

EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210	CLASSIFICATION SCSEP
	CORRESPONDENCE SYMBOL ONP
	DATE June 30, 2005

ADVISORY: TRAINING AND EMPLOYMENT GUIDANCE LETTER No. 37-04

TO: ALL SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM GRANTEES

FROM: EMILY STOVER DeROCCO
Assistant Secretary

SUBJECT: PROGRAM YEAR 2005 PLANNING INSTRUCTIONS AND ALLOTMENTS FOR ALL APPLICANTS

1. **Purpose.** To provide all SCSEP applicants with grant application instructions and procedures for Program Year (PY) 2005 beginning July 1, 2005.

NOTE: Separate instructions for the application for funding under the special private sector set-aside under section 506(a)(1) of the Older Americans Act Amendments of 2000 (OAA Amendments) will be published in the Federal Register, or in another appropriate medium.

2. **References.** OAA Amendments, Pub. L. 106-501; 20 CFR Part 641
3. **Background.** The Fiscal Year 2005 appropriation for Title V of the OAA is \$438,678,400. This funding will be used to support over 61,300 authorized SCSEP community service positions and will result in approximately 93,000 people being served during Program Year 2005 beginning July 1, 2005.
4. **PY 2005 Program Allotments.** Please see the attachments for the state funding levels and authorized positions.
5. **Grant Application Procedures.** All SCSEP grant applicants must submit a grant application package in order to be funded. No grant will be recommended for funding that fails to provide any of the required information outlined in this guidance.

A complete grant application package must contain an original and two copies of the following:

- a. Project Narrative or Technical Proposal
- b. An SF-424 Form, Application for Federal Assistance (one signed original and two copies)*
- c. An SF-424A Form, Budget Information Form, with a detailed budget breakout*
- d. Assurances and Certifications
- e. Special Conditions/Clauses
- f. If changes have been made or required in the applicant's operating manuals and procedures (including orientation materials provided to participants on policies) since the PY 2004 submission, send one copy of the updated materials
- g. Required attachments: Most recent audit report, most recent monitoring report, cross border agreement, PY 2005 performance goals, and Corrective Action Plan (if performance was less than the 20 percent unsubsidized placement goal)

NOTE: If the applicant can demonstrate that it has met or is on target to meet the 20 percent Placement Goal in Program Year 2004 at the time of application, a Corrective Action Plan does not need to be submitted

*Clean copies of the forms may be obtained from the ETA Web site: <http://doleta.gov/seniors/>. Click on "Technical Assistance" and look for Government Forms.

6. **Grant Application Intergovernmental Reviews.** In accordance with section 502(d) of the OAA Amendments, applicants must share applications on an intra-state basis and provide their Area Agencies on Aging (AAAs) with copies of the SF-424, Application for Federal Assistance, including a summary of the project locations and an explanation of the services that will be provided. In addition, procedures established by Executive Order 12372 which implements the Single Point of Contact (SPOC) system, should be followed unless the state SPOC has waived this requirement. Any comments received should be sent to the Division of Older Worker Programs (DOWP).
7. **Methods of Submission.** Grant applications may only be submitted by U.S. Postal Service or overnight delivery. Electronic submissions are not acceptable.

8. **Eligibility Review/Responsibility Review/Grant Application Review.** The Department will conduct a pre-award eligibility review, responsibility review and grant application review as provided at section 514(c)–(d) the OAA Amendments and 20 CFR 641.430-440. Applicants will not be designated as grantees for PY 2005 if they:
- a. Fail to meet the eligibility test of section 514(c) of the OAA Amendments and criteria as provided at 20 CFR 641.430.
 - b. Fail to meet the responsibility tests of section 514(d) of the OAA Amendments as provided at 20 CFR 641.440.
 - c. Fail to meet the general requirements of the OAA Amendments and 20 CFR Part 641.

When appropriate, applicants will be advised of the Department's concerns by letter, which may include, if appropriate, corrective action(s) specified as a funding condition and a time frame for the completion of the corrective action(s).

9. **Performance Goals for 2005.** During the last complete program year, PY 2003, SCSEP operated with two mandated measures: placement and service level. The Department established nationwide goals of 30% for placement and 140% for service level. Approximately 100,000 individuals were served and nearly 20,000 placed. PY 2004 was a baseline year for establishing performance goals on the measures mandated by 20 CFR 641.700 of the final rule and OWB 04-06:
- a. Placement Rate
 - b. Service Level
 - c. Service to Most-in-Need
 - d. Community Service (subject to sanctions in PY 2006)
 - e. Employment Retention
 - f. Customer satisfaction for employers, participants and host agencies
 - g. Earnings increase (subject to sanctions in PY 2006)

As set forth in the regulations and ETA advisories, the Department will negotiate performance goals with each successful applicant for each of the new performance measures. These goals will be effective July 1, 2005, and will be incorporated into PY 2005 grants. Final goals will reflect national goals based on the national baseline, grantee baseline performance, any adjustment to grantee goals based on the statutory factors, and the principles of continuous improvement.

10. **Administrative Costs.** As provided at 20 CFR 641.867, administrative costs are generally limited to no more than 13.5 percent of the SCSEP funds received for a program year. However, the Department may increase the amount available for administrative costs to not more than 15 percent. As provided at 20 CFR 641.870,

the Department may honor the request if it determines that it is necessary to carry out the project, and the applicant demonstrates that:

- a. Major administrative cost increases are being incurred in necessary program components; or
- b. The number of employment positions in the project or the number of minority eligible individuals participating in the project will decline if the amount available for paying the cost of administration is not increased; or
- c. The size of the project is so small that the amount of administrative expenses incurred to carry out the project necessarily exceeds 13.5 percent of the amount for such project.

General statements that costs have increased do not constitute adequate justifications. The applicant must identify which costs have increased, why they have increased, and how these costs relate to program operations.

11. Schedule. Applicants must comply with the following timetable:

- a. The SF-424 and SF-424A Grant Application forms and narrative should be provided to the State Office on Aging and the Area Agencies on Aging upon submission to DOWP.
- b. The PY 2005 Grant Application is due in DOWP by July 22, 2005. However, applicants are encouraged to submit their applications as soon as possible.

Please mail or deliver completed application packages to:

Ms. Ria Moore Benedict
Chief, Division of Older Workers Program
U.S. Department of Labor/ETA
200 Constitution Ave., N.W.
Room C-4312
Washington, D.C. 20210

12. Inquiries. Questions may be directed to the appropriate Federal Project Officer.

13. Attachments.

- I. Technical Proposal Instructions
- II. Budget Information Instructions
- III. Standard Forms SF-424 and SF 424A
- IV. Assurances and Certifications
- V. General Special Clauses
- VI. Authorized Positions and Funding
- VII. Contacts for State and National Grantees

Instructions for Completion of the Grant Application Package

Contents:

- I. Technical Proposal Instructions
- II. Budget Information Instructions
- III. Standard Forms SF-424 and SF-424A
- IV. Assurances and Certifications
- V. General Special Clauses
- VI Authorized Positions and Funding
- VII. Contacts for State and National Grantees

ATTACHMENT I

TECHNICAL PROPOSAL INSTRUCTIONS

This Attachment contains detailed instructions for the completion of a project narrative. PLEASE READ EACH SECTION OF THE NARRATIVE INSTRUCTIONS CAREFULLY. NO GRANT WILL BE RECOMMENDED FOR FUNDING THAT FAILS TO PROVIDE ANY OF THE REQUIRED INFORMATION PROVIDED IN THIS GUIDANCE.

