

Chapter 1

Chapter 2

Appendix 2

Table of Contents

**ET HANDBOOK NO. 336
CHAPTER I - PLANNING**

APPENDIX I

U.S. Department of Labor

PBP CONTENT CHECKLIST

STATE:

DATE:

Enclosed (Check Box)	Pre- Numbered Page	Identification of Document	Enclosed (Check Box)	Pre- Numbered Page	Identification of Document
A	B	C	A	B	C
		Transmittal * Letter		17	No. p
		Organization Chart		18	No. q
		Drug-Free * Workplace Cert.		19	No. r
		Lobbying Cert. *		20	No. s
	1	Signature Page *		21	No. t
		CAPs/Milestones SS/DLAs:			Program Reviews:
	2	No. a		22	No. a
	3	No. b		23	No. b
	4	No. c		24	No. c
	5	No. d		25	No. d
	6	No. e		26	No. e
	7	No. f			QC Annual Determinations:
	8	No. g		27	No. a
	9	No. h		28	No. b
	10	No. i		29	No. c
	11	No. j		30	No. d
	12	No. k		31	No. e
	13	No. l		32	No. f
	14	No. m			Worksheets:
	15	No. n			SF 424 (A)&(B)
	16	No. o			

ETA 5633 R-6-95

OMB No. 1205-1032, Expires 09/30/99

* Required for each package sent

U.S. Department of Labor

PBP SIGNATURE PAGE

OMB Approval No. 1205-0132 Expires 09/30/99

U.S. DEPARTMENT OF LABOR Employment and Training Administration	FISCAL YEAR	STATE
PROGRAM AND BUDGET PLAN SIGNATURE PAGE UNEMPLOYMENT INSURANCE		
<p>This Unemployment Insurance Program and Budget Plan (PBP) is entered into between the Department of Labor, Employment and Training Administration, and (SESA's Name)</p> <p>_____</p> <p>_____.</p> <p>The Unemployment Insurance PBP is part of the State's overall operating plan and, during the period covered thereby, the State agency will comply with and carry out the standards set forth as Employment and Training Administration policies, and DOL Regulations, publications or other agreements.</p> <p>All work performed under this agreement will be in accordance with the assurances and descriptions of activities as identified in the PBP guidelines and will be subject to its terms.</p>		
TYPED NAME AND TITLE	SIGNATURE	DATE
SESA ADMINISTRATOR		
DOL APPROVING OFFICIAL		

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Initial Claims Promptness for Intrastate.	Completion Date			
	12/31	03/31	06/30	09/30
<div style="border: 1px solid black; min-height: 580px;"></div>				
{} If continued, check box				

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Initial Claims Promptness for Interstate.	Completion Date			
	12/31	03/31	06/30	09/30
(This area is intentionally left blank for the user to describe the corrective action plan steps.)				
{} If continued, check box				

OMB Approval No. 1205-0132 Expires 09/30/99

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Initial Claims Promptness for UCFE.	Completion Date			
	12/31	03/31	06/30	09/30

<p data-bbox="110 1360 418 1392">{ } If continued, check box</p>				
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OMB Approval No. 1205-0132 Expires 09/30/99

<p data-bbox="110 1810 597 1877">U.S. Department of Labor Employment and Training Administration</p> <p data-bbox="110 1915 773 1946">CORRECTIVE ACTION PLAN - MILESTONE PAGE</p>	<p data-bbox="1016 1810 1078 1841">State</p>	<p data-bbox="1292 1810 1435 1841">Fiscal Year</p>
<p data-bbox="110 1976 1192 2041">Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)</p>		

MEASURE OF ACHIEVEMENT: Initial Claims Promptness for UCX.	Completion Date			
	12/31	03/31	06/30	09/30
<p>{ } If continued, check box</p>				

U.S. Department of Labor Employment and Training Administration	State	Fiscal Year
CORRECTIVE ACTION PLAN - MILESTONE PAGE		

Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Nonmonetary Determination Performance for Intrastate Separation Issues. (AND/OR INTEGRITY PLAN)	Completion Date			
	12/31	03/31	06/30	09/30
<p data-bbox="107 1749 417 1780">{ } If continued, check box</p>				

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Nonmonetary Determination Performance for Intrastate Nonseparation Issues.	Completion Date			
	12/31	03/31	06/30	09/30
<div style="border: 1px solid black; height: 600px; width: 100%;"></div>				
{} If continued, check box				

