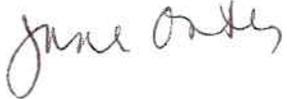


<b>EMPLOYMENT AND TRAINING ADMINISTRATION</b> <b>ADVISORY SYSTEM</b> <b>U.S. DEPARTMENT OF LABOR</b> <b>Washington, D.C. 20210</b>	<b>CLASSIFICATION</b> SCSEP
	<b>CORRESPONDENCE SYMBOL</b> DNPTTA
	<b>DATE</b> May 10, 2013

**ADVISORY: TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 28-12**

**TO:** SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM GRANTEES

**FROM:** JANE OATES  
 Assistant Secretary 

**SUBJECT:** Program Year (PY) 2013 Planning Instructions and Allotments for Senior Community Service Employment Program (SCSEP) Grantees

1. **Purpose.** To provide SCSEP Grantees with application instructions, procedures, and allotments for PY 2013 funds with a period of performance beginning July 1, 2013.

2. **References.**

- Full Year Continuing Appropriations Act, Division F of the Consolidated and Further Continuing Appropriations Act, 2013 (Pub. L. 113-6)
- 2006 Older Americans Act Amendments (OAA) (Pub. L. 109-365, 42 U.S.C. 3056 *et seq.* 20 CFR Part 641)
- SCSEP Final Rule, (75 FR 53785; Sept. 1, 2010)
- SCSEP Final Rule, Additional Indicator for Volunteering (77 FR. 4654, Jan. 31, 2012)
- “Revised Income Inclusions and Exclusions and Procedures for Determining SCSEP Eligibility,” Training and Employment Guidance Letter (TEGL) No. 12-06
- “2013 Federal Poverty Guidelines for the Senior Community Service Employment Program (SCSEP),” TEGL No.14-12
- Priority of Service for Covered Persons (Final Rule 20 CFR Part 1010, 73 FR 78132, Dec. 19, 2008)
- Americans with Disabilities Act (ADA), as amended (Pub. L. 110-325)
- SCSEP Performance Data Collection Approval (Office of Management and Budget No. 1205-0040)
- Jobs for Veterans Act (JVA) (Pub. L. 107-288)

<b>RESCISSIONS</b> TEGL No. 26-11 TEGL No. 26-11, Change 1	<b>EXPIRATION DATE</b> June 30, 2013 June 30, 2013
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3. **Background.** Under OAA Title V, the Employment and Training Administration (ETA) provides annual grants to 56 state and territorial grantees and 15 competitively selected national grantees. Each year the Department releases a planning and guidance TEGL to provide funding and authorized position amounts and to assist grantees with preparing their applications for the annual appropriation.
4. **Overall Approach.** This TEGL builds on the work of the state planning process by emphasizing ways to help SCSEP participants find unsubsidized employment. In the narrative (Attachment B), grantees must discuss their methodologies to prepare participants for unsubsidized employment and to engage employers to hire older workers. They must also describe how they inform, train and monitor all levels of the organization, including local staff, on policies, procedures, and programmatic changes. As in previous years, grantees must analyze and explain their work with minority populations and describe their basic organizational structure.

This TEGL continues the practice of using written assurances to cover all the basic programmatic activities (Attachment C) and provides the opportunity for grantees to submit requests for optional activities (Attachment D).

5. **Grant Application Requirements.** All SCSEP grantees must submit a complete grant application package in order to receive PY 2013 funding. The Grant Officer will not approve a grant application that fails to provide all of the required information outlined in this guidance, including:

*Program Narrative (Attachment B).* Grantees must provide a narrative that addresses the required topics described in Attachment B.

*Programmatic Assurances (Attachment C).* Grantees must submit signed programmatic assurances that reflect standard program requirements based on SCSEP and its regulations at 20 CFR Part 641.

*Optional Requests (Attachment D).* Grantees may provide optional requests as described in Attachment D. Grantees must attach such requests and the required supporting materials in a document separate from the program narrative. Each grantee's current 48-month Individual Durational Limit (IDL) policy remains in effect until the grantee requests a change. All other optional special requests expire at the end of the Program Year 2012. ETA will provide written approval for all optional requests. ETA added the Rotation policy item this year as a way to further streamline the process for grantees to request an optional Rotation policy.

1. *Current approved policies that remain in effect until a grantee submits a revision:*
  - 48-month IDL policy

2. *Current approved requests for any of the following expire at the end of PY 2012 unless a grantee submits a new request:*
  - Waiver for additional funds for training and supportive services
  - Administration cost cap increase
  - Extension of maximum project duration
  - On-the-job experience training
  - Cross-border agreements
  - Rotation policy

***Budget Forms (Attachments E-G).*** Grantees must include in their application a signed Application for Federal Assistance SF-424; an SF-424A Budget Information Form, including the non-federal share of at least 10 percent of the total cost (OAA sec.502(c)(1)); and a detailed budget narrative. Grantees will find these forms and instructions in Attachments E-G. Do not include manuals and operating procedures in the application. Federal Project Officers (FPOs) may request these separately as needed.

***Geographic Areas to Be Served.*** Item 14 on the SF-424 requires a list of the “Areas Affected by Project.” Each grantee must list the states and counties the grant will serve, and must use [www.scseped.org](http://www.scseped.org) to obtain the required information. Grantees can readily export the data for their service area(s) to an Excel spreadsheet and attach the list as a separate document.

6. **PY 2013 Program Allotments.** See Attachment A for funding levels and authorized positions.
7. **Schedule and Action Requested.** Grantees must comply with the following:
  - a. Submit the PY 2013 grant application to ETA, Office of Workforce Investment, Division of National Programs, Tools, and Technical Assistance no later than June 10, 2013. ETA encourages grantees to submit their applications earlier if possible.
  - b. Submit to the State Office on Aging (if not the grantee), the following documents: the program narrative, the SF-424, SF-424A with budget narrative and a list of the states and counties the grantee will serve based on the list at [www.scseped.org](http://www.scseped.org). Provide the information no later than the date of submission to ETA. National grantees must send information to each of the states in which they serve.
8. **Method of Submission.** Grantees must submit the items listed in section 5 of this TEGL via email to [grants.scsep2013@dol.gov](mailto:grants.scsep2013@dol.gov), with an electronic copy to the grantee’s FPO (see Attachment H). If a grantee is unable to submit electronically, the grantee must submit hard copy applications by fax to (202) 693-3817, or by overnight delivery to:

Kimberly Vitelli, Chief  
Division of National Programs, Tools, and Technical Assistance  
U.S. Department of Labor

200 Constitution Avenue, NW  
Room S-4209  
Washington, D.C. 20210-0001

Please note that all application packages must have an electronic or actual date stamp no later than **June 10, 2013**. Grantees requiring receipt verification for grant documents from the grant email box should use the Return Receipt Request function when sending their email.

- 9. Eligibility Review/Responsibility Review/Grant Application Review.** ETA will review grant applications as provided in the SCSEP regulations at 20 CFR 641.430-440. ETA will not issue final approval for PY 2013 funding if the grantee:
- a. Fails to meet the eligibility tests found in 20 CFR 641.430.
  - b. Fails to meet the responsibility tests as provided in 20 CFR 641.440.
  - c. Fails to submit the materials listed in this TEGL.