FORMAT

The format delineated herein must be followed or the grant application package will not be accepted.

The text of the project narrative must be double-spaced with one-inch margins at the top, bottom, right and left sides. Pages must be numbered. The use of graphs, maps, and tables is permitted, but must be properly labeled. In addition to using the required section headings, applicants are encouraged to use brief topic headings for paragraphs in the text.

The title, "PART I – PROJECT NARRATIVE" should be centered and the section headings and subheadings should be entered at the left-hand margin.

CONTENT

Content guidelines for the project narrative are discussed in the following five sections. The content must be concise and relevant. Avoid direct reiteration of statutory or regulatory requirements. The grant application must provide an explanation of the proposed project.

SECTION 1 – STATE SENIOR EMPLOYMENT SERVICES COORDINATION PLAN

Applicants must describe briefly how this grant application supports the State Senior Employment Services Coordination Plan.

SECTION 2 – TECHNICAL APPROACH

This section requires information about the operations of the proposed project and the methods and procedures that the applicant will use to implement them. This section must consist of three subsections, each is discussed separately below.

- A. Plan of Action.** Provide a description of each project function or activity. Applicants must provide adequate descriptions for the reviewer to ascertain

how the applicant will implement the project. The following activities must be discussed separately:

- (1) **20 CFR 641.500 and 641.520, Recruitment and Selection of Participants.** The revised income definitions and income inclusions and exclusions for determining SCSEP eligibility, as described in TEGL 13-04, must be used to determine and document participant eligibility. Indicate how eligibility will be determined and documented. Indicate the methods and resources that will be used to recruit project participants. Grant applicants must identify new strategies to recruit applicants who can meet the new income eligibility guidelines.
- (2) **20 CFR 641.505, Continued Eligibility for Enrollment in the SCSEP.** All applicants are required to recertify the income of each participant at least once each program year. Indicate the schedule for certifying participants and action, if any, to be taken on behalf of those found to be ineligible. Indicate where eligibility records will be maintained. Self-attestation of income eligibility, without appropriate documentation, is not permitted.
- (3) **20 CFR 641.565(b)(ii)(A) and (B), Physical Examinations.** Describe the process for offering physicals to participants. Describe the process for maintaining documentation of those participants who elect to take physicals and those who waive them.
- (4) **20 CFR 641.535(a)(1), Orientation.** Describe participant and host agency orientation procedures. The description should include mention of participant and agency responsibilities, permissible political activities, grievance procedures, etc. If changes have been made in your operating manuals and procedures (including orientation materials provided to participant on policies) since the PY 2004 submission, provide one copy of the updated materials.
- (5) **20 CFR 641.535(a)(2), Assessment.** Describe procedures for assessing the job aptitudes, job readiness, and job preferences of participants, as well as their potential for transition into unsubsidized employment. Training and supportive service needs of participants must also be addressed as part of this assessment.
- (6) **20 CFR 641.535(a)(3), Individual Employment Plan (IEP).** Describe how the assessment will be used to develop a participant's IEP, how often the IEP will be updated, and how the participant will participate in this process.

- (7) **20 CFR 641.535(a)(4), Assignment to Community Service.** Describe how participants will be assigned to community service. Include such factors as:
- (a) Types of community service activities that will be emphasized in assigning participants and how they were chosen.
 - (b) Methods used to match participants with community service training.
 - (c) Extent to which participants will be placed in assignments involving the administration of the project itself.
 - (d) Types of host agencies to be used and the procedures and criteria for selecting the assignments.
 - (e) Average number of hours in participant work weeks.
 - (f) Average participant wage paid during work training.
 - (g) Participant fringe benefits (if offered) and how they will be administered.
 - (h) Procedures for assuring participants are given adequate worksite supervision.
 - (i) Any policies that limit the amount of time a participant may spend in community service.

- (8) **20 CFR 641.535(a)(5), Other Training.** Describe the training that will be provided to participants under OWB 04-04. The Department must approve the OJE training option before the grantee may exercise this option.

Further, applicants must specify how they will leverage other Department of Labor training opportunities such as the Disability Program Navigators at local One-Stops and the Registered Apprenticeship Program.

- (9) **20 CFR 641.535, Supportive Services.** Describe the supportive services that will be offered to help participants obtain and retain an unsubsidized job. Identify the source(s) of these services.
- (10) **Participant Transportation.** Executive Order (E.O.) 13330, issued by the President on February 24, 2004, mandates that a number of Federal agencies, including the Department of Labor, collaborate to improve mobility, employment opportunities, and access to community services for persons who are transportation disadvantaged. The E.O. focuses on the

provision of transportation access to persons with disabilities, older adults and persons with low incomes. In view of this mandate, and in recognition of the fact that the development the state plan is a collaborative process involving multiple partners, grantees are now required to provide information on their efforts to identify solutions for transportation-related issues for SCSEP participants in their state, especially in rural areas.

Describe the arrangements that will be made to provide transportation assistance to participants. Define the reimbursement rate for transportation.

- (11) **20 CFR 641.545, Placement into Unsubsidized Employment.** Describe the steps that will be taken to move or place participants into unsubsidized employment. Include the cooperative measures that will be taken with the Workforce Investment Act One-Stop delivery system in support of this effort, and who will be responsible for this implementation. These strategies should support the President's and ETA's focus on high-growth industries, e.g., health care, information technology, biotechnology, geospatial technology, automotive, retail, advanced manufacturing, construction, transportation, hospitality, financial services and energy.

Applicants must also describe how they will work with local economic development agencies in rural areas to increase job opportunities in such locations.

- (12) **20 CFR 641.570, Maximum Duration of Enrollment.** Maximum duration of enrollment is an optional provision of the regulations. A grantee may establish a maximum duration of enrollment in the grant agreement, when authorized by the Department. If such time limits have previously been established and approved, they must be identified in this section. If there is such a time limit on enrollment established in the grant agreement, the grantee must describe its system to transition participants to unsubsidized employment or other assistance before the maximum enrollment duration has expired.
- (13) **20 CFR 641.580, Terminations.** Applicants must describe their termination policies for: a) the providing of false information; b) income eligibility determined at recertification; c) incorrect initial eligibility determination; d) cause; and e) refusal to accept a reasonable number of job offers or referrals to unsubsidized employment consistent with the SCSEP IEP.
- (14) **20 CFR 641.910, Applicant, Employee and Participant Complaint Resolution.** Describe fully the system of due process that will be used in cases where an adverse action is contemplated against a participant, an

employee of the grantee or subgrantee, or in cases where an applicant for enrollment wishes to dispute an unfavorable determination of eligibility. Attach an example of the written explanation of the due process system that is given to each participant.

