAVE **CHECK FOR ERRORS** **CLOSE**

SUCCESS

Success: Form successfully saved.

OK

OMB Number: 4040-0001
Expiration Date: 10/31/2019

Errors!

Check for Errors revealed the following errors:

- 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Descriptive Title of Applicant's Project is required: Enter a brief Descriptive Title of the Project.
- 12. PROPOSED PROJECT:
End Date is required: Enter the Proposed End Date of the Project.
- 13. CONGRESSIONAL DISTRICT OF APPLICANT:
Congressional District of Applicant is required: Enter the Congressional District in the format: 2 character State abbreviation - 3 character District number. Examples: CA-005 for California's 5th District, CA-012 for California's 12th District. If outside the US, enter 00-000. To locate your Congressional District, visit the Grants.gov website.

1. TYPE OF SUBMISSION:

Select Type of Submission:

☐ Pre-application

☒ Application

- **Save:** Stores your form data & attachments to Workspace
- **Check for Errors:** Form validation & field-level errors
- **Close:** Exits the online form

Workspace: Submit Application

GRANTS.GOV Applicants Manage Workspace

MANAGE WORKSPACE

Created Forms Passed Complete and Notify AOR Submit Agency Received

TEST 1 VIDEO-SUBFORMS - PKG00034725 Training Video for Sub-Forms Access

Application Filing Name: Example Workspace Application [Edit Name]

Workspace ID: WS00010875 Workspace Status: In Progress Opening Date: May 05, 2017

AOR Status: Active Last Submitted Date: Closing Date: May 06, 2019

Workspace Owner: Thomas Jefferson SAM Expiration Date: Aug 20, 2020 DUNS: 0000000000000

FORMS PARTICIPANTS ACTIVITY DETAILS GRANTOR IMAGE PREVIEW GRANTOR VALIDATION

Workspace Actions:

Preview Application Forms Check Application **Sign and Submit** Delete

Application Package Forms - Users are encouraged to follow [anivrus best practices](#) when Downloading Instructions and Forms. Download Instructions »

Include in Package	Form Name (Click to Preview)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	SF424 (R & R) [V2.0]	Mandatory	Passed	Jun 07, 2017 03:37:58 PM EDT	—	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	PHS 398 Modular Budget [V1.2]					Unlock Download Upload Reuse Webform
<input type="checkbox"/>	PHS 398 Training Subaward Bud					Lock Download Upload Reuse Webform

Sign and Submit

If you want to submit the application package, enter your password and click the 'Sign and Submit' button below to complete the process.

*Password:

Sign and Submit Cancel

Process:

- User with AOR role submits
- Workspace Owner or user with AOR role may choose to Reopen Workspace

After Submitting Your Application

- Make sure you receive an on-screen confirmation receipt
 - The date/time stamp is the official time of submission
 - Document your Grants.gov Tracking Number
- You will also receive email confirmations from Grants.gov

Submission Confirmation Messages

Receipt Email

- Your application has been received by Grants.gov
- Grants.gov E-mail Verifying Receipt *(with Track My Application URL)*

Validation or Rejection Email

- Grants.gov E-mail Verifying Successful Submission
- **OR** Rejection Due to Errors with a description of issue

Transmission to Agency

- The Agency has picked up your application from Grants.gov

Agency Emails

- You will receive an email confirmation from the Department that has your *PR Award Number*.

Tracking Your Application

Details Tab of Submitted Workspace

HOME LEARN GRANTS SEARCH GRANTS APPLICANTS GRANTORS SYSTEM-TO-SYSTEM FORMS CONNECT SUPPORT

GRANTS.GOV Applicants Manage Workspace

MANAGE WORKSPACE

Created Forms Passed Completed and Notified AOR Submitted Agency Received

TEST 1 09212017-SA-WS-1 - PKG00035576
Multiple Forms Versions - Reuse
GRANTS GOV QA AGENCY

Application Filing Name: Example Workspace [Form]

Workspace ID: WS00014392 Workspace Status: Submitted Opening Date: Oct 09, 2017
AOR Status: Active Last Submitted Date: Nov 21, 2017 Closing Date: Oct 09, 2019
Workspace Owner: James Madison SAM Expiration Date: Aug 20, 2020 DUNS: 00000000000000

FORMS PARTICIPANTS ACTIVITY DETAILS GRANTOR IMAGE PREVIEW GRANTOR VALIDATION

Workspace Details:

DUNS: 00000000000000 Created on: Nov 15, 2017
Organization: ITS Test DUNS Last Activity Date: Nov 21, 2017

Package Details:

CFDA: 00.000 - Not Elsewhere Classified
Competition ID - Title: CID-S2S-11 - S2S-PKG
Contact Information: Alex Test 1234 Email sds@dsf.com 231232df3423

Workspace Grant Tracking Numbers: Export Detailed Data

1-1 of 1 Records

Grants gov Number	Date/Time Received	Status	Status Date	Submitted By	Agency Tracking Number	Actions
GRANT10601618	Nov 21, 2017 02:27:28 PM EST	Validated	Nov 21, 2017 02:27:36 PM EST	James Madison		Details Download

1-1 of 1 Records

- Track your application status and information by accessing the **Details tab** of the submitted Workspace
- Download link** provides a zip file of the submission

Questions?