**10. Inquiries.** Please direct questions to your FPO. See Attachment H for contact information.

**11. Attachments.**

Attachment A: Funding Allocations and Authorized Positions  
Attachment B: Program Narrative Instructions  
Attachment C: Programmatic Assurances  
Attachment D: Optional Special Requests  
Attachment E: SF-424 Instructions  
Attachment F: SF-424  
Attachment G: SF-424A  
Attachment H: List of FPOs

USDOL/ETA

**Senior Community Service Employment Program  
PY 2013 Authorized Positions and Funding\*  
for State Agencies and Territories, by State**

States	Positions	Dollars
<b>State Agencies</b>		
Alabama	162	\$1,571,842
Alaska	187	1,814,197
Arizona	116	1,128,679
Arkansas	159	1,544,144
California	750	7,277,561
Colorado	89	858,628
Connecticut	96	927,872
Delaware	187	1,814,197
District of Col	51	491,634
Florida	516	5,006,353
Georgia	194	1,883,441
Hawaii	187	1,814,197
Idaho	47	451,677
Illinois	341	3,302,946
Indiana	229	2,222,738
Iowa	112	1,087,134
Kansas	89	865,552
Kentucky	166	1,613,389
Louisiana	148	1,433,354
Maine	54	526,255
Maryland	121	1,170,226
Massachusetts	191	1,848,819
Michigan	292	2,832,086
Minnesota	208	2,015,006
Mississippi	109	1,052,512
Missouri	216	2,098,098
Montana	55	533,181
Nebraska	67	650,895
Nevada	47	451,677
New Hampshire	47	451,677
New Jersey	247	2,395,848
New Mexico	49	477,784
New York	578	5,608,777
North Carolina	229	2,222,738
North Dakota	53	512,407
Ohio	382	3,704,563
Oklahoma	141	1,364,110
Oregon	129	1,246,395
Pennsylvania	468	4,542,417
Puerto Rico	120	1,163,302
Rhode Island	47	457,012
South Carolina	119	1,156,378
South Dakota	61	588,576
Tennessee	179	1,731,104
Texas	486	4,708,603
Utah	59	567,802
Vermont	49	470,860
Virginia	190	1,841,895
Washington	129	1,253,319
West Virginia	99	955,570
Wisconsin	224	2,174,267
Wyoming	47	451,677
<b>State Agencies Total</b>	<b>9,318</b>	<b>\$90,335,371</b>
<b>Territories</b>		
American Samoa	99	955,811
Guam	99	955,811
Northern Marianas	33	318,604
Virgin Islands	99	955,811
<b>Territories Total</b>	<b>330</b>	<b>\$3,186,037</b>

\* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

Senior Community Service Employment Program

PY 2013 Authorized Positions\* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GII	Mature	NAPCA	NCBA	NCOA	NULI	SER	SSAI	A4TD	Total
Alabama	0	0	0	186	0	0	0	0	0	0	0	0	448	0	634
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	107	0	111	0	0	116	0	0	0	0	0	0	0	0	334
Arkansas	185	0	0	0	348	0	0	0	90	0	0	0	0	0	623
California	325	0	409	0	282	0	0	88	0	259	0	908	336	0	2,607
Colorado	160	0	0	0	0	0	0	0	0	0	0	186	0	0	346
Connecticut	0	0	0	187	0	0	0	0	0	0	0	0	0	189	376
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	59	0	0	0	0	0	138	0	0	0	0	0	197
Florida	1,300	0	0	0	481	0	0	0	120	0	0	118	0	0	2,019
Georgia	205	0	0	0	429	0	0	0	0	124	0	0	0	0	758
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	0	165	0	0	0	0	0	0	0	0	0	165
Illinois	66	0	0	155	330	0	0	38	154	0	0	165	358	0	1,266
Indiana	215	0	0	0	247	231	0	0	0	0	0	0	203	0	896
Iowa	156	0	0	0	202	0	0	0	0	0	0	0	80	0	438
Kansas	0	0	0	0	0	0	0	0	0	0	0	337	0	0	337
Kentucky	0	0	0	0	308	0	0	0	0	220	120	0	0	0	648
Louisiana	152	0	138	0	170	0	0	0	0	63	0	0	0	0	523
Maine	0	211	0	0	0	0	0	0	0	0	0	0	0	0	211
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	470	0	470
Massachusetts	0	200	0	0	0	0	0	49	0	0	126	0	325	0	700
Michigan	358	0	0	0	349	0	0	0	148	0	234	0	0	0	1,089
Minnesota	0	0	0	0	463	0	0	0	0	0	0	0	332	0	795
Mississippi	0	0	0	0	103	0	0	0	77	0	0	0	242	0	422
Missouri	257	0	0	0	566	0	0	0	0	0	0	0	0	0	823
Montana	0	0	0	0	213	0	0	0	0	0	0	0	0	0	213
Nebraska	0	0	0	0	253	0	0	0	0	0	0	0	0	0	253
Nevada	168	0	0	0	0	0	0	0	0	0	0	0	0	0	168
New Hampshire	0	165	0	0	0	0	0	0	0	0	0	0	0	0	165
New Jersey	0	0	0	314	156	0	0	0	0	390	107	0	0	0	967
New Mexico	0	0	0	0	0	165	0	0	0	0	0	0	0	0	165
New York	488	0	0	349	374	0	0	96	0	215	176	0	501	0	2,199
North Carolina	0	0	0	0	0	0	0	0	269	145	0	0	481	0	895
North Dakota	0	0	0	0	205	0	0	0	0	0	0	0	0	0	205
Ohio	264	0	0	133	339	0	500	0	158	0	0	0	98	0	1,492
Oklahoma	146	0	0	0	265	0	0	0	0	0	0	0	0	0	411
Oregon	0	0	0	173	330	0	0	0	0	0	0	0	0	0	503
Pennsylvania	356	0	129	0	191	194	0	0	212	452	99	0	160	0	1,793
Puerto Rico	169	0	0	0	301	0	0	0	0	0	0	0	0	0	470
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	182	0	0	182
South Carolina	198	0	0	0	268	0	0	0	0	0	0	0	0	0	466
South Dakota	0	0	0	0	212	0	0	0	0	0	0	0	0	0	212
Tennessee	0	0	0	0	0	0	0	0	0	160	0	0	539	0	699
Texas	1,080	0	0	0	318	0	0	0	0	0	0	313	129	0	1,840
Utah	0	0	0	228	0	0	0	0	0	0	0	0	0	0	228
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	187	187
Virginia	217	0	0	0	66	227	0	0	0	213	0	0	0	0	723
Washington	263	0	0	0	0	181	0	0	0	0	0	0	0	0	444
West Virginia	0	0	0	0	112	0	0	0	0	273	0	0	0	0	385
Wisconsin	0	0	0	0	323	0	0	0	0	0	0	274	252	0	849
Wyoming	0	0	0	0	165	0	0	0	0	0	0	0	0	0	165
<b>Total</b>	<b>6,835</b>	<b>576</b>	<b>846</b>	<b>1,725</b>	<b>8,534</b>	<b>1,114</b>	<b>500</b>	<b>271</b>	<b>1,366</b>	<b>2,514</b>	<b>862</b>	<b>2,483</b>	<b>4,954</b>	<b>376</b>	<b>32,956</b>

\* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

**Senior Community Service Employment Program  
PY 2013 Authorized Funding\* for Non-Minority National Sponsors, by State**