- (15) **Over-Enrollment.** Describe the utilization of participants when there is over-enrollment, and the anticipated number of participants that could be employed above the number of authorized positions. Describe how participants will be notified of their short-term status, and how the short-term status of participants will be identified in participant records. Applicants must describe how they will balance ED Report requirements with over-enrollment to achieve equitable distribution.
- (16) **20 CFR 641.844, Maintenance of Effort.** Describe steps that will be taken to ensure compliance with the Maintenance of Effort provision.
- (17) **Procedures for Payroll and Payment of Workers' Compensation Costs.** Describe how payroll and workers' compensation premiums are paid to participants. Include in this description an estimate of how much is paid in a grant year for workers' compensation premiums and separately for workers' compensation claims. GRANTEES MAY NOT DELEGATE THESE PROCEDURES TO HOST AGENCIES.

NOTE: Workers Compensation coverage is required at all times during a participant's training, even when co-enrolled in the 502(e) private employment projects. (OAA Amendments § 507)

- (18) **Collaboration.** Each applicant must describe how it will collaborate with other entities serving the same area—e.g., the One-Stop delivery system or other grantees—to maximize opportunities for SCSEP participants to obtain intensive and training services and to move into unsubsidized employment. Describe how MOUs will be established in areas where they do not exist, and the timeline for accomplishing such agreements.
- (19) **20 CFR 641.500(b), Cross-Border Agreements.** State applicants may enter into agreements to permit cross-border enrollment of eligible participants. Such agreements must cover both state and national grantee slots and must be submitted as an attachment to this section.
- B. New Performance Standards and Reporting Requirements.** Describe plans for implementing the new performance standards and new reporting requirements in PY 2005, including the purchase of computer and Internet access for all local persons who have data entry responsibilities. Describe how existing staff resources will be augmented to meet the increased data collection and reporting needs.

NOTE: The Department intends to migrate the DCS to the Internet during Program Year 2005. All DCS users will be required to transition to the Internet at that time. This migration will require a high-speed Internet connection for all DCS users. Non-DCS users will be required to capture the data required by the DCS and upload their data to SPARQ on a schedule to be developed. Timely reporting of the required data by all grantees is not optional. Failure to provide complete and accurate data by the established time limits each quarter is a violation of the terms of the grant and may result in administrative action, including the withholding of funds. Any applicant that lacks the necessary hardware Internet connections or personnel to meet their obligations should make corrections immediately. The performance narrative must address how applicants will accomplish both the mechanics of data collection and reporting and the achievement of the performance goals described in Section 9 of the TEGE.

- (1) **Data Collection and Reporting.** In this section, each applicant must describe how it will ensure complete, accurate, and timely data collection and reporting by all sub-grantees. Specifically, each applicant must indicate:
 - (a) How it will use SCSEP grant money or matching funds to obtain any needed hardware or Internet connectivity.
 - (b) How and where data entry will be accomplished if sub-grantees lack the capacity to perform this function.
 - (c) How it will ensure that those capturing and recoding data are familiar with the latest instructions for data collection, including DOL advisors, such as TEGE, the Data Collection Handbook, and Internet postings.
 - (d) How it will ensure that data are submitted timely for the QPR and final QPR.
 - (e) That sub-grantees will be legally obligated to entering all required data relating to all participants served during the period covered by its sub-grants.
 - (f) That sub-grantees will be legally obligated to turn over complete data files in the specified electronic format to the grantee at the time that the sub-grantee ceases to administer the SCSEP program.
 - (g) That any new sub-grantees will be legally obligated to enter complete data related to any participants whom they acquire upon becoming sub-grantees.

- (h) For non-DCS users, how it will ensure that data are uploaded to SPARQ in accordance with Department guidance.

NOTE: Any applicant that failed to submit its data in PY 2004 or has insufficient data (i.e., a number of projects have not submitted files or have files that have been rejected) will be held to the national baseline standard. In addition, such failure may impact current or future funding.

- (2) **Performance Measures.** As described in Section 9 of the TEGL, successful applicants will be accountable for meeting negotiated performance goals for PY 2005. Each applicant must provide performance goals for each of the required measures as an attachment.

- C. Equitable Distribution.** Describe the current slot imbalances and the steps your organization is proposing to correct such inequities in conjunction with other selected SCSEP grantees. Applicants must ensure that this information is consistent with the ED report and the State Plan.

SECTION 3 – GEOGRAPHIC AREAS TO BE SERVED

List the cities and counties where the project and its subprojects will be conducted. Include the number of SCSEP authorized positions to be established in each jurisdiction. For those applicants with a project located in a city but also serving surrounding counties (or other jurisdictions), the authorized positions for the surrounding counties/jurisdictions must be listed as well. Please indicate where authorized positions have been changed from the prior year. Also include a listing of how many slots are filled and the number that are vacant. We suggest using a chart format.

SECTION 4 – PROGRAM ADMINISTRATION

- A. Organizational Structure.** Describe the organizational structure of the project, including an explanation of the mission and function of each unit connected with the project.
- B. 20 CFR 641.861, Subproject Management.** In completing this section, applicants need not provide specific information on their subgrantees or contractors. The Department is interested only in general procedures and practices utilized by the applicant to manage and select subproject operators. Applicants must describe how they will assure that subgrantees, affiliates, contractors, or other entities receive adequate resources to effectively operate local projects.
- C. Training of Subproject (Local) Staff.** Describe the training that will be provided to increase the skills, knowledge, and abilities of local staff. Where

applicable, include a description of the proposed staff training with dates, content, and potential participants.

D. Project Monitoring. Explain the methods and procedures that will be used to monitor and evaluate project activities, subgrantees, and contractors to determine whether the project is being administered in accordance with Federal guidelines and regulations and whether project goals and timetables are being met. Respond to the following issues:

- (1) Frequency of monitoring/evaluation visits to local projects
- (2) Person(s) responsible for monitoring and evaluation
- (3) Criteria used to monitor and evaluate project activities
- (4) Methods for prescribing remedial action when necessary
- (5) Follow-up procedures to ensure that any identified problem has been remedied
- (6) Validation of sub-project reports

E. Financial Monitoring. Describe how the financial management system of local subprojects will be monitored. The following issues should be addressed:

- (1) Person(s) responsible for monitoring subgrantee expenditures
- (2) Frequency of monitoring of expenditures
- (3) Follow-up procedures to be used
- (4) Validation of financial reports

F. File Maintenance. Describe how files will be maintained for privacy. Also describe how files are set up, including whether they are electronic or hard copy files.

Applicants should describe how personnel records will be protected to avoid identity theft and other violations of personal information. Specific steps should be outlined to assure that participant records are securely stored and access is limited to appropriate staff. If applicable, describe measures that will be taken to protect the electronic storage and retrieval of personnel information.