OMB Approval No. 1205-0132 Expires 09/30/99

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year	
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)			
MEASURE OF ACHIEVEMENT: Nonmonetary Determination Promptness for Intrastate Issues.	Completion Date		
	12/31	03/31	06/30

<p data-bbox="110 1360 418 1394">{ } If continued, check box</p>				
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OMB Approval No. 1205-0132 Expires 09/30/99

<p data-bbox="110 1829 594 1892">U.S. Department of Labor Employment and Training Administration</p> <p data-bbox="110 1934 769 1959">CORRECTIVE ACTION PLAN - MILESTONE PAGE</p>	<p data-bbox="1016 1829 1073 1854">State</p>	<p data-bbox="1295 1829 1433 1854">Fiscal Year</p>
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Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
 Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Combined Wage Claims Wage Transfer Promptness.

Completion Date

12/31

03/31

06/30

09/30

{ } If continued, check box

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year
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Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
 Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Appeals Performance.	Completion Date			
	12/31	03/31	06/30	09/30
{} If continued, check box				

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Appeals Promptness for Lower Authority.	Completion Date			
	12/31	03/31	06/30	09/30
<div style="border: 1px solid black; height: 600px; width: 100%;"></div>				
{} If continued, check box				

OMB Approval No. 1205-0132 Expires 09/30/99

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year	
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)			
MEASURE OF ACHIEVEMENT: Appeals Promptness for Higher Authority.	Completion Date		
	12/31	03/31	06/30

<p data-bbox="110 1396 418 1428">{ } If continued, check box</p>				
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OMB Approval No. 1205-0132 Expires 09/30/99

<p data-bbox="110 1835 594 1898">U.S. Department of Labor Employment and Training Administration</p> <p data-bbox="110 1940 773 1967">CORRECTIVE ACTION PLAN - MILESTONE PAGE</p>	<p data-bbox="1016 1835 1073 1862">State</p>	<p data-bbox="1297 1835 1435 1862">Fiscal Year</p>
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U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year
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Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
 Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Field Audits. (AND/OR INTEGRITY PLAN)	Completion Date			
	12/31	03/31	06/30	09/30
Empty space for describing the measure of achievement				

{ } If continued, check box

OMB Approval No. 1205-0132 Expires 09/30/99

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Report Delinquency.	Completion Date			
(Empty space for description)	12/31	03/31	06/30	09/30
	(Empty space)	(Empty space)	(Empty space)	(Empty space)
{} If continued, check box				

OMB Approval No. 1205-0132 Expires 09/30/99

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Collections Promptness.	Completion Date			
	12/31	03/31	06/30	09/30

<p data-bbox="110 1360 418 1392">{ } If continued, check box</p>				
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OMB Approval No. 1205-0132 Expires 09/30/99

<p data-bbox="110 1835 594 1898">U.S. Department of Labor Employment and Training Administration</p> <p data-bbox="110 1938 773 1965">CORRECTIVE ACTION PLAN - MILESTONE PAGE</p>	<p data-bbox="1016 1835 1076 1862">State</p>	<p data-bbox="1295 1835 1433 1862">Fiscal Year</p>
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Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Necessary corrective action to improve the recovery of fraud/nonfraud benefit overpayments. (AND/OR INTEGRITY PLAN)

Completion Date

12/31

03/31

06/30

09/30

{ } If continued, check box

U.S. Department of Labor Employment and Training Administration	State	Fiscal Year
CORRECTIVE ACTION PLAN - MILESTONE PAGE		

Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Automated Overpayment and Fraud Detection and Collection Systems.

Completion Date			
12/31	03/31	06/30	09/30

<p data-bbox="110 1734 418 1766">{ } If continued, check box</p>				
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U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Cash Management - Deposit to Clearing Account.	Completion Date			
	12/31	03/31	06/30	09/30
<div style="border: 1px solid black; height: 600px; width: 100%;"></div>				
{} If continued, check box				

OMB Approval 1205-0132 Expires 09/30/99

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year	
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)			
MEASURE OF ACHIEVEMENT: Cash Management - Transfer Funds from Clearing Account.	Completion Date		
	12/31	03/31	06/30

<p data-bbox="110 1360 418 1394">{ } If continued, check box</p>				
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OMB Approval No. 1205-0132 Expires 09/30/99

