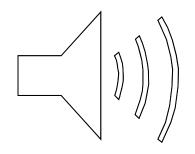
## **TECHNOLOGY CHECK**

#### 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. Jean Marchowsky Ms. Patricia Randall Mr. Jacob Stern

wsky 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 <u>in Grants.gov</u> 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

	Section and the section of the secti	William Rose		
comment Update provides non-publicly trad	by way to manage Dan & Gradstreet's informati and companies that are chord boomers will the US and users can stee, print, and submer spaties to their differences are deep reactly call free of charge.	federal Government conversions access to Dur A		
lagister to car Nodatal	Find DUM) or Report New (00%)	Arnally Registered? - Sgis In to Update		
ige-up now to access your company's elementors. To suffiquent your identity, episitums will be paied to answer a short	Enter here to find your company's DUNS Number to request a new DUNS Number.	lopdee 10 Mour Email Addressi		
achievesiation quiz. Click below to per started		Ferniert "See Important Alext Bolice"		
Satilitie	Sart Now	Sat Non Forget your personal		
** Alest **				
We made enhancements on 3/13/15, please	review the information below and take necessary ac e to automatically download new Alpdate pages.			
37				

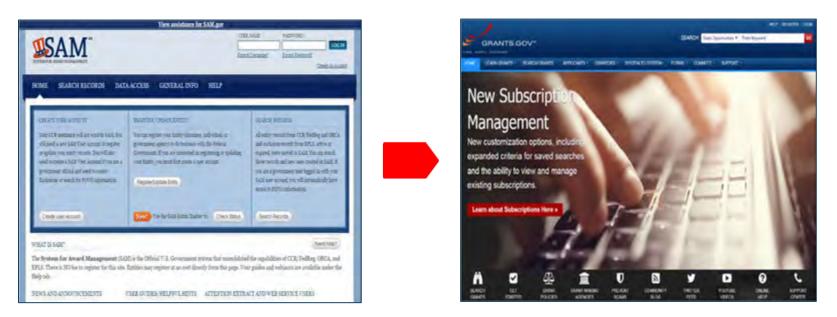
- Register with DNB at <u>http://fedgov.dnb.com/webfor</u> <u>m</u>
- Requires TIN from IRS and organization information
- You will be issued a DUNS number
- Takes 1 2 business days
- DNB Hotline: 1-800-234-3867

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



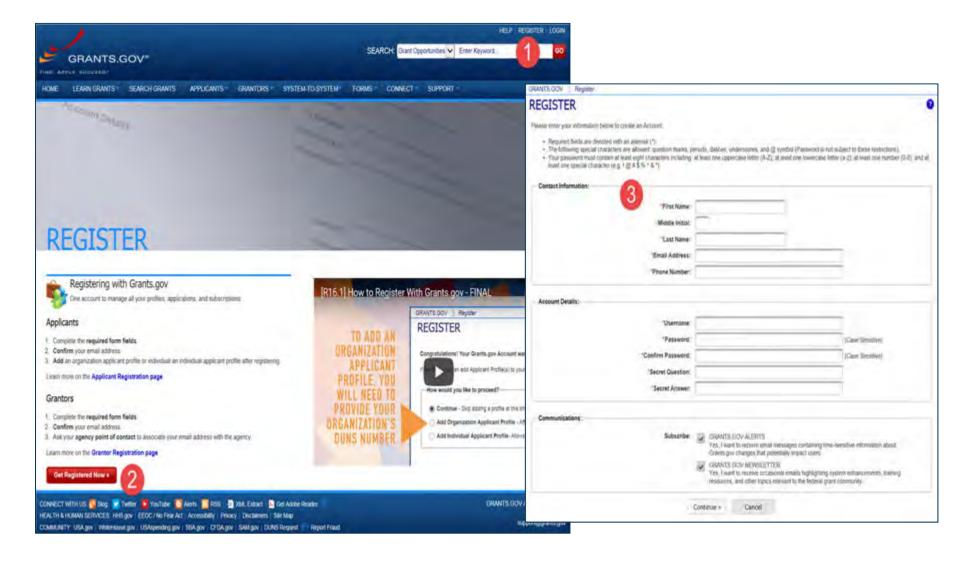
- Use DUNS to register with SAM at <u>www.SAM.gov</u>
- Establish E-Business Point of Contact (EBiz POC): Individual who oversees all activities for organization within Grants.gov and approves the AOR
- Establish Marketing Partner Identification Number (MPIN)
- Takes 7 10 business days
- SAM Hotline: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

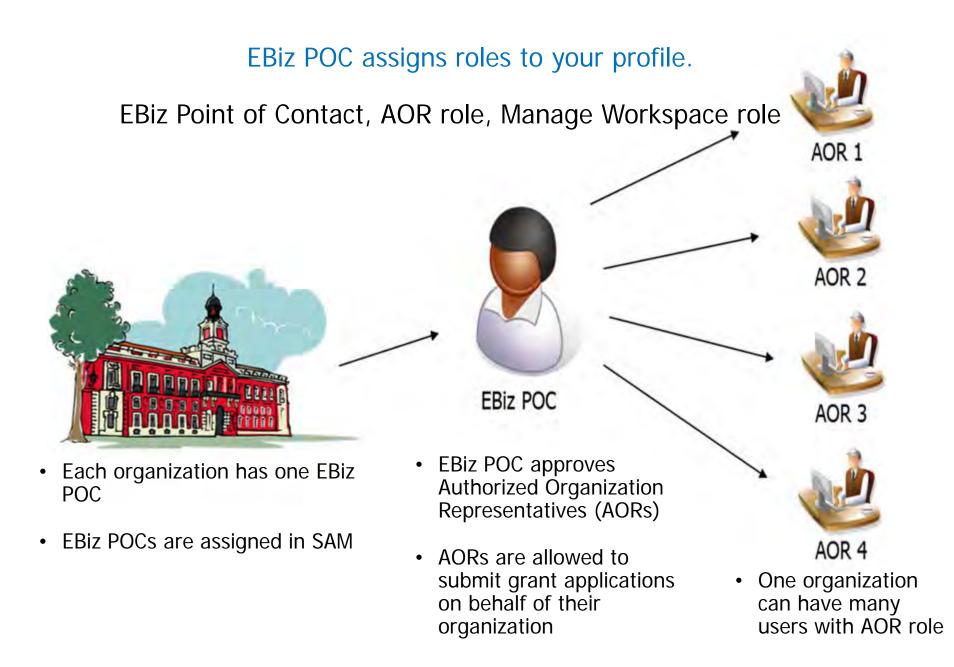
### 3. Pre-Application: Register in Grants.gov



## 4. Pre-application: Create Workspace Profile

Profile associates you with organization.

REGISTER		0
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?		1
Continue - Skip adding a profile at this time		
Add Organization Applicant Profile - Affiliates you with an Organization an	nd 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 y	your own behalf	
Please complete to Add an Organization Profile and click Save:		_
DUN	IS:	
"Profile Nam	ne:	
"Job Titl	le:	
"Job Titl	ile:	



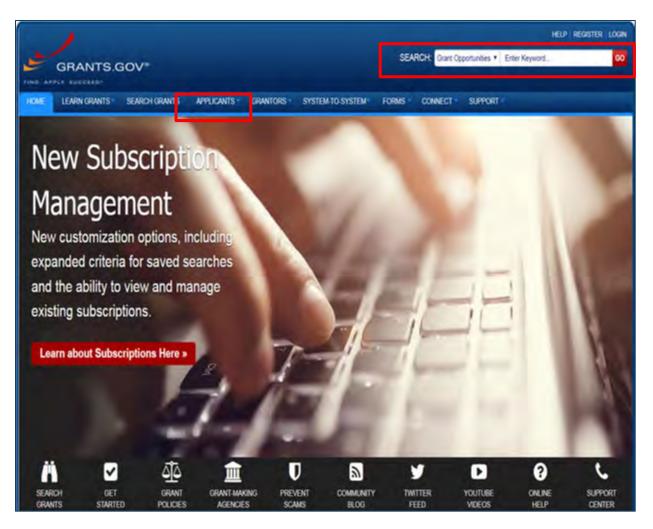
Questions? Call Grants.gov: 1-800-518-4726

# 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

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

Search Tips | Export Detailed Data

## **Preview Application and Apply**

9 84.3		Secondary Education (O	ESE): Small, Rural Sch	ool Achievement Pr	ogram CFDA Numb		gin to Sub:
	VERSION HISTORY REL		ЭЕ			Print Pa	ckage List
Before you incompatib	ble versions of Adobe Reader der. If more than one person	R THIS GRANT! pplication package, you MUSTha . To prevent a validation error it is is working on the application pac	s now recommended you unins	tall any earlier versions of A	Adobe Reader and install th	ie latest compati	ble version of
	PACKAGE(S) CURRENTLY A	AVAILABLE FOR THIS FUNDING O				Workspace	
				Opening Date	Closing Date		Actions
PPORTUNITY CFDA	Competition ID	Competition Title	Opportunity Package ID	Opening Date	chooling batto	Compatible	

- 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 Schwart 84.358A Department of Education	« Back   Link ool Achievement Program CFDA Number Login to Subscribe	
SYNOPSIS VERSION HISTORY RELATED DOCUMENTS PACKAGE		
	« Back to Packages   Print Package Details	
A 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	
Apply Now Using Workspace Login to Apply Now » Workspace is our ennanced application submission feature, which belos organizations and individuals create, complete	te, and submit grant applications.	
	Log in to create workspace to a Grants.gov	

## Overview of Grants.gov Workspace

Mr. Eric Schulz

## **Completing Workspace Forms**

Multiple Forms Versions - Reuse	Workspace AOR Sta	ame: Example Workup e ID: WS00014392 atus: Active amer: James Madison	wice (Edit Name) Workspace Status: II Last Submitted Date: - SAM Expiration Date: A			Opening Date:	Oct 09, 2017
ARTICIPANTS ACTIVITY DETAILS G	RANTOR IMAGE		artic Exprander Sere. 7	wg 20, 2020		Closing Date: DUNS:	
		PREVIEW GRANTO	R VALIDATION				
e Actions:							
			Preview Application Forms				Delete
Parkage Forms - Users are encouraged to 9	ollow antivinus be	st practices when D	Investoriation Instructions and	Forms	8	Download Instruc	tions » ?
Form Name (Click to Preview)	Requirement	Form Status	Last Updated Date/Time	Locked By		Actions	
Form Name (Click to Preview) F424 (R & R) [V2 0]	Requirement Mandatory				Unlock   Day	Actions micad   Upicad   Re	usë   Webform
			Date/Time			Conserve .	
				Preview Application Forms		Preview Application Forms	Preview Application Forms

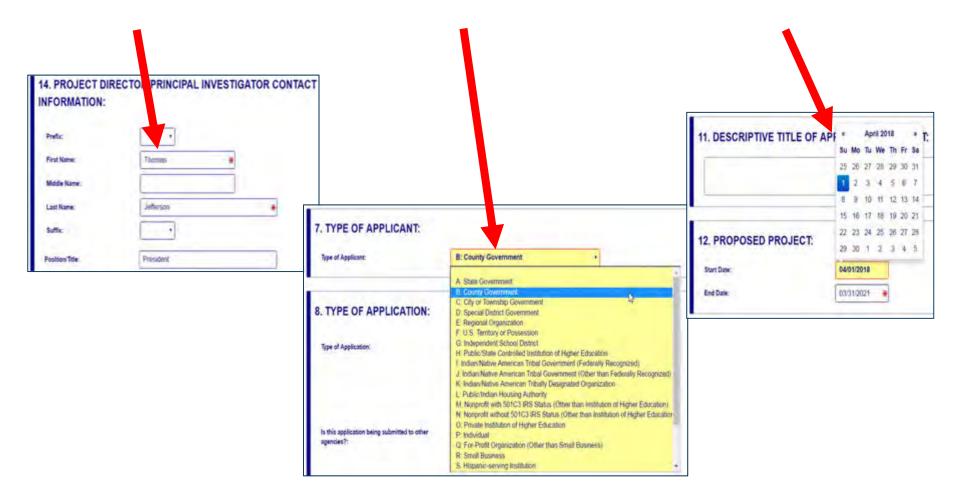
### **Key Actions:**

- Fill out webforms
- Lock/unlock forms

TIONS:	SF-424 (R&R) Version 2.0		OMB Number: 4040-0001 Expiration Date: 10/31/2019
rpe of Submission			
ate Submitted			
ate Received by c	1. TYPE OF SUBMISSIO	DN:	
entifieis	and and and and		
rpicaré muticn	Select Type of Submission:	Pre-application  Application	
Person to be facted		ChangediCorrected Application	
nipkyve Uficialion			
pe of Applicant	2. DATE SUBMITTED:		
pe of Application	2. DATE SUBMITTED.		
ame of Federal ncy	Date Submitted:		
Catalog of Federal estic Assistance der	Applicant Identifier:		]
Sescriptive Title of Icanit's Project	The stand in case of the		
Proposed Project	3. DATE RECEIVED BY	STATE:	
Congressional ict of Applicant	Date Received by State:		
Project ctor(Phytopal stigator Contact	State Application Identifier:		1

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

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



• Radio buttons (multiple choice) 8. TYPE OF APPLICATION Type of Application: · New Resubmission Renewal Continuation Revision Is this application being submitted to Yes other agencies?: · No

• Attach files within online form

20. PRE-APPLICATION:	
Attachment:	
ADD ATTACHMENT	VIEW ATTACHMENT
21. COVER LETTER ATTAC	
21. COVER LETTER ATTAC	
Attachment	

SECTIONS:	hardware and hard	the second second
1. Type of Submission	11. DESCRIPTIVE TITLE OF	APPLICANT'S PROJECT:
2. Date Submitted		
3. Date Received by State		Ţ
4. Identifiers		Enter a brief Descriptive Tritle of the Project. This field is required.
5 Applicant Information	Descriptive Title of Applicant's Project is required	J Enter a brief Descriptive Title of the Project
5.A. Person to be Contacted	and the second second	
6. Employer Identification	12. PROPOSED PROJECT:	
7. Type of Applicatif	Start Date:	0401/2018
8 Type of Application	Just bout	
9. Name of Federal Agency	End Date:	*
10. Catalog of Federal Domestic Assettance Number		End Date is required. Enter the Proposed End Date of the Project.
11. Descriptive Title of Applicant's Project		T repos
12. Proposed Project		
13. Congressional District of Applicant	13. CONGRESSIONAL DIST	RICT OF APPLICANT:
14. Project	Congressional District Code:	*
Direction/Principal Investigator Contact Information		Congressional District of Applicant is required. Enter the Congressional
15. Estimated Project Funding		Disbrict in the format: 2 character State abbreviation - 3 character District number: Examples: CA-005
16. E.D. 12372 Reven		for California's 5th District, CA-012
17: Application Centification		for California's 12th District. If outside the U.S. enter 00-000. To
	SWE	CHECK FOR ETRORS

#### More Features:

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

ECTIONS:	SF-424 (R&R) Version 2.0		OMB Number: 4040-0001 Expiration Date: 10/31/2019
Type of Submasion			
Date Submitted	-		
Date Received by tate	1. TYPE OF SUBMISSIO	DN:	
Identifiers	and and and		
Applicant termation	Select Type of Submission:	Pre-application  Application	
A. Person to be onlacted		Changed Corrected Application	
Employes entification			
Type of Applicant	2. DATE SUBMITTED:		
Type of Application	L. DATE CODIMITED.		
Name of Federal Joncy	Date Submitted:		
Catalog of Federal mestic Assistance mber	Applicant Identifier:		1
Descriptive Title of plicant's Project			
Proposed Project	3. DATE RECEIVED BY	STATE:	
Congressional Incl of Applicant	Date Received by State:		
Project rector/Principal vestigator Contact ormation	State Application Identifier:		1
C Determined Dimanel	SAVE	CHECK FOR ERRORS CLOSE	

#### More Features:

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

Applicant's Project 12. Proposed Project 13. Congressional District of Applicant 14. Project Director/Principal Investigator Contact Information	3. DATE RECE Date Received by State State Application Ident				
SUCCESS Success: Form successful	ly savel.	SAVE CHECK F	FOR ERRORS CLOS	Ε	OMB Number 4040-0001 Expiration Date: 1001/2019
	Sale Factored by     Sale     A factored by     A factored by     A factored by     A factored bit     A factored bit     A factored     Contacted     Contacted	12 GROPOSED PROJECT.     End Date is required: E     13. CONGRESSIONAL DISTR     Congressional District     District number, Example:	APPLICANT'S PROJECT plicant's Project is required: Enter a brief Enter the Proposed End Date of the Proje	ct. ressional District in the format: 2 char. CA-012 for Galifornia's 12th District. If	
	10 Kintarog of Federal	TYPE OF SUBMISSIC	ON:	•	

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

## Workspace: Submit Application

IANAC	GE WORKSPACE	Created	Porms Pass	sed 📀 Complete and Notify	AOR 🔵 Su	delt (	Agency Received	
TEST 1	Training Video for Sub-Forms Access	tion Filing Name: E Workspace ID: V AOR Status: A orkspace Owner: T	vS90010875 ctive	e Application (Edit Name) Workspace Status: In Last Submitted Date: — SAM Expiration Date: A			Opening Date: Closing Date: DUNS:	A 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
FORMS	PARTICIPANTS ACTIVITY DETAILS GRAN	OR IMAGE PRE	WEW GRANTOR	VALIDATION				
Works	pace Actions:			Preview Application Forms	Check Applic	ration	Sign and Submit	Delete
_					and the second			I LEADER
Applicat	ion Package Forms - Users are encouraged to follow	antivirus, best pra	clices when Do	wnloading Instructions and F	orma:		Download Instruc	tions » 🛛 🔞
Applicat Include in Package	ion Package Forms - Users are encouraged to follow Form Name (Click to Preview)	entivirus best pro Requirement	ctices when Do Form Status	venionaling Instructions and P Last Updated Date:Time	orms: Locked By		Download Instruc	tions » 0
Include in				Last Updated		Lock [		
Include in Package	Form Name (Click to Preview)	Requirement	Form Status	Last Updated Date:Time Jun 07, 2017 03'37:58 PM			Actions Download   Upload   R   Download   Upload	euse (Weblorn
Include in Package	Form Name (Click to Preview) SF424 (R & R) [V2.0]	Requirement Mandatory Optional	Form Status Passed Passed	Last Updated Date:Time Jun 07, 2017 03 37 56 PM EDT Jun 06, 2017 04 51 19 PM	Locked By	Unlock Webfor	Actions Download   Upload   R   Download   Upload	euse   Webloms Reuse
Include in Package	Form Name (Click to Preview) SF424 (R & R) [V2.0] PHS 398 Modular Budget (V1.2] PHS 398 Training Subaward Budget Attachment(s) Form (V MANAGE 2008/PDMSD: 0	Requirement Mandatory Optional Optional bmit the applica	Form Status Passed Passed [Locked]	Last Updated Date:Time Jun 07, 2017 03:37:56 PM EDT Jun 06, 2017 04:51:19 PM EDT enter your password and	Locked By Thomas Jefferson	Unlock Webfor	Actions Download   Upload   R   Download   Upload   m	euse   Webloms Reuse

#### 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

MTS GO	V Applicants			PPLICANTS . G	RANTORS SYSTEM-TO-ST	STEM FORMS	CONNECT - SUPP	ORT -	
	SE WORK			0	Created 🕑 Forms Passed	Completed and No	tified AOR 🔗 Subm	itted 🚺 Agency Receive	d (
EST 1	Multiple Form	-WS-1 - PKG000355 ns Versions - Reuse V QA AGENCY		Works	g Name: Example Workspace ( pace ID: WS00014392 I Status: Active Owner: James Madison	Workspace Status: Last Submitted Date: SAM Expiration Date:	Nov 21, 2017	Opening Date: Closing Date: DUNS:	
ORMS	PARTICIPANT	S ACTIVITY	DETAILS	GRANTOR IMAGE	E PREVIEW GRANTOR VAL	IDATION			
Packag	ge Details:				A: 00.000 - Not Elsewhere Clar Mr: CID-525-11 - 525-PKG m: Alex Test 1234 Ema		2013423		
Worksp	ace Grant Trac	king Numbers:						Export Detail	ed Data 🛛 💡
1-1 of 1 R	Records							- 1	- 11
	nts gev tiber *	Date/Tr Receive		Status 7	Status Date 🌣	Submitted By	0 Agency Tra	king Number 0	Actions
	0601618 N	lov 21, 2017 02:27:28	PMEST	Validated	Nov 21, 2017 02:27:36 FM EST	James Madison		- Detail	s   Download
GRANTI									

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

				Expiration Date: 10/31/201
Application for Federal Assista	nce SF-424			
Type of Bybersonon     Prespiration     Application     Stangest Corrected Application	New	Revision, select appropriate letters) tear (Specify)		
3 Date Ricevist	4 Applicant Identifier:		7	
Sa. Federal Entity Identifier		Sb. Federal Award Island Ser.		1
State Use Only:				
5. Date Received by State	7 State Application Itin	etfier.		
8. APPLICANT INFORMATION:				
* a. Legal Name				
1: Employer/Tanpayer Memblication No.	sber (EIN/TIN)	<ol> <li>Organizational DUNS</li> </ol>		
d. Address:				
* Street1: 5treet2: * Cay:				
		CIA: NECTO STATES		
Sheet2 Cay: CountyPatish State: Provide:		DIA: WEITED STARES		
Street2: Cay: County/Parity State Provide County: C				
Street2:		COAS VECTED STATES		
Street2: Cay: Country/Platels State Provide Country Country 200 / Postal Code Coganizational Unit: Department Name C. Name and contact information of p	erson to be contacted on matte	Division Nanve		
Street2: Cay: Cay: Country/Planet State Provote State Provote Country		Division Nanve		
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Street2: Cay: Country/Planeth State. Province Country 20 / Postal Code e. Organizational Unit: Department Name.	erson to be contacted on matte	Division Nanve		
Sheet2: Cox.chy/Plateb: State Provocel CoxrHy Sources CoxrHy Co	erson to be contacted on matte	Division Nanve	].	