Grantees interested in using electronic media for record keeping must describe the safeguards that will be used to preclude tampering with the information and assurances that electronic signatures, pin numbers, etc. belong to the individual who is certifying the information. If document authenticity can be assured and safe guarded, utilization of electronic media is an acceptable means of record keeping.

G. Audits. Describe audit coverage including plans to audit local projects as well as plans to audit headquarters activities. To the extent feasible, provide dates, possible audit firms and selection procedures for future audits. Provide specific references to the most recent audit. Include the name of the audit firm and the date, and attach one copy of the most recent audit for your grant and for your subgrantees.

SECTION 5. CONTINGENCY PLAN FOR PARTICIPANTS

Applicants must describe how on-board participants will be transferred to new grantees if a grantee loses all or some of its positions. Such losses may occur if there are position reductions resulting from competition, swaps, new Census data, or reductions in funding. In this section, please address the following issues:

- (1) How and when the participants will be notified.
- (2) Records, if appropriate, that will be turned over to the new grantee.
- (3) Efforts to place program participants into other employment and training opportunities.
- (4) Services that will be provided to ease the transition.
- (5) How final payroll payments will be made.

By accepting this grant, the applicant agrees to carry out the transition plan, should that be necessary.

ATTACHMENT II

BUDGET INFORMATION INSTRUCTIONS

Part 2 of the proposal should be titled "PART II-PROPOSED PROJECT BUDGET." The applicant must prepare the proposed budget using Standard Form (SF) 424A (available in Adobe Acrobat format at www.doleta.gov/seniors/other_docs/SF424a.pdf.) or a comparable format.

Sections A, B, C, and D of the Budget Information Form should include budget estimate for the entire grant period. Sections A and B requires information on the four basic grant functional areas: (1) Administration; (2) Local Administration; (3) Participant Wages and Fringe Benefits; and (4) Other Participant Costs. Costs attributable to these function areas are described in the regulations. (See also 20 CFR 641.847 – 641.873). Applicants must ensure that the proportional distribution of the Federal funds among these functional areas meets program requirements.

The following instructions are intended to clarify the process of completing the SF-424 grant application and the SF-424A budget form. The current regulations should be reviewed as well as OW Bulletin No. 00-20, Allocation of Indirect Costs, and OAA Amendments sections 502(b)(3)-(b)(4). Local Administration includes estimated sums associated with the administration of state and local SCSEP project activities including subgrantees, subcontractors, or other affiliates (OAA Amendments section 502(b)(1)(R)). Sufficient funding for administrative costs must go to the local levels of program operation.

CLARIFYING INSTRUCTIONS FOR STANDARD FORM 424

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

Item 12. List the counties with the number of authorized positions to be placed in each one. If the space on the form is not sufficient, please continue on a separate page. This list must be consistent with the appropriate current individual State Equitable Distribution plans.

Item 15. The Federal funding for Program Year 2005 for all state applicants is listed in Attachment V or may be obtained by calling your primary contact.

CLARIFYING INSTRUCTIONS FOR STANDARD FORM 424-A

Section A - Budget Summary

Lines 1 - 4, Columns (a) and (b).

Under Column (a), enter the following:

Line 1 – “Administration”

Line 2 – “Local Administration”

Line 3 – “Participant Wages and Fringe Benefits (PW/FB)”

Line 4 – “Other Participant Costs (OPC)”

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

Lines 1 - 4, Column (c) through (g). Leave Columns (c) and (d) blank. For each line entry under Column (a), enter in Columns (e) (Federal), (f), (Non-Federal) and (g) the appropriate amounts of funds needed to support the project for the grant period.

Line 5. Show totals for all columns of the non-Federal funds. The non-Federal share must be no less than 10 percent of the total cost of the project. The legislative requirement is found in section 502(c)(1) of the OAA Amendments. Rules regarding states and non-Federal funds are found in the administrative regulations, 29 CFR Part 97. Please indicate as a remark (on Line 23) the specific source(s) and amounts (if known) of any non-Federal funds and include this information in the detailed cost breakout.

Section B – Budget Categories

In the column headings at Line 6 titled “Object Class Categories” (1) through (4), enter the titles of the grant functional areas (Administration, Local Administration, PW/FB, and OEC) shown on Lines 1 - 4, Column (a), Section A. For each functional area fill in the total funds needed (Federal plus non-Federal) by object class categories. The object class categories are those listed in lines 6(a) through 6(k) including totals.

Lines 6a through 6h. Show the estimated amount (include the combined Federal and non-Federal share) for each direct object class category under each column used. All costs to be incurred under contracts or subgrants should be reflected in line 6f (Contractual). The costs to be incurred under individual contracts or subgrants must be properly attributed among the three basic functional areas (i.e., Administration, Local Administration, PW/FB, and OPC). Under the PW/FB column (Participant Wages and Fringe Benefits), entries may be made in three object class categories: "Personnel" (Participant Wages), "Fringe Benefits" (Participant Fringe Benefits), or "Contractual" (when funds for participant wages and fringe benefits are to be included in contracts or subgrants).

Line 6i. Show the total of entries made for lines 6a through 6h in each column.

Line 6j. Show the amount of indirect costs. A copy of the current indirect cost rate agreement must be sent with the application. If it is not available please provide an explanation and an estimate as to when it will be available.

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

Line 7. Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Under the project narrative statement describe the nature and source of such income. **Note:** Income generated by SCSEP projects must be used for SCSEP activities.

Section C – Source of Non-Federal Resources

Line 8. Enter amounts of non-Federal resources that will be used in the grant.

Column (a). On Line (8) Column (a) only, enter "SCSEP" (Senior Community Service Employment Program). A breakdown by functional areas is not necessary. Use Line (8) for entries under all columns.

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

Column (c). Enter the state(s) contribution. This requirement does not apply to state grantees.

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

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

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

Section D - Forecasted Cash Needs

Make no entries.

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

Make no entries.

Section F - Other Budget Information

Line 21 - Direct Charges. In the space provided type "A Detailed Cost Breakout is Attached."

A Detailed Cost Breakout is required with the Grant Application Package. All applicants should prepare this and have available for inspection the basis for their estimated costs by line item (including the detail for the "Other" line item). The cost breakout should reflect the SF-424A so that totals match for both the form and the detailed breakout. Information should be presented by line item and category. Applicants are encouraged to describe any extraordinary item such as planned conferences, travel, and unusual expenses.

It is important that the cost breakout demonstrate how costs are distributed vertically as well as horizontally, showing costs that occur at the local levels. The detailed cost breakout should also indicate the specific kind of non-Federal resources; for instance, the provision of office space or the salaries of project staff.

The applicant may consult with the Federal Project Officer regarding the needed level of detail. In categorizing costs and their applicability, all sponsors must follow OAA 2000 Section 502(c) and the Regulations at 20 CFR Part 641 Subpart D, sections 641.847 - 641.876. Please also see the discussion of administrative costs in the One-Stop Comprehensive Financial Management Guide at http://wdsc.doleta.gov/sga/pdf/FinalTAG_August_02.pdf, pages II-5-3 to II-5-6.