<p data-bbox="110 1829 594 1892">U.S. Department of Labor Employment and Training Administration</p> <p data-bbox="110 1934 773 1959">CORRECTIVE ACTION PLAN - MILESTONE PAGE</p>	<p data-bbox="1016 1829 1075 1854">State</p>	<p data-bbox="1295 1829 1435 1854">Fiscal Year</p>
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Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
 Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Cash Management - Benefit Payment Account.	Completion Date			
	12/31	03/31	06/30	09/30
{} If continued, check box				

U.S. Department of Labor Employment and Training Administration	State	Fiscal Year
CORRECTIVE ACTION PLAN - MILESTONE PAGE		

Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: **Federal Program Review (UCFE, UCX, TAA, etc.).**

Completion Date			
12/31	03/31	06/30	09/30

<p data-bbox="105 1770 418 1801">{ } If continued, check box</p>				
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U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: BPC Reviews.	Completion Date			
(This area is intentionally left blank for the user to describe the measure of achievement.)	12/31	03/31	06/30	09/30
	(This area is intentionally left blank for the user to describe the measure of achievement.)	(This area is intentionally left blank for the user to describe the measure of achievement.)	(This area is intentionally left blank for the user to describe the measure of achievement.)	(This area is intentionally left blank for the user to describe the measure of achievement.)
{} If continued, check box				

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Internal Security Reviews.	Completion Date			
(This area is currently blank)	12/31	03/31	06/30	09/30
	(This area is currently blank)			
{} If continued, check box				

OMB Approval No. 1205-0132 Expires 09/30/99

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year	
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)			
MEASURE OF ACHIEVEMENT: Federal Program Review - Workload Validation.	Completion Date		
	12/31	03/31	06/30

<p data-bbox="110 1360 418 1394">{ } If continued, check box</p>				
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OMB Approval No. 1205-0132 Expires 09/30/99

<p data-bbox="110 1829 594 1892">U.S. Department of Labor Employment and Training Administration</p> <p data-bbox="110 1934 773 1959">CORRECTIVE ACTION PLAN - MILESTONE PAGE</p>	<p data-bbox="1016 1829 1076 1854">State</p>	<p data-bbox="1295 1829 1433 1854">Fiscal Year</p>
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Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
 Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Automation Grants. (USE FOR INTEGRITY PLAN FOR ELIGIBILITY REVIEW PROGRAM ACTIVITY)	Completion Date			
	12/31	03/31	06/30	09/30
{} If continued, check box				

U.S. Department of Labor Employment and Training Administration	State	Fiscal Year
CORRECTIVE ACTION PLAN - MILESTONE PAGE		

Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Meets Organizational Requirement for Benefits Quality Control.	Completion Date			
	12/31	03/31	06/30	09/30
<p data-bbox="107 1734 417 1766">{ } If continued, check box</p>				

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Meets Authority Requirement for Benefits Quality Control.	Completion Date			
	12/31	03/31	06/30	09/30
<div style="border: 1px solid black; height: 600px; width: 100%;"></div>				

{ } If continued, check box

OMB Approval No. 1205-0132 Expires 09/30/99

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year	
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)			
MEASURE OF ACHIEVEMENT: Meets Benefits Quality Control Requirement for Written Procedures.	Completion Date		
	12/31	03/31	06/30

<p data-bbox="110 1360 418 1394">{ } If continued, check box</p>				
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OMB Approval No. 1205-0132 Expires 09/30/99

<p data-bbox="110 1818 597 1885">U.S. Department of Labor Employment and Training Administration</p> <p data-bbox="110 1923 776 1957">CORRECTIVE ACTION PLAN - MILESTONE PAGE</p>	<p data-bbox="1016 1818 1084 1852">State</p>	<p data-bbox="1295 1818 1442 1852">Fiscal Year</p>
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Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
 Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: Meets Benefits Quality Control Requirement for BQC Forms.

Completion Date

12/31

03/31

06/30

09/30

{ } If continued, check box

U.S. Department of Labor Employment and Training Administration	State	Fiscal Year
CORRECTIVE ACTION PLAN - MILESTONE PAGE		

Instructions: Briefly describe steps the State will take to achieve the measure of achievement.
Number steps sequentially. (O=Ongoing)

MEASURE OF ACHIEVEMENT: SESA Sample Selection - Sample and Investigates the Number of Benefits Quality Control Cases Allocated by DOL.	Completion Date			
	12/31	03/31	06/30	09/30
<p data-bbox="107 1745 418 1776">{ } If continued, check box</p>				