State	AARP	ABLE	ANPPM	ES	EW	GII	Mature	NAPCA	NCBA	NCOA	NULI	SER	SSAI	A4TD	Total
Alabama	\$0	\$0	\$0	\$1,803,839	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,344,732	\$0	\$6,148,571
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	1,037,062	0	1,075,831	0	0	1,124,291	0	0	0	0	0	0	0	0	3,237,184
Arkansas	1,794,943	0	0	0	3,376,434	0	0	0	873,216	0	0	0	0	0	6,044,593
California	3,152,447	0	3,967,233	0	2,735,354	0	0	853,586	0	2,512,257	0	8,807,451	3,259,145	0	25,287,473
Colorado	1,551,458	0	0	0	0	0	0	0	0	0	0	1,803,569	0	0	3,355,027
Connecticut	0	0	0	1,813,385	0	0	0	0	0	0	0	0	0	1,832,780	3,646,165
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	570,912	0	0	0	0	0	1,335,353	0	0	0	0	0	1,906,265
Florida	12,604,405	0	0	0	4,663,630	0	0	0	1,163,483	0	0	1,144,092	0	0	19,575,610
Georgia	1,989,073	0	0	0	4,162,499	0	0	0	0	1,203,146	0	0	0	0	7,354,718
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	0	1,598,009	0	0	0	0	0	0	0	0	0	1,598,009
Illinois	639,999	0	0	1,503,028	3,199,996	0	0	368,484	1,493,332	0	0	1,599,998	3,471,511	0	12,276,348
Indiana	2,084,165	0	0	0	2,394,366	2,239,266	0	0	0	0	0	0	1,967,840	0	8,685,637
Iowa	1,513,427	0	0	0	1,959,694	0	0	0	0	0	0	0	776,117	0	4,249,238
Kansas	0	0	0	0	0	0	0	0	0	0	0	3,271,844	0	0	3,271,844
Kentucky	0	0	0	0	2,988,365	0	0	0	0	2,134,546	1,164,298	0	0	0	6,287,209
Louisiana	1,474,700	0	1,338,872	0	1,649,335	0	0	0	0	611,224	0	0	0	0	5,074,131
Maine	0	2,044,903	0	0	0	0	0	0	0	0	0	0	0	0	2,044,903
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	4,561,172	0	4,561,172
Massachusetts	0	1,940,925	0	0	0	0	0	475,527	0	0	1,222,782	0	3,154,002	0	6,793,236
Michigan	3,470,609	0	0	0	3,383,359	0	0	0	1,434,777	0	2,268,498	0	0	0	10,557,243
Minnesota	0	0	0	0	4,489,203	0	0	0	0	0	0	0	3,219,040	0	7,708,243
Mississippi	0	0	0	0	998,223	0	0	0	746,244	0	0	0	2,345,338	0	4,089,805
Missouri	2,491,490	0	0	0	5,487,096	0	0	0	0	0	0	0	0	0	7,978,586
Montana	0	0	0	0	2,065,698	0	0	0	0	0	0	0	0	0	2,065,698
Nebraska	0	0	0	0	2,453,883	0	0	0	0	0	0	0	0	0	2,453,883
Nevada	1,628,991	0	0	0	0	0	0	0	0	0	0	0	0	0	1,628,991
New Hampshire	0	1,598,009	0	0	0	0	0	0	0	0	0	0	0	0	1,598,009
New Jersey	0	0	0	3,045,451	1,513,027	0	0	0	0	3,782,566	1,037,781	0	0	0	9,378,825
New Mexico	0	0	0	0	0	1,598,009	0	0	0	0	0	0	0	0	1,598,009
New York	4,733,394	0	0	3,385,153	3,627,643	0	0	931,160	0	2,085,409	1,707,126	0	4,859,489	0	21,329,374
North Carolina	0	0	0	0	0	0	0	0	2,608,460	1,406,047	0	0	4,664,199	0	8,678,706
North Dakota	0	0	0	0	1,989,447	0	0	0	0	0	0	0	0	0	1,989,447
Ohio	2,559,812	0	0	1,289,603	3,287,032	0	4,848,130	0	1,532,009	0	0	0	950,233	0	14,466,819
Oklahoma	1,415,890	0	0	0	2,569,937	0	0	0	0	0	0	0	0	0	3,985,827
Oregon	0	0	0	1,678,423	3,201,616	0	0	0	0	0	0	0	0	0	4,880,039
Pennsylvania	3,453,194	0	1,251,298	0	1,852,697	1,881,797	0	0	2,056,396	4,384,393	960,298	0	1,551,997	0	17,392,070
Puerto Rico	1,640,081	0	0	0	2,921,091	0	0	0	0	0	0	0	0	0	4,561,172
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	1,760,696	0	0	1,760,696
South Carolina	1,920,337	0	0	0	2,599,245	0	0	0	0	0	0	0	0	0	4,519,582
South Dakota	0	0	0	0	2,058,766	0	0	0	0	0	0	0	0	0	2,058,766
Tennessee	0	0	0	0	0	0	0	0	0	1,551,788	0	0	5,227,584	0	6,779,372
Texas	10,472,855	0	0	0	3,083,674	0	0	0	0	0	0	3,035,189	1,250,924	0	17,842,642
Utah	0	0	0	2,211,268	0	0	0	0	0	0	0	0	0	0	2,211,268
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	1,816,151	1,816,151
Virginia	2,103,406	0	0	0	639,746	2,200,337	0	0	0	2,064,634	0	0	0	0	7,008,123
Washington	2,549,852	0	0	0	0	1,754,841	0	0	0	0	0	0	0	0	4,304,693
West Virginia	0	0	0	0	1,084,901	0	0	0	0	2,644,446	0	0	0	0	3,729,347
Wisconsin	0	0	0	0	3,133,011	0	0	0	0	0	0	2,657,724	2,444,331	0	8,235,066
Wyoming	0	0	0	0	1,598,009	0	0	0	0	0	0	0	0	0	1,598,009
<b>Total</b>	<b>66,281,590</b>	<b>5,583,837</b>	<b>8,204,146</b>	<b>16,730,150</b>	<b>82,764,986</b>	<b>10,798,541</b>	<b>4,848,130</b>	<b>2,628,757</b>	<b>13,243,270</b>	<b>24,380,456</b>	<b>8,360,783</b>	<b>24,080,563</b>	<b>48,047,654</b>	<b>3,648,931</b>	<b>319,601,794</b>

\* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

U. S. Department of Labor / Employment & Training Administration  
**Senior Community Service Employment Program**  
**PY 2013 Authorized Positions\* for Minority National Sponsors, by State**

State	NAPCA	NICOA	Total
Alabama	0	11	11
Alaska	0	0	0
Arizona	0	141	141
Arkansas	0	0	0
California	254	55	309
Colorado	0	6	6
Connecticut	0	0	0
Delaware	0	0	0
District of Col	0	0	0
Florida	0	4	4
Georgia	0	0	0
Hawaii	0	0	0
Idaho	0	0	0
Illinois	66	0	66
Indiana	0	0	0
Iowa	0	0	0
Kansas	0	0	0
Kentucky	0	0	0
Louisiana	0	0	0
Maine	0	0	0
Maryland	0	0	0
Massachusetts	45	0	45
Michigan	0	0	0
Minnesota	0	33	33
Mississippi	0	0	0
Missouri	0	0	0
Montana	0	0	0
Nebraska	0	0	0
Nevada	0	0	0
New Hampshire	0	0	0
New Jersey	0	0	0
New Mexico	0	52	52
New York	61	0	61
North Carolina	0	19	19
North Dakota	0	24	24
Ohio	0	0	0
Oklahoma	0	149	149
Oregon	0	0	0
Pennsylvania	57	0	57
Puerto Rico	0	0	0
Rhode Island	0	0	0
South Carolina	0	0	0
South Dakota	0	45	45
Tennessee	0	0	0
Texas	59	0	59
Utah	0	7	7
Vermont	0	0	0
Virginia	0	0	0
Washington	60	25	85
West Virginia	0	0	0
Wisconsin	0	32	32
Wyoming	0	0	0
<b>Total</b>	<b>602</b>	<b>603</b>	<b>1,205</b>

\* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

U. S. Department of Labor / Employment & Training Administration  
**Senior Community Service Employment Program**  
**PY 2013 Authorized Funding\* for Minority National Sponsors, by State**

State	NAPCA	NICOA	Total
Alabama	\$0	\$106,639	\$106,639
Alaska	0	0	0
Arizona	0	1,366,913	1,366,913
Arkansas	0	0	0
California	2,462,381	533,193	2,995,574
Colorado	0	58,166	58,166
Connecticut	0	0	0
Delaware	0	0	0
District of Col	0	0	0
Florida	0	38,778	38,778
Georgia	0	0	0
Hawaii	0	0	0
Idaho	0	0	0
Illinois	639,831	0	639,831
Indiana	0	0	0
Iowa	0	0	0
Kansas	0	0	0
Kentucky	0	0	0
Louisiana	0	0	0
Maine	0	0	0
Maryland	0	0	0
Massachusetts	436,249	0	436,249
Michigan	0	0	0
Minnesota	0	319,916	319,916
Mississippi	0	0	0
Missouri	0	0	0
Montana	0	0	0
Nebraska	0	0	0
Nevada	0	0	0
New Hampshire	0	0	0
New Jersey	0	0	0
New Mexico	0	504,110	504,110
New York	591,359	0	591,359
North Carolina	0	184,194	184,194
North Dakota	0	232,666	232,666
Ohio	0	0	0
Oklahoma	0	1,444,468	1,444,468
Oregon	0	0	0
Pennsylvania	552,582	0	552,582
Puerto Rico	0	0	0
Rhode Island	0	0	0
South Carolina	0	0	0
South Dakota	0	436,249	436,249
Tennessee	0	0	0
Texas	571,971	0	571,971
Utah	0	67,861	67,861
Vermont	0	0	0
Virginia	0	0	0
Washington	581,665	242,360	824,025
West Virginia	0	0	0
Wisconsin	0	310,221	310,221
Wyoming	0	0	0
<b>Total</b>	<b>5,836,038</b>	<b>5,845,734</b>	<b>11,681,772</b>

\* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

**PROGRAM NARRATIVE INSTRUCTIONS  
FOR PROGRAM YEAR (PY) 2013 FUNDS**

***Formatting instructions:***

- *Include the grantee's name and number the pages.*
- *Double space the application.*
- *Properly label graphs, maps and tables.*
- *Use brief topic headings to identify sections.*
- *Do not exceed 20 pages in length, excluding any attachments.*

***Content:*** *All grantees must provide a narrative that covers the following areas:*

**A. Job placement preparation and employer engagement**

1. Grantees must describe the strategies they will use to help participants obtain meaningful community service assignments, training, and subsequent unsubsidized employment. At a minimum, the description must explain how the grantee assists the participants in identifying realistic career goals that match jobs available in the area; recruits sufficient host agencies to provide appropriate skill development for participants; and develops effective approaches for participants to achieve computer literacy and the ability to submit on-line applications. The grantee should provide details on how it will incorporate specialized training opportunities and the use of supportive services during the host agency assignment in order to obtain and retain unsubsidized employment for SCSEP participants.
2. Grantees must describe how they engage employers to help their job-ready participants move into unsubsidized employment. The narrative may include: (a) types of unsubsidized employment opportunities for participants in the geographic areas they serve, (b) their effective strategies for working with employers in the area, including working with American Job Center partner programs.

**B. Training and technical assistance strategies for all staff.**

1. Grantees must describe how they deliver consistent, quality training and technical assistance on policies and procedures to grantee staff, sub-recipients, and local staff. Grantees must discuss the management systems used to train, monitor, and ensure timely compliance on the following:
  - Data collection system to submit accurate and timely data;
  - Required financial management reports; and
  - Compliance with statutes, regulations, and policy guidance.

2. Grantees must explain how they implement and track the required and optional policies in the following chart to ensure uniformity and consistency within the program.

Required Policies	Optional
<ul style="list-style-type: none"> <li>■ Grievances of applicants, participants, employees, and sub-recipients</li> <li>■ Individual durational limits (requires DOL approval)</li> <li>■ Breaks in participation (LWP)</li> <li>■ Federal holiday observances</li> <li>■ Sick leave</li> <li>■ Terminations due to:               <ul style="list-style-type: none"> <li>○ Providing false information</li> <li>○ Incorrect initial eligibility determination at enrollment</li> <li>○ Income ineligibility at recertification</li> <li>○ Individual durational limit</li> <li>○ Employment while enrolled</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Host agency rotation (requires Department of Labor (DOL) approval)</li> <li>■ Termination for cause (requires DOL approval)</li> <li>■ IEP-related termination (requires DOL approval)</li> </ul>

**C. Service to Minorities (OAA Title V, Section 515).**

Grantees must include a detailed description of their efforts to serve individuals from minority populations. Using the PY 2011 SCSEP Minority Report and the data available in SPARQ for PY 2012, grantees must describe: (a) changes in enrollment levels or outcomes for minority individuals during PY 2011 and PY 2012; (b) the factors that may have caused these changes in enrollment and outcomes; and (c) the steps the grantee will take to address any under-service or disparities in outcomes for minorities.

**D. Organizational Structure.**

Grantees must describe the organizational structure by:

- a) Identifying the grant’s key staff, including their primary responsibilities and the amount of time they are assigned to the grant;
- b) Including an organizational chart depicting key staff (may be included as an attachment); and
- c) Indicating whether the grantee has sub-recipients or local affiliates implementing the grant. If the grantee uses either entity, include a table indicating their names, locations, the number of authorized positions for which they are responsible and their experience (if any) in implementing SCSEP.

**PROGRAMMATIC ASSURANCES—PROGRAM YEAR (PY) 2013 GRANT**

ETA has determined that the programmatic assurances below reflect standard grant requirements and are consistent with sound program practices.

Grantees must certify that they will conform to these assurances throughout the period of the grant by checking each of the assurances below. These assurances apply at all levels regardless of the grantee administrative structure. These assurances apply fully to any sub-recipient, local project or grantee staff involved in the delivery of services,

Grantees can complete this form electronically; to check off the assurances, go to the “View” function, choose “Toolbars,” click on the left side of “Forms,” then click on the small lock. For Word 2007, double left-click on box; then, under default value, click “Checked” and then click OK.

**The grantee agrees to:**

Recruitment and Selection of Participants

- Develop and implement methods to recruit and select eligible participants to assure maximum participation in the program.
- Use income definitions and income inclusions and exclusions for SCSEP eligibility, as described in TEG L No. 12-06, to determine and document participant eligibility. (Access TEG L No. 12-06 at [http://wdr.doleta.gov/directives/corr\\_doc.cfm?DOCN=2291](http://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=2291)).
- Develop and implement methods to recruit minority populations to ensure at least proportional representation in the assigned service area.
- Develop and implement strategies to recruit applicants who have priority of service as defined in OAA section 518(b) (1)-(2) and by the Jobs for Veterans Act (JVA), Pub. L. 107-288. Individuals have priority who fall into one or more of these categories:
  - a) Are covered persons in accordance with the JVA (covered persons – veterans and eligible spouses, including widows and widowers – who are eligible for SCSEP must receive services instead of, or before, non-covered persons);
  - b) Are 65 years or older;
  - c) Have a disability;
  - d) Have limited English proficiency;
  - e) Have low literacy skills;
  - f) Reside in a rural area;
  - g) Have low employment prospects;
  - h) Have failed to find employment after utilizing services provided through the One-Stop Delivery System;
  - i) Are homeless or are at risk for homelessness.

### Assessment

- Assess participants at least twice per 12-month period.
- Use assessment information to determine the most appropriate community service assignments for participants.

### Individual Employment Plan (IEP)

- Establish an initial goal of unsubsidized employment for all participants.
- Update the IEP at least as frequently as assessments occur (at least twice per 12-month period).
- Modify the IEP as necessary to reflect other approaches to self-sufficiency, if it becomes clear to the program staff and participant that unsubsidized employment is not feasible.
- For participants who will reach the individual durational limit or would not otherwise achieve unsubsidized employment, include a provision in the IEP to transition to other services.
- Rotate participants to a new host agency (or a different assignment within the current host agency) based on a rotation policy approved by DOL in the grant agreement and only when an individualized determination determines that the rotation is in the best interest of the participant. Such rotation must further the acquisition of skills listed in the IEP.

### Community Service Assignment (CSA)

- Base the initial CSA on the assessment done at enrollment.
- Select as host agencies only designated IRS 501(c) (3) organizations or public agencies.
- Put in place procedures to ensure adequate supervision of participants at host agencies.
- Ensure safe and healthy working conditions at CSA through annual monitoring

### Recertification of Participants

- Recertify the income eligibility of each participant at least once every 12 months, or more frequently if circumstances warrant.

### Physical Examinations

- Offer physical examinations to participants upon program entry, and each year thereafter, as a benefit of enrollment.
- Obtain a written waiver from each participant who declines to have a physical examination.
- Does not obtain a copy or use the results of the physical examination to establish eligibility or for any other purpose.

## Host Agencies

- Develop and implement methods for recruiting new host agencies to provide a variety of training options that will enable participants to increase their skill level and transition to unsubsidized employment.
  
- Maintenance of Effort*: Ensure that CSAs do not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals who are not SCSEP participants. Grantees must specifically ensure that CSAs do not:
  - displace currently-employed workers (including partial displacement, such as a reduction in non-overtime work, wages, or employment benefits).
  - impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be performed.
  - assign or continue to assign a participant to perform the same work, or substantially the same work, as that performed by an individual who is on layoff.

## Orientation

Provide orientations for its participants *and* host agencies, including information on:

### *Program Overview*

- Project goals and objectives
- CSAs
- Training opportunities
- Available supportive services
- Availability of free physical examinations
- Participant rights and responsibilities
- Host agencies
- Local staff must address the topics listed above and provide sufficient orientation to applicants and participants on:
  - SCSEP goals and objectives
  - Grantee and local project roles, policies, and procedures
  - Documentation requirements
  - Holiday and sick leave
  - Assessment process
  - Development and implementation of IEPs
  - Evaluation of participant progress
  - Health and safety issues related to each participants' assignment
  - Role of supervisors and host agencies
  - Maximum individual duration policy, including the possibility of waiver, if applicable
  - Termination policy
  - Grievance procedures

### Wages

- Provide participants with the highest applicable required wage (the highest of the Federal, state, or local minimum wage) for time spent while in orientation, training and community service assignment.

### Participant Benefits

- Provide workers' compensation and other benefits required by state or Federal law (such as unemployment insurance), and the costs of physical examinations.
- Establish written policies relating to compensation for scheduled work hours during which the participant's host agency is closed for Federal holidays.
- Establish written policies relating to approved breaks in participation and any necessary sick leave that is not part of an accumulated sick leave program.
- Do not use grant funds to pay the cost of pension benefits, annual leave, accumulated sick leave, or bonuses.

### Procedures for Payroll and Workers' Compensation

- Make all required payments for participant payroll and pay workers' compensation premiums on a timely basis.
- Ensure that host agencies do not pay workers' compensation costs for participants.

### Durational Limits

#### *Maximum Average Project Duration – 27 Months*

- Maintain average project duration of 27 months or less, unless ETA approves an extension to 36 months.

#### *Maximum Individual Participant Duration – 48 Months*

- Allow participants to participate in the program no longer than 48 months (whether or not consecutively) unless the grantee's approved policy allows for an extension of time and the participant meets the extension criteria.
- Notify participants of its policy pertaining to the maximum duration requirement, including the possibility of an extension, if applicable, at the time of enrollment and each year thereafter, and whenever ETA has approved a change of policy.
- Provide 30-day written notice to participants prior to durational limit exit from the program.

### Transition Services

- Develop a system to transition participants to unsubsidized employment or other assistance before each participant's maximum enrollment duration has expired.

### Termination Procedures

- Provide a 30-day written notice for all terminations that states the reason for termination and informs the participants of grievance procedures and right to appeal.

### Written Termination Policies

Maintain written termination policies in effect and provide to participants at enrollment for:

- Provision of false eligibility information by participant
- Incorrect initial eligibility determination at enrollment
- Income ineligibility determined at recertification
- Participant has reached individual durational limit
- Participant has become employed while enrolled
- Cause (a for-cause termination policy must be approved by the ETA prior to implementation)
- IEP-related termination (IEP terminations are based solely on a participant's refusal to accept a reasonable number of job offers or referrals to unsubsidized employment, or refusal to conduct a reasonable search for employment, consistent with their IEP, unless there are extenuating circumstances).

### Equitable Distribution

- Comply with the equitable distribution (ED) plan for each state in which grantee operates and only make changes in the location of authorized positions within a state in accordance with the state ED plan and with prior ETA approval.
- Comply with the authorized position allocations /ED listed in [www.scseped.org](http://www.scseped.org) in order to equitably serve participants.
- Collaborate on a state-by-state basis with all grantees authorized to serve in each state to achieve compliance with authorized positions while minimizing disruption to the participants.

### Over-Enrollment

- Manage over-enrollment to minimize impact on participants and avoid layoffs.

### Administrative Systems

- Ensure representation at all ETA-sponsored required grantee meetings.
- Communicate grant policy, data collection, and performance developments and directives to staff, sub-recipients, and local project operators on a regular basis.
- Develop a written monitoring tool that lists items the grantee will review during monitoring visits, and provides this tool to sub-recipients and local project operators.

- Develop an annual monitoring schedule, unless the FPO approves a different standard; notify sub-recipients and local project operators of monitoring plans; and monitor sub-recipients and local project operators on a regular basis.
- Develop and provide training to increase sub-recipients' and local project operators' skills, knowledge, and abilities.
- When appropriate, prescribe corrective action and follow-up procedures for sub-recipients and local project operators to ensure that identified problems are remedied.
- Monitor the financial systems and expenditures of sub-recipients and local project operators on a regular basis.
- Ensure that sub-recipients and local project operators receive adequate resources to effectively operate local projects.
- Train sub-recipients and local project operators on SCSEP financial requirements to help them effectively manage their own expenditures, and provide general financial training as needed.
- Ensure that all financial reports are accurate and submit them in a timely manner, as required.
- Ensure full implementation and monitoring of requirements for customer satisfaction surveys, including participant, host agency and employer surveys.
- Develop a written plan for both disaster response and recovery so SCSEP may continue to operate and provide services.

#### Collaboration and Leveraged Resources

- Collaborate with other organizations to maximize opportunities for participants to obtain workforce development, education, and supportive services to help them move into unsubsidized employment. These organizations may include but are not limited to: workforce investment boards, American Job Centers (One-Stop Career Centers), vocational rehabilitation providers, disability networks, basic education and literacy providers, and community colleges.

#### Supportive Services

- Provide supportive services, as needed, to help participants participate in their community service assignment and to obtain and retain unsubsidized employment.
- Establish criteria to assess the need for supportive services and to determine when participants will receive supportive services, including after obtaining unsubsidized employment.

#### Sub-Recipient Selection (If Applicable)

- In selecting sub-recipients in areas with a substantial population of individuals with barriers to employment, national grantees should give special consideration to

organizations with demonstrated expertise in serving individuals with barriers to employment (including former recipients of national grants), as defined in the statute.

### Complaint Resolution

- Establish and use written grievance procedures for complaint resolution for applicants, employees, sub-recipients, and participants.
- Provide applicants, employees, sub-recipients, and participants with a copy of the grievance policy and procedures.

### Maintenance of Files and Privacy Information

- Maintain participant files for three program years after the program year in which the participant received his/her final follow-up activity.
- Ensure that all participant records are securely stored by grantee or sub-recipient and access is limited to appropriate staff in order to safeguard personal identifying information.
- Ensure that all participant medical records are securely stored separately by grantee or sub-recipient from all other participant records and access is limited to authorized staff for authorized purposes.
- Establish safeguards to preclude tampering with electronic media, *e.g.*, personal identification numbers (PINs) and SPARQ logins.
- Ensure that the ETA/SCSEP national office is immediately notified by grantee in the event of any potential security breach of personal identifying information, whether electronic files, paper files, or equipment are involved.
- Comply with and ensure that authorized users under its grant comply with all SPARQ access and security rules.

### Documentation

- Maintain documentation of waivers of physical examinations by participant.
- Maintain documentation of the provision of complaint procedures to participants.
- Maintain documentation of eligibility determinations and recertifications.
- Maintain documentations of terminations and reasons for termination.
- Maintain records of grievances and outcomes.
- Maintain records required for data validation.
- Maintain documentation of monitoring reports for sub-recipients and host agencies.

Data Collection and Reporting

- Ensure the collection and reporting of all SCSEP required data according to specified time schedules.
- Ensure the use of the OMB-approved SCSEP data collection forms and the SCSEP Internet data collection and evaluation system, SPARQ.
- Ensure at the grantee or sub-recipient level that those capturing and recording data are familiar with the latest instructions for data collection, including ETA administrative issuances, *e.g.*, TEGs, the Data Collection and Data Validation Handbooks, and Internet postings on the Ask the Experts and SCSEP-Help Web sites. (See [olderworkers.workforce3one.org](http://olderworkers.workforce3one.org))
- Ensure data are entered directly into the WDCS/SPARQ.
- Legally obligate sub-recipients to turn over complete data files in the specified electronic format, as well as hard copy case files, to the grantee when sub-recipients cease to administer SCSEP.
- Legally obligate new sub-recipients to enter complete data related to any participants whom they acquire upon becoming sub-recipients, including any participants who are still in the follow-up period.

***If any box is not checked, the grantee must provide information on a separate attachment indicating what specific steps the grantee is taking to conform to those standard grant requirement(s).***

**By checking the boxes above, I certify that my organization will comply with each of the listed requirements and will remain in compliance for the program year for which we are submitting this application.**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**

**PROGRAM YEAR 2013 OPTIONAL SPECIAL REQUESTS**

Grantees with special requests in one or more of the following areas must submit each request in a separate document. Please appropriately title each request. Requests for approval must provide a substantive rationale, *e.g.*, improved program management, better service to participants, or least disruption possible to participants.

1. **Change 48-Month Individual Durational Limit (IDL) Waiver Options.** *(Submit only if requesting a change.)* To make changes to the current IDL policy, grantees must request and receive approval for one of the following IDL policies to take effect in PY 2013. Please note that any change in policy for PY 2013 requires Departmental approval and must have an effective date of at least 120 days after written approval by ETA.
  - (1) Option 1: No extensions to any participants, *i.e.* all participants exit the program at 48 months.
  - (2) Option 2: Extensions to every participant who meets at least one of the seven waiver factors.
  - (3) Option 3: Grantee offers extensions to every participant who meets a specific subset of the seven waiver factors and/or an extension is limited to one time only.

If any grantee proposes to change its existing IDL policy, it must describe:

- (a) Its currently-approved IDL policy.
- (b) Which of the three options above the grantee proposes to adopt and the effective date of implementing this revised policy for new and current enrollees.
- (c) A reasonable transition plan that addresses when and how grantees will notify participants of the change, and the planned activities to prepare participants for their exits from the program.

2. **Additional Funds for Participant Training and Supportive Services – Older Americans Act (OAA), Section 502(c)(6)(C).** *(Approvals expire at the end of each program year unless the grantee submits a new request.)* Any grantee that wishes to request the use of additional existing grant funds for training and supportive services for PY 2013 must provide the specific information listed in this section. Grantees requesting additional funds for participant training and supportive services must **not** submit a separate budget narrative for these activities. Instead, the detailed budget narrative in the grant application must identify the specific training and supportive service activities that, if approved, the grantee will provide to participants. The grantee must also include costs associated with this request in the SF-424 and SF-424A.

The 2006 Amendments to the OAA permit an exception to the 75 percent minimum level of expenditures on participant wages and fringe benefits. This exception allows grantees to request to use not less than 65 percent of program funds for wages, benefits, and other costs, so

that up to an additional 10 percent of funds are available for training and supportive services directly to benefit participants. As required in sec. 502(c)(6)(C)(IV) of the OAA, and 20 CFR641.874, grantees seeking this waiver must provide a work plan that includes the following:

- (a) A detailed description of the additional training and supportive services;
- (b) An explanation of how activities will directly benefit participants, improve project effectiveness, and improve employment outcomes for individuals served;
- (c) A sequence and timeline for these activities;
- (d) If applicable, an explanation concerning whether displacement of eligible individuals or elimination of positions will occur, and information on the number of individuals displaced or positions eliminated; and
- (e) Those performance measures the grantee expects will improve from the expenditure of additional funds, and the amounts by which it expects each measure will improve.

**3. Increase in Administrative Cost Limitations – 20 CFR 641.870.** *(Approvals expire at the end of each program year unless the grantee submits a new request.)* Any grantee that wishes to request additional funds for PY 2013 must provide the specific information listed in this section. ETA may authorize an increase in the amount available for administrative costs to not more than 15 percent if it determines that it is necessary to carry out the project, and if the grantee demonstrates that:

- (a) It is incurring major administrative cost increases in necessary program components; or
- (b) The number of employment positions or eligible minority individuals participating in the project will decline if administrative costs are not increased; or
- (c) The project size is so small that the amount of administrative expenses incurred to carry out the project necessarily exceeds 13.5 percent of project funding.

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

**4. Extension of Average Project Duration – OAA Section 502(b)(1)(C)(ii).** *(Approvals expire at the end of each program year unless the grantee submits a new request.)* The maximum average project duration based on overall participation is 27 months. Applicants may request permission from ETA to increase their maximum average project duration to 36 months. A request must include:

1. A statement of the grantee's current average duration and an estimate of its average duration for the coming program year.
2. A description of its efforts to achieve 27-month average duration.
3. The factors constituting exceptional circumstances that warrant an extension to 36 months as set forth in the regulations:
  - i. High rates of unemployment or of poverty or of participation in the program of block grants to states for temporary assistance for needy families established under part A of title IV of the Social Security Act, in

- the areas served by a grantee, relative to other areas of the state involved or the nation;
- ii. Significant downturns in the economy of an area served by the grantee or in the national economy;
  - iii. Significant numbers or proportions of participants with one or more barriers to employment, including “most-in-need” individuals (as described in 20 CFR 641.710(a)(6)), served by a grantee relative to such numbers or proportions for grantees serving other areas of the state or nation;
  - iv. Changes in Federal, state, or local minimum wage requirements; or
  - v. Limited economies of scale for the provision of community service employment and other authorized activities in the areas served by the grantee.

**5. On-the-Job Experience (OJE) Training Option.** *(Approvals expire at the end of each program year unless the grantee submits a new request.)* If a grantee wishes to utilize OJE as an additional training option, it must meet the requirements stipulated in Older Worker Bulletin 04-04. Each year, grantees must provide an OJE policy and sample contracts to the Department for approval before they can exercise this option.

**6. Cross-Border Agreements 20 CFR 641.515(c).** *(Approvals expire at the end of each program year unless the grantee submits a new request.)* State grantees may enter into agreements to permit cross-border enrollment of eligible participants. These agreements must cover both state and national grantee slots, and must be submitted for Departmental approval.

**7. Rotation Policy 20 CFR 641.575.** *(Approvals expire at the end of each program year unless the grantee submits a new request.)* Grantees may establish a policy of rotating participants to a new host agency or a different assignment within the current host agency. Grantees must make an individualized determination that a rotation is in the best interest of the participant and will further the acquisition of skills listed in the IEP. ETA added the Rotation policy item this year as a way to further streamline the process for grantees to request an optional Rotation policy.

**INSTRUCTIONS FOR THE SF-424**

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the federal agency (agency). Required fields on the form are identified with an asterisk (\*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

Item	Entry:	Item:	Entry:
1.	<b>Type of Submission:</b> (Required) Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Pre-application</li> <li>• Application</li> <li>• Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.</li> </ul>	10.	<b>Name Of Federal Agency:</b> (Required) Enter the name of the federal agency from which assistance is being requested with this application.
		11.	<b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	<b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.</li> </ul> <p>A. Increase Award                      D. Decrease Duration  B. Decrease Award                      E. Other (specify)  C. Increase Duration</p>	12.	<b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	<b>Competition Identification Number/Title:</b> Enter the competition identification number and title of the competition under which assistance is requested, if applicable.
		14.	<b>Areas Affected By Project:</b> This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	15.	<b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
4.	<b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.		
5a.	<b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the federal agency, if any.	16.	<b>Congressional Districts Of:</b> 15a. (Required) Enter the applicant's congressional district. 15b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation – 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed.
5b.	<b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.		
6.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the state, if applicable.		
7.	<b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the state, if applicable.		
8.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions:		
	<b>a. Legal Name:</b> (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting <a href="http://www.Grants.gov">www.Grants.gov</a> .	17.	<b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.
	<b>b. Employer/Taxpayer Number (EIN/TIN):</b> (Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	<b>Estimated Funding:</b> (Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	<b>c. Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting <a href="http://www.Grants.gov">www.Grants.gov</a> .	19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> (Required) 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. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
	<b>d. Address:</b> Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US).	20.	<b>Is the Applicant Delinquent on any Federal Debt?</b> (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.

	<p><b>e. Organizational Unit:</b> Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.</p>	21.	<p><b>Authorized Representative:</b> To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)</p>																								
	<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.</p>																										
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="162 331 805 961"> <tr> <td data-bbox="162 331 487 359">A. State Government</td> <td data-bbox="487 331 805 359">M. Nonprofit</td> </tr> <tr> <td data-bbox="162 359 487 386">B. County Government</td> <td data-bbox="487 359 805 386">N. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="162 386 487 430">C. City or Township Government</td> <td data-bbox="487 386 805 430">O. Individual</td> </tr> <tr> <td data-bbox="162 430 487 474">D. Special District Government</td> <td data-bbox="487 430 805 474">P. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="162 474 487 501">E. Regional Organization</td> <td data-bbox="487 474 805 501">Q. Small Business</td> </tr> <tr> <td data-bbox="162 501 487 546">F. U.S. Territory or Possession</td> <td data-bbox="487 501 805 546">R. Hispanic-serving Institution</td> </tr> <tr> <td data-bbox="162 546 487 590">G. Independent School District</td> <td data-bbox="487 546 805 590">S. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="162 590 487 634">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="487 590 805 634">T. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="162 634 487 678">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="487 634 805 678">U. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="162 678 487 722">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="487 678 805 722">V. Non-US Entity</td> </tr> <tr> <td data-bbox="162 722 487 766">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="487 722 805 766">W. Other (specify)</td> </tr> <tr> <td data-bbox="162 766 487 810">L. Public/Indian Housing Authority</td> <td></td> </tr> </table>	A. State Government	M. Nonprofit	B. County Government	N. Private Institution of Higher Education	C. City or Township Government	O. Individual	D. Special District Government	P. For-Profit Organization (Other than Small Business)	E. Regional Organization	Q. Small Business	F. U.S. Territory or Possession	R. Hispanic-serving Institution	G. Independent School District	S. Historically Black Colleges and Universities (HBCUs)	H. Public/State Controlled Institution of Higher Education	T. Tribally Controlled Colleges and Universities (TCCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Alaska Native and Native Hawaiian Serving Institutions	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Non-US Entity	K. Indian/Native American Tribally Designated Organization	W. Other (specify)	L. Public/Indian Housing Authority			
A. State Government	M. Nonprofit																										
B. County Government	N. Private Institution of Higher Education																										
C. City or Township Government	O. Individual																										
D. Special District Government	P. For-Profit Organization (Other than Small Business)																										
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K. Indian/Native American Tribally Designated Organization	W. Other (specify)																										
L. Public/Indian Housing Authority																											

**Application for Federal Assistance SF-424**

Version 02

<p>*1. Type of Submission</p> <p><input type="checkbox"/> Preapplication</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>*2. Type of Application</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>*If Revision, select appropriate letter(s):</p> <p>* Other (Specify)</p>
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*3. Date Received:	4. Application Identifier:
--------------------	----------------------------

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

**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

\* a. Legal Name:

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

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

**e. Organizational Unit:**

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

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

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

Title:

Organizational Affiliation:

\*Telephone Number: Fax Number:

\*Email:

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (specify):

\*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

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

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

\*b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\*a. Start Date:

\*b. End Date:

**18. Estimated Funding (\$):**

\*a. Federal

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

\*First Name:

Middle Name:

\*Last Name:

Suffix:

\*Title:

\*Telephone Number:

Fax Number:

\*Email:

\*Signature of Authorized Representative:

Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

**BUDGET INFORMATION - Non-Construction Programs**

<b>SECTION A - BUDGET SUMMARY</b>						
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. <b>SCSEP</b>	17.235	\$ -	\$ -	\$ -	\$ -	\$ -
2.		-	-	-	-	-
3.		-	-	-	-	-
4.		-	-	-	-	-
5. Totals		\$ -	\$ -	\$ -	\$ -	\$ -
<b>SECTION B - BUDGET CATEGORIES</b>						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1)	(2)	(3)	(4)	(5)	
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 6 j)	\$ -	\$ -	\$ -	\$ -	\$ -	
7. Program Income		\$ -	\$ -	\$ -	\$ -	\$ -

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Prescribed by OMB Circular A-102

**SECTION C - NON-FEDERAL RESOURCES**

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

**SECTION D - FORECASTED CASH NEEDS**

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

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

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. SCSEP	\$ -	\$ -	\$ -	\$ -
17. Amount of Grant Funds Remaining after first year estimates are entered:	\$ -			
18. Amount of Grant Funds Remaining after future funding periods are estimated:	\$ -			
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges See Budget Narrative	22. Indirect Charges See Budget Narrative
23. Remarks See Budget Narrative	

<b>Name of Grantee Organization</b>
<b>Amount Awarded</b>

<b>Funding Period</b>		
	to	
<b># of Months:</b>		

<b>Object Class Category (a.): PERSONNEL</b>				
A Position	B % of Time	C Monthly Salary/Wage	D # of Months	E Cost
1.		\$		\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
<b>TOTAL PERSONNEL</b>				\$

<b>Budget Narrative - PERSONNEL</b> <i>(Responses exceeding 250 characters should use separate sheet)</i>

**Object Class Category (b.): FRINGE BENEFITS**

A Position/s	B Benefit/s	C Rate	D Base Amount	E Cost
1.			\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
<b>TOTAL FRINGE BENEFITS</b>				\$

**Budget Narrative - FRINGE BENEFITS** (Responses exceeding 250 characters should use separate s



**Object Class Category (c.): TRAVEL**

A Item	B # of Staff	C # of Units	D Unit Type	E Cost per Unit	F Cost
1.				\$	\$
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
14.					
16.					
17.					
18.					
19.					
20.					
<b>TOTAL TRAVEL</b>					\$

**Budget Narrative: TRAVEL (Responses exceeding 250 characters should use separate sheet)**

**Object Class Category (d.): EQUIPMENT**

(Includes equipment costing \$5,000 or more and a useful life of more than one year)

A Item	B # of Items	C Cost per Item	D Cost
1.		\$	\$
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
14.			
16.			
17.			
18.			
19.			
20.			
<b>TOTAL EQUIPMENT</b>			\$

**Budget Narrative: EQUIPMENT** (Responses exceeding 250 characters should use separate sheet)

**Object Class Category (e.): SUPPLIES**

(Includes equipment costing less than \$5,000)

A Item	B # of Units	C Unit Type	D Cost per Unit	E Cost
1.			\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
14.				
16.				
17.				
18.				
19.				
20.				
<b>TOTAL SUPPLIES</b>				\$

**Budget Narrative: SUPPLIES** (Responses exceeding 250 characters should use separate sheet)

**Object Class Category (f.): CONTRACTUAL**

A Brief Description	B Cost
1.	\$
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
14.	
16.	
17.	
18.	
19.	
20.	
<b>TOTAL CONTRACTUAL</b>	\$

**Budget Narrative: CONTRACTUAL** (Responses exceeding 250 characters should use separate sheet)

**Object Class Category (h.): OTHER COSTS**

(Including Training Expenses)

A Item	B # of Units	C Unit Type	D Cost per Unit	E Cost
1.			\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
14.				
16.				
17.				
18.				
19.				
20.				
<b>TOTAL OTHER COSTS</b>				\$

**Budget Narrative: OTHER COSTS** (Responses exceeding 250 characters should use separate

**Object Class Category (i.): INDIRECT CHARGES**

*Choose one of the following options to apply indirect charges to the grant:*

**OPTION A**

<b>For grantees that have an approved Indirect Cost Rate Agreement</b>	
Federal agency that issued the agreement	
What is the approved rate (%)?	
What is the base against which rate is applied? (Note: enter description as specified in the agreement)	
What is the the base amount (\$)?	
Enter the rate (%) that will be used for this grant	
Enter the amount (\$) that will be used for this grant	\$ -

**OPTION B**

<b>For grantees that DO NOT have an approved Indirect Cost Rate Agreement</b>	
Enter fixed amount (\$) that will be used	\$ -

(Note: This will be only temporary until your Indirect Cost Rate Application is Submitted and Approved)

**TOTAL INDIRECT CHARGES** \$

**Budget Narrative - INDIRECT CHARGES** (Responses exceeding 250 characters should use separate

## ADMINISTRATIVE COSTS

*Pursuant to 20 CFR 641.867 and 641.870, grantees are advised that there is a 13.5% limitation on administrative costs on funds administered under this grant. The Grant Officer may, however, approve additional administrative costs up to a maximum of 15% of the total grant award amount, if adequate justification is provided by the grantee at the time of the award. In no event, may administrative costs exceed 15% of the total award amount. The cost of administration shall include those activities enumerated in 20 CFR 641.853-861.*

## Budget Narrative - ADMINISTRATIVE COSTS

## PROGRAM YEAR (PY) 2013 FEDERAL PROJECT OFFICER (FPO) LIST FOR SCSEP GRANTEES

Grantee	Region	FPO Name	Phone	E-Mail
Alabama	III	Linda Lundy	(404) 302-5369	lundy.linda@dol.gov
Alaska	VI	Ingrid Nyberg	(415) 625-7947	nyberg.ingrid@dol.gov
Arizona	VI	Latha Seshadri	(415) 625-7937	seshadri.latha@dol.gov
Arkansas	IV	Marilyn Brandenburg	(972) 850-4617	brandenburg.marilyn@dol.gov
California	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Colorado	IV	Cynthia Green	(972) 850-4619	green.cynthia@sdol.gov
Connecticut	I	Suzanne Pouliot	(617) 788-0180	pouliot.suzanne@dol.gov
Delaware	II	Christopher Ransome	(215) 861-5222	ransome.christopher@dol.gov
District of Columbia	II	Christopher Ransome	(215) 861-5222	ransome.christopher@dol.gov
Florida	III	Linda Lundy	(404) 302-5369	lundy.linda@dol.gov
Georgia	III	Linda Lundy	(404) 302-5369	lundy.linda@dol.gov
Hawaii	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Idaho	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Illinois	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Indiana	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Iowa	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Kansas	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Kentucky	III	Linda Lundy	(404) 302-5369	lundy.linda@dol.gov
Louisiana	IV	Rebecca Sarmiento	(972) 850-4621	sarmiento.rebecca@dol.gov
Maine	I	Michael Hotard	(617) 788-0114	hotard.michael@dol.gov
Maryland	II	Christopher Ransome	(215) 861-5222	ransome.christopher@dol.gov
Massachusetts	I	Suzanne Pouliot	(617) 788-0180	pouliot.suzanne@dol.gov
Michigan	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Minnesota	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Mississippi	III	Linda Lundy	(404) 302-5369	lundy.linda@dol.gov
Missouri	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Montana	IV	Jesus Morales	(972) 850-4616	morales.jesus@dol.gov
Nebraska	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Nevada	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
New Hampshire	I	Michael Hotard	(617) 788-0114	hotard.michael@dol.gov
New Jersey	I	Suzanne Pouliot	(617) 788-0180	pouliot.suzanne@dol.gov
New Mexico	IV	Roseana Smith	(972) 850-4615	smith.roseana@dol.gov
New York	I	Suzanne Pouliot	(617) 788-0180	pouliot.suzanne@dol.gov
North Carolina	III	Linda Lundy	(404) 302-5369	lundy.linda@dol.gov
North Dakota	IV	Bill Martin	(972) 850-4635	martin.bill@dol.gov
Ohio	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Oklahoma	IV	Felecia Blair	(972) 850-4643	blair.felecia@dol.gov
Oregon	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Pennsylvania	II	Christopher Ransome	(215) 861-5222	ransome.christopher@dol.gov
Puerto Rico	I	Michael Hotard	(617) 788-0114	hotard.michael@dol.gov
Rhode Island	I	Michael Hotard	(617) 788-0114	hotard.michael@dol.gov
South Carolina	III	Linda Lundy	(404) 302-5369	lundy.linda@dol.gov
South Dakota	IV	Bernie Cutter	(972) 850-4618	cutter.bernarda@dol.gov
Tennessee	III	Linda Lundy	(404) 302-5369	lundy.linda@dol.gov
Texas	IV	Kajuana Donahue	(972) 850-4613	donahue.kajuana@dol.gov
Utah	IV	Bill Martin	(972) 850-4635	martin.bill@dol.gov
Vermont	I	Suzanne Pouliot	(617) 788-0180	pouliot.suzanne@dol.gov
Virginia	II	Christopher Ransome	(215) 861-5222	ransome.christopher@dol.gov
Washington	VI	John Jacobs	(415) 625-7946	jacobs.john@dol.gov
West Virginia	II	Christopher Ransome	(215) 861-5222	ransome.christopher@dol.gov

Wisconsin	V	Alice Mitchell	(312) 596-5413	mittchell.alice@dol.gov
Wyoming	IV	Jesus Morales	(972) 850-4616	morales.jesus@dol.gov
American Samoa	VI	Janice Shordike	(415) 625-7943	shordike.janice@dol.gov
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