Other considerations: Successful applicants may be expected to attend Department-sponsored training and should prepare their budgets accordingly. It will also be useful to budget amounts for training, software and new computers (including Internet access) related to new reporting requirements. **NOTE:** Applicants must have current computer technology and ensure that their organizations have the capability to link to the Internet. Reporting will be done via the Internet.

When applicants divide costs between the "Administration" and "Other Participant Costs" Categories for the same cost item (such as a local project director), they should describe the basis for that division and include mention of any surveys used to determine the allocations. The Department of Labor reserves the right to require additional information on any budget line item or cost category.

Line 22 - Indirect Charges. Enter the type of indirect rate (provisional, predetermined, final, or fixed) that will be in effect during the grant period, and the nature and the amount of the base to which the rate is applied, and the total indirect charges. Include a copy of your agency's approved indirect cost rate

agreement. It should cover the entire grant period. If not, state that a new one will be provided when available.

Applicants that have not previously used an indirect cost rate but wish to do so must contact the Grant Officer, who will advise the grant applicant of the documents and materials that must accompany the grant application in support of the request. Where indirect charges are approved, the terms and conditions relating to the payment of indirect costs, which are subject to negotiation by the Department, will be specified in the grant document.

Line 23 – Remarks. Provide any other explanations or comments deemed necessary, such as specific sources of non-Federal funds. It is also suggested that the words “See Attached Detailed Cost Breakout” be entered in this section.

ATTACHMENT III

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□ - □□□□□□□□		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: □□ - □□□□		9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed	

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

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

This is a standard form used by applicants as a required facesheet 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) and 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 <i>only</i> 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. | | |

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text"/> - <input type="text"/>		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		<input type="checkbox"/> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ _____ .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ _____ .00		
c. State	\$ _____ .00		
d. Local	\$ _____ .00		
e. Other	\$ _____ .00		
f. Program Income	\$ _____ .00		
g. TOTAL	\$ _____ 0 .00		
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed	

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

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This is a standard form used by applicants as a required facesheet 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) and 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 <i>only</i> 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. | | |

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		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	\$ 0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)	(4)		
a. Personnel	\$	\$	\$	\$	\$	0.00
b. Fringe Benefits						0.00
c. Travel						0.00
d. Equipment						0.00
e. Supplies						0.00
f. Contractual						0.00
g. Construction						0.00
h. Other						0.00
i. Total Direct Charges (sum of 6a-6h)	0.00	0.00	0.00	0.00	0.00	0.00
j. Indirect Charges						0.00
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
7. Program Income	\$	\$	\$	\$	\$	0.00

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$ 0.00
9.				0.00
10.				0.00
11.				0.00
12. TOTAL (sum of lines 8-11)	\$	0.00 \$	0.00 \$	0.00 \$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$	\$	\$
14. Non-Federal	0.00			
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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. TOTAL (sum of lines 16-19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
---------------------	-----------------------

23. Remarks:

INSTRUCTIONS FOR THE SF-424A

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

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

General Instructions

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

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

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

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

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

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

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

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

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

Line 5 - Show the totals for all columns used.

Section B Budget Categories

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

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

Line 6j - Show the amount of indirect cost.

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

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

INSTRUCTIONS FOR THE SF-424A (continued)

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

Section C. Non-Federal Resources

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

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

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

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

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

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

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

Section D. Forecasted Cash Needs

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

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

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

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

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

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

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

Section F. Other Budget Information

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

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

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

ATTACHMENT IV

ASSURANCES AND CERTIFICATIONS

The Assurances and Clauses are found in this Part. Please review them carefully and affix proper signatures.

THE GRANT CONDITIONS AND CLAUSES WILL BE PROVIDED TO GRANTEEES BY THE DIVISION OF FEDERAL ASSISTANCE (GRANT OFFICER) ALONG WITH A GRANT SIGNATURE SHEET AND PACKAGE FOR THE GRANTEE'S SIGNATORY OFFICIAL PRIOR TO JULY 1, 2004. SHOULD THERE BE ANY INCONSISTENCY BETWEEN THE CONDITIONS AND THE GRANTEE'S PROPOSAL, THE CONDITIONS SHALL GOVERN. FURTHER, IF THERE SHOULD BE SUCH INCONSISTENCY BETWEEN THE CONDITIONS AND THE SPECIAL CLAUSES, THE SPECIAL CLAUSES SHALL GOVERN.

ATTACHMENT V

GENERAL SPECIAL CLAUSES

- (1) Website contact information must be updated on a regular basis, as necessary.
- (2) SCSEP reports must be submitted accurately and on a timely basis.
- (3) Attendance is required at any significant training to be held during the program year, including Workforce Innovations.
- (4) Any grantee that did not meet the 20 percent performance goal for unsubsidized placements in PY 2003 must attach a corrective action plan unless that applicant has already achieved these goals in PY 2004.
- (5) Workers Compensation coverage is required at all times during a participant's training, even when co-enrolled in the 502(e) private employment projects. (OAA Amendments § 507)
- (6) All grantees must arrange for Internet access for all local persons who have data entry responsibilities. All data collection system (DCS) users must transition to the Internet between July 1 and September 20, 2005. This migration will require a high-speed Internet connection for all DCS users.
- (7) Any grantee that fails to submit data or submits insufficient data will be held to the national baseline for such measures.

ATTACHMENT VI

**Older Americans Program
PY 2005 Older Americans Allotments**

*With \$2 M Special Projects Reserve and \$2 M of PY 03 funds included in Minority Sponsor Reserve

	National Sponsors		State Agencies		Total	
	Pos	Dollars	Pos	Dollars	Pos	Dollars
Total Appropriation *					61,327	\$438,678,400
Special Projects Reserve					280	2,000,000
Territory Total Reserve			457	\$3,275,088	457	3,275,088
Balance	47,608	\$340,542,384	12,982	92,860,928	60,590	433,403,312
Minority Sponsor Reserve* ^	1,678	12,005,299	0	0	1,678	12,005,299
State Total (Formula)*	45,930	328,537,085	12,982	92,860,928	58,912	421,398,013
Alabama	884	6,320,471	226	1,615,788	1,110	7,936,259
Alaska	0	0	261	1,864,917	261	1,864,917
Arizona	630	4,508,899	162	1,160,235	792	5,669,134
Arkansas	869	6,213,586	222	1,587,316	1,091	7,800,902
California	4,079	29,193,091	1,045	7,481,025	5,124	36,674,116
Colorado	482	3,448,825	123	882,633	605	4,331,458
Connecticut	524	3,748,103	133	953,812	657	4,701,915
Delaware	0	0	261	1,864,917	261	1,864,917
District of Columbia	274	1,959,560	71	505,378	345	2,464,938
Florida	2,813	20,122,897	718	5,146,318	3,531	25,269,215
Georgia	1,057	7,560,338	271	1,936,098	1,328	9,496,436
Hawaii	0	0	261	1,864,917	261	1,864,917
Idaho	271	1,936,240	65	464,305	336	2,400,545
Illinois	1,852	13,248,612	475	3,395,289	2,327	16,643,901
Indiana	1,248	8,928,466	319	2,284,880	1,567	11,213,346
Iowa	611	4,368,036	156	1,117,527	767	5,485,563
Kansas	491	3,510,095	124	889,751	615	4,399,846
Kentucky	904	6,462,984	232	1,658,495	1,136	8,121,479
Louisiana	795	5,691,272	206	1,473,427	1,001	7,164,699
Maine	294	2,102,073	76	540,969	370	2,643,042
Maryland	655	4,688,692	168	1,202,943	823	5,891,635
Massachusetts	1,037	7,416,501	266	1,900,508	1,303	9,317,009
Michigan	1,587	11,355,634	407	2,911,264	1,994	14,266,898
Minnesota	1,136	8,126,440	290	2,071,340	1,426	10,197,780
Mississippi	588	4,204,146	151	1,081,937	739	5,286,083
Missouri	1,147	8,201,648	302	2,156,756	1,449	10,358,404
Montana	317	2,263,238	77	548,087	394	2,811,325
Nebraska	365	2,606,361	94	669,093	459	3,275,454
Nevada	241	1,723,459	65	464,305	306	2,187,764
New Hampshire	230	1,642,685	65	464,305	295	2,106,990
New Jersey	1,348	9,641,033	344	2,462,830	1,692	12,103,863
New Mexico	279	1,992,155	69	491,143	348	2,483,298
New York	3,151	22,540,759	805	5,765,585	3,956	28,306,344
North Carolina	1,247	8,921,341	319	2,284,880	1,566	11,206,221
North Dakota	286	2,045,068	74	526,732	360	2,571,800
Ohio	2,079	14,871,277	532	3,808,133	2,611	18,679,410
Oklahoma	765	5,467,186	196	1,402,248	961	6,869,434
Oregon	701	5,016,473	179	1,281,241	880	6,297,714
Pennsylvania	2,558	18,297,675	653	4,669,412	3,211	22,967,087
Puerto Rico	655	4,688,692	167	1,195,825	822	5,884,517
Rhode Island	253	1,809,921	66	469,788	319	2,279,709
South Carolina	650	4,645,938	166	1,188,707	816	5,834,645
South Dakota	330	2,360,955	85	605,030	415	2,965,985
Tennessee	974	6,968,906	249	1,779,502	1,223	8,748,408
Texas	2,646	18,928,589	677	4,840,245	3,323	23,768,834
Utah	318	2,273,090	82	583,676	400	2,856,766
Vermont	261	1,866,926	68	484,024	329	2,350,950
Virginia	1,033	7,392,768	265	1,893,389	1,298	9,286,157
Washington	706	5,047,100	180	1,288,359	886	6,335,459
West Virginia	536	3,833,611	137	982,285	673	4,815,896
Wisconsin	1,221	8,737,884	312	2,235,054	1,533	10,972,938
Wyoming	230	1,642,685	65	464,305	295	2,106,990
State Total	47,608	\$340,542,384	12,982	\$92,860,928	60,590	\$433,403,312
American Samoa	0	0	137	982,526	137	982,526
Guam	0	0	137	982,526	137	982,526
Northern Marianas	0	0	46	327,510	46	327,510
Virgin Islands	0	0	137	982,526	137	982,526
Territory Total	0	\$0	457	\$3,275,088	457	\$3,275,088

^ State distribution of national sponsors includes distribution of minority national sponsor funding by State.

USDOL/ETA

Older Americans Program

PY 2005 Older Americans Allotments

*With \$2 M Special Projects Reserve and \$2 M of PY 03 funds included in Minority Sponsor Reserve

	National Sponsors		State Agencies		Total	
	Pos	Dollars	Pos	Dollars	Pos	Dollars
Total Appropriation *					61,327	\$438,678,400
Special Projects Reserve					280	2,000,000
Territory Total Reserve			457	\$3,275,088	457	3,275,088
Balance	47,608	\$340,542,384	12,982	\$92,860,928	60,590	\$433,403,312
Minority Sponsor Reserve*	1,678	12,005,299	0	0	1,678	12,005,299
State Total (Formula)*	45,930	328,537,085	12,982	92,860,928	58,912	421,398,013
Alabama	884	6,320,471	226	1,615,788	1,110	7,936,259
Alaska	0	0	261	1,864,917	261	1,864,917
Arizona	630	4,508,899	162	1,160,235	792	5,669,134
Arkansas	869	6,213,586	222	1,587,316	1,091	7,800,902
California	4,079	29,193,091	1,045	7,481,025	5,124	36,674,116
Colorado	482	3,448,825	123	882,633	605	4,331,458
Connecticut	524	3,748,103	133	953,812	657	4,701,915
Delaware	0	0	261	1,864,917	261	1,864,917
District of Columbia	274	1,959,560	71	505,378	345	2,464,938
Florida	2,813	20,122,897	718	5,146,318	3,531	25,269,215
Georgia	1,057	7,560,338	271	1,936,098	1,328	9,496,436
Hawaii	0	0	261	1,864,917	261	1,864,917
Idaho	271	1,936,240	65	464,305	336	2,400,545
Illinois	1,852	13,248,612	475	3,395,289	2,327	16,643,901
Indiana	1,248	8,928,466	319	2,284,880	1,567	11,213,346
Iowa	611	4,368,036	156	1,117,527	767	5,485,563
Kansas	491	3,510,095	124	889,751	615	4,399,846
Kentucky	904	6,462,984	232	1,658,495	1,136	8,121,479
Louisiana	795	5,691,272	206	1,473,427	1,001	7,164,699
Maine	294	2,102,073	76	540,969	370	2,643,042
Maryland	655	4,688,692	168	1,202,943	823	5,891,635
Massachusetts	1,037	7,416,501	266	1,900,508	1,303	9,317,009
Michigan	1,587	11,355,634	407	2,911,264	1,994	14,266,898
Minnesota	1,136	8,126,440	290	2,071,340	1,426	10,197,780
Mississippi	588	4,204,146	151	1,081,937	739	5,286,083
Missouri	1,147	8,201,648	302	2,156,756	1,449	10,358,404
Montana	317	2,263,238	77	548,087	394	2,811,325
Nebraska	365	2,606,361	94	669,093	459	3,275,454
Nevada	241	1,723,459	65	464,305	306	2,187,764
New Hampshire	230	1,642,685	65	464,305	295	2,106,990
New Jersey	1,348	9,641,033	344	2,462,830	1,692	12,103,863
New Mexico	279	1,992,155	69	491,143	348	2,483,298
New York	3,151	22,540,759	805	5,765,585	3,956	28,306,344
North Carolina	1,247	8,921,341	319	2,284,880	1,566	11,206,221
North Dakota	286	2,045,068	74	526,732	360	2,571,800
Ohio	2,079	14,871,277	532	3,808,133	2,611	18,679,410
Oklahoma	765	5,467,186	196	1,402,248	961	6,869,434
Oregon	701	5,016,473	179	1,281,241	880	6,297,714
Pennsylvania	2,558	18,297,675	653	4,669,412	3,211	22,967,087
Puerto Rico	655	4,688,692	167	1,195,825	822	5,884,517
Rhode Island	253	1,809,921	66	469,788	319	2,279,709
South Carolina	650	4,645,938	166	1,188,707	816	5,834,645
South Dakota	330	2,360,955	85	605,030	415	2,965,985
Tennessee	974	6,968,906	249	1,779,502	1,223	8,748,408
Texas	2,646	18,928,589	677	4,840,245	3,323	23,768,834
Utah	318	2,273,090	82	583,676	400	2,856,766
Vermont	261	1,866,926	68	484,024	329	2,350,950
Virginia	1,033	7,392,768	265	1,893,389	1,298	9,286,157
Washington	706	5,047,100	180	1,288,359	886	6,335,459
West Virginia	536	3,833,611	137	982,285	673	4,815,896
Wisconsin	1,221	8,737,884	312	2,235,054	1,533	10,972,938
Wyoming	230	1,642,685	65	464,305	295	2,106,990
State Total	47,608	\$340,542,384	12,982	\$92,860,928	60,590	\$433,403,312
American Samoa	0	0	137	982,526	137	982,526
Guam	0	0	137	982,526	137	982,526
Northern Marianas	0	0	46	327,510	46	327,510
Virgin Islands	0	0	137	982,526	137	982,526
Territory Total	0	\$0	457	\$3,275,088	457	\$3,275,088