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 1<sup>st</sup> 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 ExpirationDate: 08/31/2020							
Name of Institution/Organization	lame of Institution/Organization Applicants requesting funding for only one years hould 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.						
			A - BUDGET SUMM ENT OF EDUCATI				
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							Note: Webform
8. Other							
9. Total Direct Costs (lines 1-8)							may appear
10. Indirect Costs*							• • •
11. Training Stipends							different
12. Total Costs (lines 9-11)							
*Indirect Cost Information (To Be If you are requesting reimburseme (1) Do you have an Indirect Cost (2) If yes, please provide the for Period Covered by the Int Approving Federal ageno The Indirect Cost Rate is         (3) If this is your first Federal gr program or a restricted rate (4) If you do not have an appro [Yes] No If yes,         (5) For Restricted Rate Program	nt for indirect costs on line 10 st Rate Agreement approved llowing information: direct Cost Rate Agreement: (,	, please answer the follow by the Federal governme From:	nt? Yes N To: Yes N e agreement, are not a Stat % of MTDC? Yes he temporary rate of 10% o' here twithin 90 days after the st rate that:	(mm/gd/yyyy) te, Local government or Indi DNo If yes, you must budgeted salaries and wag date your grant is awarded	comply with the requirement es?	nts of 2 CFR § 200.414(f).	

## Budget Information Non-Construction Programs

Section B – Budget Summary Non-Federal Funds

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

Name of Institution/Organization			should comple 1." Applicants grants should	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.			
			3 - BUDGET SUM FEDERAL FUND				
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)							
ED 524	SECTION C - BUDGET NARRATIVE (see instructions)						

## 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:

 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,

Note: Webform may appear different

TITLE
DATE SUBMITTED

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

## SF 424 – Supplemental Information for Non-Construction Programs

Complete Mandatory fields

		U.S. DEPARTMENT OF SUPPLEMENTAL INFO FOR THE SF-4	DRMATION	DMB Number: 1894-0007 ExpirationDate: 09/30/2020	
Project Director	FirstName:	MiddleName: I	.astName:	Suffix:	
			astivane.		
Address:				_	
Street1:					
Street2:					
City:					
County:					
State:					
Zip Code:	A: UNITED STATES				
	eapplicant as defined in the regula No 🔀 Not applicable to this p		included in the definitions page in the atta	ched instructions)?	Note: Webfor may appear different
	urch activities involving human sub	pjects planned at any time dur	ing the proposed Project Period?		uncient
Yes 🛛	No				
b. Are ALL the re	es earch activities proposed design	nated to be exempt from the r	egulations?		
Yes Provi	de Exemption(s) #:	1 2 3 4	5 6		
No Provi	de Assurance #, if available:				
c. If applicable, p indicated in th	Dlease attach your "Exempt Rese e definitions page in the attached	arch" or "Nonexempt Researc instructions.	h" narrative to this form as		
		Add Att	achment Delete Attachment	View Attachment	

### **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

DISC				
Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352			Approved by OMB 4040-0013	
1. * Type of Federal Action: a. contract b. grant c. cooperative agreement d. loan e. loan guarantee	2. * Status of Federal Action:  a. bid/offer/application b. Initial award c. post-award	3. * Report Type: 3. initial filing b. material change		
4. Name and Address of Reporting	Entity:			
				Note: Webform
* Name				may appear
* Street 1	Street 2			different
* City	State	Zip		different
Congressional District, if known:				

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, ypon 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 divil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:		
*Name:	Prefix First Name	Aliddle 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.

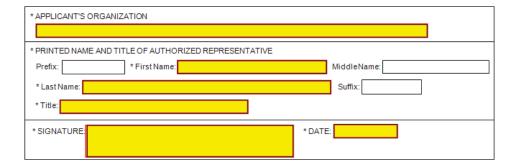
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this 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 1362, 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 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

## **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	<u>www.grants.gov</u> 1-800-518-4726
G5	Site where LEAs access SRSA grant funds	<u>www.g5.gov</u> 1-888-336-8930
System for Award Management (SAM)	Required registration of DUNS number	<u>www.sam.gov</u> 1-866-606-8220
REAP eligibility sprea	dsheet	https://www2.ed.gov/program s/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/program s/reapsrsa/reapdualeligibilitysi de-by-side.pdf (Copy and paste web address into browser address bar.)
Questions?	Contact your REAP program officer, or <b>REAP@ed.gov</b>	

## **Questions?**