Grants.gov Hotline: 1-800-518-4726

FY 2018 SRSA Application Forms

Ms. Bonny Long

Complete SRSA Application In Grants.gov

The application package consists of the following forms:

- ☐ Application for Federal Assistance (SF-424) [V2.1]
- ☐ ED GEPA 427 Form
- ☐ U.S. Department of Education Budget Information Non-Construction Programs
- ☐ Assurances for Non-Construction Programs (SF-424B)
- ☐ ED SF-424 Supplement
- ☐ Disclosure of Lobbying Activities (SF-LLL)
- ☐ Grants.gov Lobbying Form

SF 424 – Application for Federal Assistance

OMB Number: 4040-0004
Expiration Date: 10/31/2019

Application for Federal Assistance SF-424	
1.1 Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	1.2 Type of Application: *B Reissue, select appropriate label(s) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> <div> <input type="text"/> *C Other (Specify): <input type="text"/> </div> </div>
* 3 Date Received: <input type="text"/>	4 Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
State Use Only: <div style="display: flex; justify-content: space-between;"> <div> 6. Date Received by State: <input type="text"/> </div> <div> 7. State Application Identifier: <input type="text"/> </div> </div>	
8. APPLICANT INFORMATION:	
* a. Legal Name: <input type="text"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>
d. Address:	
<div style="display: flex;"> <div style="width: 30%;"> * Street1: <input type="text"/> Street2: <input type="text"/> * City: <input type="text"/> County/Parish: <input type="text"/> * State: <input type="text"/> Province: <input type="text"/> * Country: <input type="text"/> USA: UNITED STATES </div> <div style="width: 70%;"> * Zip / Postal Code: <input type="text"/> </div> </div>	
e. Organizational Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:	
<div style="display: flex; justify-content: space-between;"> <div> Prefix: <input type="text"/> Mobile Name: <input type="text"/> * Last Name: <input type="text"/> Suffix: <input type="text"/> </div> <div> * First Name: <input type="text"/> </div> </div>	
Title: <input type="text"/>	
Organizational Affiliation: <input type="text"/>	
<div style="display: flex; justify-content: space-between;"> <div> * Telephone Number: <input type="text"/> </div> <div> Fax Number: <input type="text"/> </div> </div>	
* Email: <input type="text"/>	

Note: Webform may appear different

SF 424 – Application for Federal Assistance

1. *Type of Submission:* Check "Application"
2. *Type of Application:* Check "New"
3. *Date Received:* Enter current date
4. *Applicant Identifier:* Enter LEA's NCES ID (This is a mandatory field.)
- 8a. *Legal Name:* Enter LEA Name
- 8b. Enter LEA Employer ID/Tax ID
- 8c: *Organizational DUNS:* Enter LEA DUNS
- 8d: *Address:* Enter LEA Physical Address (use nine-digit zip code)
- 8f: Enter name and contact information of 1st LEA point of contact (usually Business Manager)
9. *Type of Applicant:* Select "G. Independent School District"
10. Name of Federal Agency is pre-populated
12. Funding Opportunity Number is pre-populated
15. *Descriptive Title of Applicant's Project:* Enter "SRSA Application"
16. *Congressional District:* Enter Congressional District in the format of "SS-NNN"
17. Select the following for START: 7/1/2018 END: 9/30/2019
18. *Estimated Funding:* Enter "0" for fields a-e
- 19: Check "c. Program is not covered by E.O. 12372"
- 20: Check Yes or No, as applicable. If yes, attach explanation.
- 21: *Authorized Representative:* Read and check box; Name and contact information of Authorized Representative (usually Superintendent)

General Education Provisions Act (GEPA) Form

This form is not optional. You must upload a PDF version of your GEPA statement with your application.

The General Education Provisions Act (GEPA) statement consists of:

- ✓ A specific explanation of **your LEA's proposed use(s) of SRSA grant funds**; and
- ✓ A specific explanation of **how your LEA will use SRSA funds in a way that addresses barriers to access** and does not discriminate on the basis of any federally-protected category.

EXAMPLE:

“Our district will use SRSA grant funds to purchase computers and laptops as part of our school-wide technology upgrade. Because a significant portion of our students are from families where Spanish is the primary language spoken at home, we will provide user instructions for the computers both in Spanish and in English.”

Budget Information Non-Construction Programs

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

- Enter "0" throughout column A – "Project Year 1"

U.S. DEPARTMENT OF EDUCATION BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS					OMB Number: 1894-0008 Expiration Date: 08/31/2020	
Name of Institution/Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.			
SECTION A - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS						
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs*						
11. Training Stipends						
12. Total Costs (lines 9-11)						
*Indirect Cost Information (To Be Completed by Your Business Office): If you are requesting reimbursement for indirect costs on line 10, please answer the following questions: (1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) If yes, please provide the following information: Period Covered by the Indirect Cost Rate Agreement: From: <input type="text"/> To: <input type="text"/> (mm/dd/yyyy) Approving Federal Agency: <input type="checkbox"/> ED <input type="checkbox"/> Other (please specify): <input style="width: 150px;" type="text"/> The Indirect Cost Rate is <input type="text"/> % (3) If this is your first Federal grant, and you do not have an approved indirect cost rate agreement, are not a State, Local government or Indian Tribe, and are not funded under a training rate program or a restricted rate program, do you want to use the de minimis rate of 10% of MTDC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must comply with the requirements of 2 CFR § 200.414(f). (4) If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560. (5) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that: <input type="checkbox"/> Is included in your approved Indirect Cost Rate Agreement? Or, <input type="checkbox"/> Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is <input type="text"/> %.						

Note: Webform may appear different

Budget Information Non-Construction Programs

Section B – Budget Summary Non-Federal Funds

- Enter “0” throughout column A – “Project Year 1”

Name of Institution/Organization		Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.				
SECTION B - BUDGET SUMMARY NON-FEDERAL FUNDS						
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs						
11. Training Stipends						
12. Total Costs (lines 9-11)						
SECTION C - BUDGET NARRATIVE (see instructions)						

FD-504

SF 424 – Assurances for Non-Construction Programs

- Read pages 1-2
- Page 2 is pre-populated with authorizing official information

OMB Number: 4040-0007
Expiration Date: 01/31/2019

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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





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

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

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended,

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different

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE 
APPLICANT ORGANIZATION 	DATE SUBMITTED 

Standard Form 424B (Rev. 7-97) Back

SF 424 – Supplemental Information for Non-Construction Programs

- Complete Mandatory fields

U.S. DEPARTMENT OF EDUCATION
SUPPLEMENTAL INFORMATION
FOR THE SF-424

PMB Number: 1894-0007
ExpirationDate: 09/30/2020

1. Project Director:

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

Address:

Street1:

Street2:

City:

County:

State:

Zip Code:

Country:

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

Email Address:

2. Novice Applicant:

Are you a novice applicant as defined in the regulations in 34 CFR 75.225 (and included in the definitions page in the attached instructions)?

☐ Yes ☐ No ☒ Not applicable to this program

3. Human Subjects Research:

a. Are any research activities involving human subjects planned at any time during the proposed Project Period?

☐ Yes ☒ No

b. Are ALL the research activities proposed designated to be exempt from the regulations?

☐ Yes Provide Exemption(s) #: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

☐ No Provide Assurance #, if available:

c. If applicable, please attach your "Exempt Research" or "Nonexempt Research" narrative to this form as indicated in the definitions page in the attached instructions.

Note: Webform
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different

Disclosure of Lobbying Activities

- Complete, as applicable
- If you do not sponsor lobbying activities, complete fields 1-6 & 11, and type "NA" in mandatory fields for 10a, 10b

DISCLOSURE OF LOBBYING ACTIVITIES		
Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352		Approved by OMB 4040-0013
1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. postaward	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee		
* Name <input style="width: 100%;" type="text"/> * Street 1 <input style="width: 60%;" type="text"/> Street 2 <input style="width: 40%;" type="text"/> * City <input style="width: 25%;" type="text"/> State <input style="width: 30%;" type="text"/> Zip <input style="width: 15%;" type="text"/> Congressional District, if known: <input style="width: 30%;" type="text"/>		

Note: Webform may appear different

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

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

Title: Telephone No.: Date:

Certification Regarding Lobbying

- Read and complete all mandatory fields

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

Note: Webform
may appear
different

* APPLICANT'S ORGANIZATION	
<input type="text"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
* Title: <input type="text"/>	
* SIGNATURE: <input type="text"/>	* DATE: <input type="text"/>

Tips for Applicants

- Register and submit early
- Thoroughly read and follow all of the application instructions
- Use correct DUNS number in the SF-424 Cover Page
- Include NCES ID in Applicant Identifier field (#4) of SF-424
- Make sure you have Grants.gov compatible PDF software (Adobe Reader)

Resources for SRSA Grant Applicants

Grants.gov	SRSA application website	www.grants.gov 1-800-518-4726
G5	Site where LEAs access SRSA grant funds	www.g5.gov 1-888-336-8930
System for Award Management (SAM)	Required registration of DUNS number	www.sam.gov 1-866-606-8220
REAP eligibility spreadsheet		https://www2.ed.gov/programs/reapsrsa/eligibility.html (Copy and paste web address into browser address bar.)
SRSA/RLIS Comparison Chart	Tool that shows similarities and differences between SRSA and RLIS	https://www2.ed.gov/programs/reapsrsa/reapdualeligibilityside-by-side.pdf (Copy and paste web address into browser address bar.)
Questions?	Contact your REAP program officer, or REAP@ed.gov	

Questions?