* State distribution of national sponsors includes distribution of minority national sponsor funding by State.
03/29/05

Older Americans Program
PY 2005 National Sponsor Allocations (Stos)

State	AARP Foundaton Programs	BER-Jobs for Progress National, Inc.	Easter Seals, Inc.	Senior Service America, Inc.	USDA Forest Service	National Caucus & Center on Black Aged, Inc.	Nature Services, Inc.	National Able Network	Asociacion Nacional Pro Personas Mayores	The National Council on the Aging, Inc.	Experience Works, Inc.	National Asian Pacific Center on Aging	National Indian Council on Aging	13 Sponsors - TOTAL	State
Alabama			260	634										884	Alabama
Alaska														884	Alaska
Arizona	170	78	88		18				73		63		185	830	Arizona
Arkansas	202				77						463			888	Arkansas
California	446	617		576	343	127		129	661	473	388	360	87	4,080	California
Colorado	230	262												482	Colorado
Connecticut			172	324							28			524	Connecticut
Delaware															Delaware
Dist of Columbia				48	8	180			27		368			274	Dist of Columbia
Florida	1,881	238		62	118	156				50	220			2,813	Florida
Georgia	444		108		105	128								1,057	Georgia
Hawaii															Hawaii
Hawaii	66				72						83		41	271	Hawaii
Idaho	249	208	238	430	3	188					466	88		1,852	Idaho
Illinois	472			112	23						641			1,248	Illinois
Indiana	186			110							315			611	Indiana
Iowa		470											20	490	Iowa
Kansas	162		91		100				100	185	376			904	Kansas
Kentucky	162			170	73					87	137		66	795	Kentucky
Louisiana					6			288						294	Louisiana
Maine				471		90					94		7	655	Maine
Maryland				488				108			94	61		1,037	Maryland
Massachusetts	329	305		230	95	195					471		70	1,587	Massachusetts
Michigan		197		242	120						746		28	1,136	Michigan
Minnesota				188	110	180					150			588	Minnesota
Mississippi	488				114						565			1,147	Mississippi
Missouri					81						236		20	317	Missouri
Montana	67				14						272		12	366	Montana
Nebraska	210			24										241	Nebraska
Nevada	130				28					173	74		49	230	Nevada
New Hampshire		117	791								287			1,348	New Hampshire
New Jersey	124	108			3				624		691			278	New Jersey
New Mexico	334	* 224	363	826	167	277			98		226			3,151	New Mexico
New York				479	2						284			1,247	New York
North Carolina					167						284			286	North Carolina
North Dakota					2	301					412			2,079	North Dakota
Ohio	481			230	28		617				352		182	765	Ohio
Oklahoma	185				28						289			701	Oklahoma
Oregon	301				141						289			701	Oregon
Pennsylvania	376	57		426	64	337	154		146	463	476	59		2,558	Pennsylvania
Puerto Rico	316				79				68		182			655	Puerto Rico
Rhode Island				153							188			253	Rhode Island
South Carolina	313	100		93	76						275		34	650	South Carolina
South Dakota					21						263			874	South Dakota
Tennessee				276	139					276	710			2,946	Tennessee
Texas	1,359	196		103	80					116	69	82		318	Texas
Utah			167		83						69			281	Utah
Vermont					26			235						1,033	Vermont
Virginia	289				138					222	348	26		706	Virginia
Washington	324	285		47	83						86	74	13	536	Washington
West Virginia	67				120					253	514			1,221	West Virginia
Wisconsin		189		350							188		38	230	Wisconsin
Wyoming					62									230	Wyoming
GRAND TOTALS	10,362	3,958	2,248	7,030	2,648	2,129	771	760	1,075	3,920	12,029	838	842	47,608	GRAND TOTALS

Older Americans Program
 PY 2005 National Sponsor Allocations (Dollars)

State	AARP Foundaton Programs	BER-Jobs for Progress National, Inc.	Easter Seals, Inc.	Senior Service America, Inc.	USDA Forest Service	National Caucus & Center on Black Aged, Inc.	Mature Services, Inc.	National Able Network	Asociacion Nacional Pro Personas Mayores	The National Council on the Aging, Inc.	Experience Works, Inc.	National Asian Pacific Center on Aging	National Indian Council on Aging	13 Sponsors TOTAL	State
Alabama			\$1,798,250	\$4,532,221										\$9,320,471	Alabama
Alaska	1,217,554	536,475	472,098		128,754				522,189		450,639		1,181,210	4,508,889	Alaska
Arizona	1,444,906	4,413,401		4,120,128	650,781	908,431		822,737	4,735,734	3,383,389	2,775,364	2,576,330	622,311	29,183,081	Arizona
California	3,190,238	1,803,635		2,317,803	2,453,478									3,448,825	California
Colorado			1,230,316								200,284			3,749,103	Colorado
Connecticut				390,487	57,224	1,389,708			183,131		2,560,774			1,959,880	Connecticut
Delaware				443,486	844,054	1,108,715				357,660	1,573,980			20,122,887	Delaware
Dist of Columbia	13,456,301	1,709,587	779,877		751,085	922,737								7,560,335	Dist of Columbia
Florida	3,175,549				512,511						666,228		283,555	1,538,246	Florida
Georgia					21,459	1,201,704					4,586,585	628,047		13,248,512	Georgia
Hawaii	464,945	1,484,977	1,709,587	3,075,790	164,519						2,250,748		146,778	4,306,038	Hawaii
Idaho	1,781,087			801,136										3,510,085	Idaho
Illinois	3,376,216			786,830										6,482,884	Illinois
Indiana	1,330,458			3,363,317										5,987,272	Indiana
Iowa				650,823										2,102,073	Iowa
Kansas	1,087,256			1,218,010	715,300					1,323,305	2,886,200			4,682,592	Kansas
Kentucky					522,169						979,981			2,488,592	Kentucky
Louisiana	1,180,241				42,818				715,300	622,311				4,688,592	Louisiana
Maine				3,372,540		643,770					672,382			7,416,501	Maine
Maryland		2,181,665		1,646,180	679,635	1,384,835		772,524			672,382	433,343		11,355,834	Maryland
Massachusetts	2,353,337	1,409,141		1,731,026	858,390						3,370,359			8,126,440	Massachusetts
Michigan	3,347,604			1,199,886	786,830	1,144,480					4,038,602			4,204,148	Michigan
Minnesota	479,261				436,333						1,687,117			8,201,648	Minnesota
Mississippi	1,502,861				100,142						1,943,085			2,263,238	Mississippi
Missouri	927,385				171,672						528,322			2,606,361	Missouri
Montana					185,978						1,808,851			1,042,685	Montana
Nebraska														9,641,833	Nebraska
Nevada	884,467	758,218		5,910,124	21,459				4,483,472	4,942,723	615,088			22,540,758	Nevada
New Hampshire	2,389,102	1,502,272	2,596,539	3,427,837	1,194,561	1,981,381			700,984		1,616,578			8,921,341	New Hampshire
New Jersey					14,306						2,030,762			2,045,068	New Jersey
New Mexico					200,284	2,153,053					2,947,226			14,871,277	New Mexico
New York	3,512,123			1,845,190	185,978	4,413,401					1,852,827			5,487,186	New York
North Carolina	1,394,835				1,008,573				1,044,338	3,311,639	3,407,781	419,385		18,287,879	North Carolina
North Dakota	2,155,273	407,721		3,047,178	457,782				486,404		1,373,376			4,688,892	North Dakota
Ohio	2,689,528				565,087						1,201,704			1,809,871	Ohio
Oklahoma	2,263,825	715,300			543,628						1,986,112			2,360,855	Oklahoma
Oregon	2,683,825				150,213						2,024,289			2,360,855	Oregon
Pennsylvania	9,722,114	1,401,988	1,182,887	736,769	572,240				828,748		5,078,630	587,110		18,928,588	Pennsylvania
Puerto Rico					188,978			1,680,848			486,404			2,273,090	Puerto Rico
Rhode Island	2,138,747				887,114				1,587,886		2,480,226	188,718		7,382,785	Rhode Island
South Carolina	2,314,907	2,110,135			894,267						528,089			5,047,100	South Carolina
South Dakota	478,251			336,191	693,898				1,809,312		815,158			3,833,611	South Dakota
Tennessee	1,423,447			2,503,650	858,360						3,879,940			8,737,884	Tennessee
Texas					443,486						1,199,199			1,642,685	Texas
Utah															Utah
Vermont															Vermont
Virginia															Virginia
Washington															Washington
West Virginia															West Virginia
Wisconsin															Wisconsin
Wyoming															Wyoming
GRAND TOTALS	\$74,119,938	\$26,168,160	\$16,077,189	\$90,290,879	\$20,389,239	\$15,228,575	\$5,514,983	\$5,435,384	\$7,687,076	\$21,602,805	\$88,033,517	\$5,978,047	\$6,027,252	\$340,542,384	GRAND TOTALS

ATTACHMENT VII

NATIONAL GRANTEE ASSIGNMENTS

NATIONAL GRANTEE	PRIMARY CONTACT	BACKUP
SER-Jobs for Progress National, Inc. Asociacion Nacional Pro Personas Mayores	Adriana Barsotti-Kaplan	Gale Gibson
USDA Forest Service National Asian Pacific Center on Aging National Caucus & Center on Black Aged, Inc.	Karen Davis	Judith Gilbert
Senior Service America, Inc. AARP National Indian Council on the Aging, Inc.	Judith Gilbert	Karen Davis
Easter Seals Mature Services, Inc. National Able Network	Gale Gibson	Chad Trepinski
National Council on the Aging, Inc. Experience Works	Tom Sullivan	Gale Gibson

Adriana Barsotti-Kaplan	202-693-3740	kaplan.adriana@dol.gov
Karen Davis	202-693-3761	davis.karen@dol.gov
Gale Gibson	202-693-3758	gibson.gale@dol.gov
Judith Gilbert	202-693-3938	gilbert.judith@dol.gov
Tom Sullivan	239-472-4823	sullivan.thomas@earthlink.net
Chad Trepinski	202-693-3772	<u>trepinski.chad@dol.gov</u>

STATE GRANTEE ASSIGNMENTS

STATE GRANTEE	PRIMARY CONTACT	BACKUP
Region 1 – Massachusetts, Rhode Island, Connecticut, Maine, Vermont, New Hampshire, New York, New Jersey, Virgin Islands, Puerto Rico	Karen Davis	Judith Gilbert
Region 2 – Pennsylvania, West Virginia, Virginia, Delaware, Maryland, DC	Todd Troke	Karen Davis
Region 3 – Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Florida, Guam	Tom Sullivan	Gale Gibson
Region 4 – Texas, New Mexico, Oklahoma, Arkansas, Louisiana, Montana, North Dakota, South Dakota, Wyoming, Utah, Colorado	Chad Trepinski	Gale Gibson
Region 5 – Minnesota, Wisconsin, Michigan, Iowa, Nebraska, Kansas, Missouri, Illinois, Indiana, Ohio, Commonwealth of the Northern Mariana Islands	Adriana Barsotti-Kaplan	Gale Gibson
Region 6 – Washington, Oregon, Idaho, California, Nevada, Arizona, Hawaii, Alaska, American Samoa	Judith Gilbert	Karen Davis

Adriana Barsotti-Kaplan	202-693-3740	kaplan.adriana@dol.gov
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Tom Sullivan	239-472-4823	sullivan.thomas@earthlink.net
Chad Trepinski	202-693-3772	trepinski.chad@dol.gov
Todd Troke	202-693-2780	troke.todd@dol.gov

502(e) GRANTEE ASSIGNMENTS

502(e) GRANTEE	PRIMARY CONTACT	BACKUP
SER Jobs for Progress	Adriana Barsotti-Kaplan	Gale Gibson/ Todd Troke
MERS Missouri Goodwill		
NY Diagnostic Center	Karen Davis	Gale Gibson
Human Resources Development Foundation		
Veterans Outreach Center		
Maui Economic Opportunity	Judith Gilbert	Karen Davis
Senior Service America, Inc.		
WorkNet Pinellas, Inc.	Gale Gibson/ Todd Troke	Judith Gilbert
Knoxville-Knox County CAC		

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Gale Gibson	202-693-3758	gibson.gale@dol.gov
Judith Gilbert	202-693-3938	gilbert.judith@dol.gov
Todd Troke	202-693-2780	troke.todd@dol.gov