U.S. Department of Labor Employment and Training Administration CORRECTIVE ACTION PLAN - MILESTONE PAGE	State	Fiscal Year		
Instructions: Briefly describe steps the State will take to achieve the measure of achievement. Number steps sequentially. (O=Ongoing)				
MEASURE OF ACHIEVEMENT: Timeliness of Benefits Quality Control Case Completion - (95% W/I 90 Days).	Completion Date			
	12/31	03/31	06/30	09/30
<div style="border: 1px solid black; height: 600px; width: 100%;"></div>				
{} If continued, check box				

U.S. DEPARTMENT OF LABOR
 Employment and Training Administration

Exp. Date 09/30/99
 OMB Approval #1205-0132

WORKSHEET UI-1	UI STAFF HOURS AND TRAVEL STAFF YEARS				
State	Fiscal Year			Date	
1. Travel Staff Years	2. Type of Leave Hours			No. of Hours	
a. Benefits (Itinerant Claims)	a. Holiday				
	b. Annual				
	c. Sick				
b. Appeals	d. Other (Specify)				
	e. Total (a thru d)				
c. Tax	3. Hours Worked				
	4. Hours Paid				
5. Annual Hours Per Staff Year and Quarterly Distribution					
Hours Per Staff Year	Annual	First	Second	Third	Fourth
a. Hours Worked					
b. Hours Paid					
Comments					

INSTRUCTIONS FOR THE UI-1

Public Reporting Burden for the collection of this 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 Unemployment Insurance Service/ETA, U.S. Department of Labor, Room S-4231, 200 Constitution Avenue, N. W., Washington, D. C. 20210, and Paper Reduction Project (1205-0132).

Please type or print legibly. The following general instructions explain how to use the form itself.

Item Entry

- 1a. Enter the estimated staff years paid needed for benefits travel for itinerant claims taking.
- 1b. Enter the estimated staff years paid needed for appeals travel.
- 1c. Enter the estimated staff years paid needed for tax travel.
2. Enter the estimated number of staff leave hours by type (holiday, annual, sick, and other) and total leave hours per position.
3. Enter the estimated number of staff hours worked per position.
4. Enter the number of staff hours paid per position (the sum of items 2.e and 3).
- 5a. Enter the annual staff year hours worked and distribution by quarter. The annual hours for this item must equal the annual hours for item 3.
- 5b. Enter the annual staff year hours paid and distribution by quarter. The annual hours for this item must equal the annual hours for item 4.

ETA 8623A (June 1994) Back

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required factsheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1. Self-explanatory.		12. List only the largest political entities affected (e.g; State, counties, cities).	
2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).		13. Self-explanatory.	
3. State use only (if applicable).		14. List the applicant's Congressional District and any District(s) affected by the program or project.	
4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.		15. 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 <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.	
5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.		16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.	
6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.		17. 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.	
7. Enter the appropriate letter in the space provided.		18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as 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.)	
8. Check appropriate box and enter appropriate letter(s) in the space(s) provided: --"New" means a new assistance award. --"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. --"Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.			
9. Name of Federal agency from which assistance is being requested with this application.			
10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.			
11. Enter a brief descriptive title of the project. if more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.			

SF 424 (REV 4.88) Back.

BUDGET INFORMATION — Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. TOTALS		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6 Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a - 6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

Standard Form 424A (4-88)
Prescribed by OMB Circular A-102

SF 424A (Pg. 1)

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$	\$	\$	\$	\$
14. NonFederal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

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

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTALS (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION
(Attach additional Sheets if Necessary)

21. Direct Charges:	22. Indirect Charges:
23. Remarks	

INSTRUCTIONS FOR THE SF-424A

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 Columns (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).

Lines 1-4 Columns (c) through (g.) (continued)

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.

Lines 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.

INSTRUCTIONS FOR THE SF424A (continued)

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 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-Resource

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.

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ASSURANCES--NON-CONSTRUCTS PROGRAMS

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 costs) to ensure proper planning management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State through any authorized representative access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3 Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C. F. R. 900, Subpart F).

6. Will comply with all Federal statues relating to nondiscrimination. These include but are not limited to (a) Title VI of the Civil Rights Act of 1964 (P. L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U. S. C. 1681-1683 and 1685- 1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation 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, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P. L. 91-616), as amended relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U. S. C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a to 276a7), the Copeland Act (40 U.S.C 276c and 18 U.S.C 874) and the Contract Work Hours ant Safety Standards Act (40 U.S.C 327-333), regarding labor standards for federally assisted construction subagreements.

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Prescribed by OMB Circular A-102

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulation and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED