ADVISORY: **TRAINING AND EMPLOYMENT GUIDANCE LETTER NO.** 28-09

TO: SENIOR COMMUNITY SERVICE EMPLOYMENT
                  PROGRAM (SCSEP) GRANTEES

FROM: JANE OATES   *Jane Oates*
                  Assistant Secretary

SUBJECT: Program Year 2010 Planning Instructions and Allotments for
                  Senior Community Service Employment Program (SCSEP) Grant
                  Applicants

1. Purpose. This guidance provides SCSEP grant applicants with application
instructions, procedures, and allotments for Program Year (PY) 2010 funds, with a
period of performance beginning July 1, 2010.

2. References. For additional information:

- 2006 Older Americans Act Amendments (OAA), (P.L. 109-365; 42 USC 3056
  et. seq. 20 CFR part 641)
- SCSEP Performance Accountability Interim Rule (72 Fed. Reg. 35831; June 29,
  2007)
- "Revised Income Inclusions & Exclusions and Procedures for Determining
  SCSEP Eligibility," Training and Employment Guidance Letter (TEGL) 12-06
- "2009 Federal Poverty Guidelines" TEGL 12-08 *[Congress has extended the 2009
  Poverty Guidelines until further notice]*
- Priority of Service for Covered Persons (Final Rule 20 CFR Part 1010, 73 Fed.
  Reg. 78132, Dec. 19, 2008)
- The Americans with Disabilities Act (ADA), as amended (P.L. 110-325)
- SCSEP Performance Data Collection Approval (OMB No. 1205-0040)
- Jobs for Veterans Act (JVA), (P.L. 107-288)

3. Background. The 2006 Amendments to the OAA were signed into law on October
17, 2006. A "planning guidance" TEGL is released each year to assist all SCSEP grant
applicants in preparing their application for the annual OAA Title V appropriation (P.L.
109-365 USC 3056 et. seq.; 20 CFR part 641).

RESCISSIONS TEGL 28-08	EXPIRATION DATE June 30, 2011

4. Overall Approach. For PY 2010, the Department of Labor has chosen an approach to the narrative requirements that align with the vision and goals of the Department's focus on "Good Jobs for Everyone." This vision emphasizes successful recruitment, training, and employment strategies that meet the current economic challenges. Applicants must describe strategies for employer engagement and participant training that will lead to employment opportunities, including possible training and employment in green industries.

Individual participant durational limits will come into effect for the first time on July 1, 2011; therefore, applicants will be also asked to describe transition planning and service strategies during PY 2010 for the participants who will reach their individual durational limits at the end of this program year. It is especially important that applicants have developed a thoughtful overall strategy of participant training and transition out of the program, whether to employment or other services. This year's approach also addresses continual efforts toward increased minority enrollments.

5. Grant Application Procedural Requirements. All SCSEP grant applicants must submit a grant application package in order to receive PY 2010 funding. The Grant Officer will not approve a grant application that fails to provide any of the required information outlined in this guidance. The Department requires the following items in the grant application package:

> *Program Narrative (Attachment B).* Applicants must provide a narrative in accordance with the description in Attachment B.
>
> *Programmatic Assurances (Attachment C).* Applicants must submit signed programmatic assurances that reflect standard grant management requirements.
>
> *Optional Special Requests (Attachment D).* Additional optional narratives, described in Attachment D, are required from applicants with special requests in one or more of the following areas:
>
> > — Waiver for additional funds for training and supportive services
> > — Administration cap increase
> > — Reduction of maximum participant duration
> > — Extension of maximum project duration
> > — On-the-job experience (OJE) training option
> > — Cross-border agreements
>
> *Budget Forms (Attachments E-H).* A signed Application for Federal Assistance SF-424, SF-424A, and a detailed budget narrative must be submitted. These forms and instructions can be found in Attachments E through H.

Applicants should not include manuals and operating procedures in the application. Federal Project Officers (FPOs) may request these separately as needed. When the Grant Officer returns the PY 2010 grant agreement for the applicant's signature, it will incorporate the programmatic assurances, as well as the grant narrative as the Scope of Work.

Geographic Areas to Be Served. List the cities and counties where you will operate the grant. Include the number of SCSEP authorized positions that you will establish in each jurisdiction with PY 2010 funds. Applicants serving a city as well as its surrounding counties or jurisdictions must list authorized positions in the surrounding counties and jurisdictions. This information can be submitted in an Excel spreadsheet as a separate attachment, and will also serve to provide information for item 14 on the SF-424.

6. **PY 2010 Program Allotments.** See Attachment A for funding levels and authorized positions.

7. **Schedule and Action Requested.** Applicants must comply with the following:

— Provide the grant application forms SF-424 and SF-424A with narrative to the State Office on Aging (if not the grantee) and Area Agencies on Aging no later than the date of submission to the Department.

— Submit the PY 2010 grant application to the Department of Labor, Employment and Training Administration, Office of Workforce Investment, Division of Adult Services no later than May 28, 2010. Applicants are encouraged to submit their applications as soon as possible.

8. **Method of Submission.** Applicants must submit electronic copies of the items listed in Section 5 of this TEGL. Materials should be sent via email to grants.scsep2010@dol.gov and to the applicant's FPO (Attachment I). If an applicant is unable to submit electronically, the applicant must submit hard copy applications by fax to 202-693-3817, or by overnight delivery to the address below:

Ms. Alexandra Kielty
Division of Adult Services
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 May 28, 2010.

9. Grant Application Intergovernmental Review. In accordance with Section 502(d) of the 2006 Amendments to the OAA, applicants must share applications on an intrastate basis and provide appropriate Area Agencies on Aging (AAAs) with copies of the SF-424, Application for Federal Assistance, a summary of project locations, and an explanation of services that the applicant will provide in each state. In addition, state applicants should follow procedures established by Executive Order 12372, which implements the Single Point of Contact (SPOC) system, unless the state SPOC has waived this requirement. Applicants should include documentation supporting these requirements with the grant application.

10. Eligibility Review/Responsibility Review/Grant Application Review. The Department will conduct a grant application review as provided at Section 514 of the 2006 OAA Amendments and 20 CFR 641.430-440 of the current regulations. The Department will not issue final approval for PY 2010 funding if grantees:

— Fail to meet the eligibility tests of Section 514(c) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.430 of the current regulations.
— Fail to meet the responsibility tests of Section 514(d) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.440 of the current regulations.
— Fail to submit the materials listed in this TEGL.

11. Inquiries. Questions may be directed to the appropriate FPO.

12. Attachments.

      Attachment A: Funding Allocations and Authorized Positions
      Attachment B: Program Narrative Instructions
      Attachment C: Programmatic Assurances
      Attachment D: Optional Special Requests (Waivers)
      Attachment E: SF-424 Instructions
      Attachment F: SF-424
      Attachment G: SF-424A Instructions—Developing a Budget
      Attachment H: SF-424A with Budget Tool
      Attachment I: List of Federal Project Officers (FPOs)

USDOL/ETA
Senior Community Service Employment Program
PY 2010 Authorized Positions and Funding*
for State Agencies and Territories, by State

States	Positions	Dollars
State Agencies		
Alabama	228	$2,212,280
Alaska	263	2,553,380
Arizona	226	2,191,315
Arkansas	224	2,173,297
California	1,056	10,242,758
Colorado	126	1,223,037
Connecticut	135	1,305,927
Delaware	263	2,553,380
District of Col	71	691,947
Florida	727	7,046,160
Georgia	289	2,798,642
Hawaii	263	2,553,380
Idaho	66	641,598
Illinois	479	4,648,711
Indiana	323	3,128,378
Iowa	158	1,530,079
Kansas	126	1,218,216
Kentucky	234	2,270,754
Louisiana	208	2,017,365
Maine	76	740,675
Maryland	170	1,647,028
Massachusetts	268	2,602,109
Michigan	411	3,986,002
Minnesota	292	2,836,006
Mississippi	153	1,481,350
Missouri	304	2,952,955
Montana	77	750,421
Nebraska	94	916,098
Nevada	73	712,782
New Hampshire	66	641,598
New Jersey	348	3,372,021
New Mexico	72	701,753
New York	814	7,894,038
North Carolina	323	3,128,378
North Dakota	74	721,184
Ohio	538	5,213,963
Oklahoma	198	1,919,908
Oregon	181	1,754,231
Pennsylvania	659	6,393,196
Puerto Rico	189	1,830,960
Rhode Island	66	643,218
South Carolina	173	1,681,705
South Dakota	85	828,387
Tennessee	251	2,436,432
Texas	683	6,627,094
Utah	82	799,150
Vermont	68	662,709
Virginia	267	2,592,363
Washington	186	1,804,573
West Virginia	139	1,344,910
Wisconsin	316	3,060,158
Wyoming	66	641,598
State Agencies Total	**13,227**	**$128,319,557**
Territories		
American Samoa	139	1,350,956
Guam	139	1,350,956
Northern Marianas	46	450,320
Virgin Islands	139	1,350,956
Territories Total	**463**	**$4,503,188**

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

Senior Community Service Employment Program

PY 2010 Authorized Positions* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GII	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	0	0	0	262	0	0	0	0	0	0	0	0	625	0	0	**887**
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Arizona	160	0	170	0	0	138	0	0	0	0	0	0	0	0	0	**468**
Arkansas	245	0	0	0	469	0	0	158	0	0	0	0	0	0	0	**872**
California	489	0	547	0	423	0	0	0	313	0	0	1,365	513	0	0	**3,650**
Colorado	188	0	0	0	0	0	0	0	0	0	0	296	0	0	0	**484**
Connecticut	0	0	0	249	0	0	0	0	0	0	0	0	0	277	0	**526**
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
District of Col	0	0	84	0	0	0	0	191	0	0	0	0	0	0	0	**275**
Florida	1,750	0	0	0	683	0	0	201	0	0	0	0	191	0	0	**2,825**
Georgia	272	0	0	0	602	0	0	0	187	0	0	0	0	0	0	**1,061**
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Idaho	0	0	0	0	231	0	0	0	0	0	0	0	0	0	0	**231**
Illinois	115	0	0	235	529	0	0	127	0	0	0	230	536	0	0	**1,772**
Indiana	313	0	0	0	374	277	0	0	0	0	0	0	290	0	0	**1,254**
Iowa	207	0	0	0	280	0	0	0	0	0	0	0	126	0	0	**613**
Kansas	0	0	0	0	0	0	0	0	0	0	0	472	0	0	0	**472**
Kentucky	135	0	0	0	457	0	0	0	315	0	0	0	0	0	0	**907**
Louisiana	168	0	213	0	255	0	0	0	96	0	0	0	0	0	0	**732**
Maine	0	295	0	0	0	0	0	0	0	0	0	0	0	0	0	**295**
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	658	0	0	**658**
Massachusetts	0	264	0	0	0	0	0	0	0	200	0	0	516	0	0	**980**
Michigan	486	0	0	0	520	0	0	264	0	254	0	0	0	0	0	**1,524**
Minnesota	0	0	0	0	512	0	0	0	0	0	207	0	394	0	0	**1,113**
Mississippi	0	0	0	0	177	0	0	136	0	0	0	0	277	0	0	**590**
Missouri	352	0	0	0	800	0	0	0	0	0	0	0	0	0	0	**1,152**
Montana	0	0	0	0	298	0	0	0	0	0	0	0	0	0	0	**298**
Nebraska	0	0	0	0	354	0	0	0	0	0	0	0	0	0	0	**354**
Nevada	235	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**235**
New Hampshire	0	231	0	0	0	0	0	0	0	0	0	0	0	0	0	**231**
New Jersey	0	0	0	462	243	0	0	0	473	176	0	0	0	0	0	**1,354**
New Mexico	0	0	0	0	0	231	0	0	0	0	0	0	0	0	0	**231**
New York	671	0	0	503	536	0	0	0	446	259	0	0	663	0	0	**3,078**
North Carolina	0	0	0	0	0	0	0	356	216	0	0	0	681	0	0	**1,253**
North Dakota	0	0	0	0	287	0	0	0	0	0	0	0	0	0	0	**287**
Ohio	349	0	0	0	497	0	705	191	0	184	0	0	162	0	0	**2,088**
Oklahoma	229	0	0	0	346	0	0	0	0	0	0	0	0	0	0	**575**
Oregon	0	0	0	238	466	0	0	0	0	0	0	0	0	0	0	**704**
Pennsylvania	494	0	153	0	276	280	0	237	672	158	0	0	240	0	0	**2,510**
Puerto Rico	247	0	0	0	411	0	0	0	0	0	0	0	0	0	0	**658**
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	254	0	0	0	**254**
South Carolina	272	0	0	0	380	0	0	0	0	0	0	0	0	0	0	**652**
South Dakota	0	0	0	0	297	0	0	0	0	0	0	0	0	0	0	**297**
Tennessee	0	0	0	0	0	0	0	0	205	0	0	0	773	0	0	**978**
Texas	1,322	0	0	0	573	0	0	0	0	0	0	399	281	0	0	**2,575**
Utah	0	0	0	319	0	0	0	0	0	0	0	0	0	0	0	**319**
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	262	**262**
Virginia	329	0	0	0	117	300	0	0	265	0	0	0	0	0	0	**1,011**
Washington	350	0	0	0	0	271	0	0	0	0	0	0	0	0	0	**621**
West Virginia	0	0	0	0	131	0	0	0	407	0	0	0	0	0	0	**538**
Wisconsin	0	0	0	0	482	0	0	0	0	0	0	0	341	366	0	**1,189**
Wyoming	0	0	0	0	231	0	0	0	0	0	0	0	0	0	0	**231**
Total	**9,378**	**790**	**1,167**	**2,268**	**12,237**	**1,497**	**705**	**1,861**	**3,595**	**1,231**	**207**	**3,548**	**7,101**	**277**	**262**	**46,124**

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

Senior Community Service Employment Program

PY 2010 Authorized Funding* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GII	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	$0	$0	$0	$2,542,054	$0	$0	$0	$0	$0	$0	$0	$0	$6,064,060	$0	$0	**$8,606,114**
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Arizona	1,551,300	0	1,648,257	0	0	1,337,997	0	0	0	0	0	0	0	0	0	**4,537,554**
Arkansas	2,377,112	0	0	0	4,550,471	0	0	1,532,994	0	0	0	0	0	0	0	**8,460,577**
California	4,741,921	0	5,304,358	0	4,101,907	0	0	0	3,035,217	0	0	13,236,651	4,974,654	0	0	**35,394,708**
Colorado	1,824,069	0	0	0	0	0	0	0	0	0	0	2,871,939	0	0	0	**4,696,008**
Connecticut	0	0	0	2,415,922	0	0	0	0	0	0	0	0	0	2,687,591	0	**5,103,513**
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
District of Col	0	0	815,010	0	0	0	0	1,853,177	0	0	0	0	0	0	0	**2,668,187**
Florida	16,973,359	0	0	0	6,624,459	0	0	1,949,511	0	0	0	1,852,521	0	0	0	**27,399,850**
Georgia	2,639,079	0	0	0	5,840,903	0	0	0	1,814,367	0	0	0	0	0	0	**10,294,349**
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Idaho	0	0	0	0	2,236,756	0	0	0	0	0	0	0	0	0	0	**2,236,756**
Illinois	1,115,157	0	0	2,278,800	5,129,724	0	0	1,231,522	0	0	0	2,230,315	5,197,603	0	0	**17,183,121**
Indiana	3,034,460	0	0	0	3,625,840	2,685,448	0	0	0	0	0	0	2,811,480	0	0	**12,157,228**
Iowa	2,008,417	0	0	0	2,716,699	0	0	0	0	0	0	0	1,222,514	0	0	**5,947,630**
Kansas	0	0	0	0	0	0	0	0	0	0	0	4,579,578	0	0	0	**4,579,578**
Kentucky	1,309,837	0	0	0	4,434,041	0	0	0	3,056,286	0	0	0	0	0	0	**8,800,164**
Louisiana	1,630,019	0	2,066,632	0	2,474,137	0	0	0	931,440	0	0	0	0	0	0	**7,102,228**
Maine	0	2,862,236	0	0	0	0	0	0	0	0	0	0	0	0	0	**2,862,236**
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	6,384,243	0	0	**6,384,243**
Massachusetts	0	2,561,459	0	0	0	0	0	0	0	1,940,499	0	0	5,006,489	0	0	**9,508,447**
Michigan	4,712,319	0	0	0	5,041,988	0	0	2,559,778	0	2,462,817	0	0	0	0	0	**14,776,902**
Minnesota	0	0	0	0	4,963,215	0	0	0	0	0	2,006,612	0	3,819,349	0	0	**10,789,176**
Mississippi	0	0	0	0	1,717,342	0	0	1,319,540	0	0	0	0	2,687,591	0	0	**5,724,473**
Missouri	3,412,314	0	0	0	7,755,260	0	0	0	0	0	0	0	0	0	0	**11,167,574**
Montana	0	0	0	0	2,891,344	0	0	0	0	0	0	0	0	0	0	**2,891,344**
Nebraska	0	0	0	0	3,434,684	0	0	0	0	0	0	0	0	0	0	**3,434,684**
Nevada	2,280,087	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2,280,087**
New Hampshire	0	2,236,756	0	0	0	0	0	0	0	0	0	0	0	0	0	**2,236,756**
New Jersey	0	0	0	4,479,243	2,355,965	0	0	0	4,585,892	1,706,378	0	0	0	0	0	**13,127,478**
New Mexico	0	0	0	0	0	2,236,756	0	0	0	0	0	0	0	0	0	**2,236,756**
New York	6,508,260	0	0	4,878,770	5,198,849	0	0	0	4,325,908	2,512,130	0	0	6,430,665	0	0	**29,854,582**
North Carolina	0	0	0	0	0	0	0	3,451,332	2,094,067	0	0	0	6,602,127	0	0	**12,147,526**
North Dakota	0	0	0	0	2,784,617	0	0	0	0	0	0	0	0	0	0	**2,784,617**
Ohio	3,384,550	0	0	0	4,819,831	0	6,836,984	1,852,289	0	1,784,404	0	0	1,571,052	0	0	**20,249,110**
Oklahoma	2,221,872	0	0	0	3,357,064	0	0	0	0	0	0	0	0	0	0	**5,578,936**
Oregon	0	0	0	2,309,194	4,521,364	0	0	0	0	0	0	0	0	0	0	**6,830,558**
Pennsylvania	4,791,124	0	1,483,891	0	2,676,822	2,715,617	0	2,298,575	6,517,480	1,532,384	0	0	2,327,671	0	0	**24,343,564**
Puerto Rico	2,396,517	0	0	0	3,987,726	0	0	0	0	0	0	0	0	0	0	**6,384,243**
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	2,464,434	0	0	0	**2,464,434**
South Carolina	2,639,079	0	0	0	3,686,949	0	0	0	0	0	0	0	0	0	0	**6,326,028**
South Dakota	0	0	0	0	2,881,641	0	0	0	0	0	0	0	0	0	0	**2,881,641**
Tennessee	0	0	0	0	0	0	0	0	1,989,012	0	0	0	7,500,030	0	0	**9,489,042**
Texas	12,821,719	0	0	0	5,557,371	0	0	0	0	0	0	3,869,793	2,725,343	0	0	**24,974,226**
Utah	0	0	0	3,095,096	0	0	0	0	0	0	0	0	0	0	0	**3,095,096**
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,542,054	**2,542,054**
Virginia	3,192,121	0	0	0	1,135,192	2,910,749	0	0	2,571,162	0	0	0	0	0	0	**9,809,224**
Washington	3,395,874	0	0	0	0	2,629,376	0	0	0	0	0	0	0	0	0	**6,025,250**
West Virginia	0	0	0	0	1,271,027	0	0	0	3,948,916	0	0	0	0	0	0	**5,219,943**
Wisconsin	0	0	0	0	4,672,670	0	0	0	0	0	0	3,305,769	3,548,127	0	0	**11,526,566**
Wyoming	0	0	0	0	2,236,756	0	0	0	0	0	0	0	0	0	0	**2,236,756**
Total	**90,960,566**	**7,660,451**	**11,318,148**	**21,999,079**	**118,682,614**	**14,515,943**	**6,836,984**	**18,048,718**	**34,869,747**	**11,938,612**	**2,006,612**	**34,411,000**	**68,872,998**	**2,687,591**	**2,542,054**	**447,351,117**

* 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 2010 Authorized Positions* for Minority National Sponsors, by State

State	IID	NAPCA	NICOA	Total
Alabama	0	0	0	**0**
Alaska	0	0	0	**0**
Arizona	0	0	180	**180**
Arkansas	75	0	0	**75**
California	0	359	91	**450**
Colorado	0	0	0	**0**
Connecticut	0	0	0	**0**
Delaware	0	0	0	**0**
District of Col	0	0	0	**0**
Florida	0	0	0	**0**
Georgia	0	0	0	**0**
Hawaii	0	0	0	**0**
Idaho	0	0	0	**0**
Illinois	0	91	0	**91**
Indiana	0	0	0	**0**
Iowa	0	0	0	**0**
Kansas	0	0	0	**0**
Kentucky	0	0	0	**0**
Louisiana	99	0	0	**99**
Maine	0	0	0	**0**
Maryland	0	0	0	**0**
Massachusetts	0	63	0	**63**
Michigan	0	0	0	**0**
Minnesota	0	0	28	**28**
Mississippi	35	0	0	**35**
Missouri	0	0	0	**0**
Montana	0	0	0	**0**
Nebraska	0	0	0	**0**
Nevada	0	0	0	**0**
New Hampshire	0	0	0	**0**
New Jersey	0	0	0	**0**
New Mexico	0	0	64	**64**
New York	0	85	0	**85**
North Carolina	0	0	0	**0**
North Dakota	0	0	0	**0**
Ohio	0	0	0	**0**
Oklahoma	0	0	189	**189**
Oregon	0	0	0	**0**
Pennsylvania	0	80	0	**80**
Puerto Rico	0	0	0	**0**
Rhode Island	0	0	0	**0**
South Carolina	0	0	0	**0**
South Dakota	0	0	43	**43**
Tennessee	0	0	0	**0**
Texas	0	82	0	**82**
Utah	0	0	0	**0**
Vermont	0	0	0	**0**
Virginia	0	0	0	**0**
Washington	0	84	0	**84**
West Virginia	0	0	0	**0**
Wisconsin	0	0	38	**38**
Wyoming	0	0	0	**0**
Total	**209**	**844**	**633**	**1,686**

* 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 2010 Authorized Funding* for Minority National Sponsors, by State

State	IID	NAPCA	NICOA	Total
Alabama	$0	$0	$0	**$0**
Alaska	0	0	0	**0**
Arizona	0	0	1,745,673	**1,745,673**
Arkansas	727,364	0	0	**727,364**
California	0	3,481,648	882,535	**4,364,183**
Colorado	0	0	0	**0**
Connecticut	0	0	0	**0**
Delaware	0	0	0	**0**
District of Col	0	0	0	**0**
Florida	0	0	0	**0**
Georgia	0	0	0	**0**
Hawaii	0	0	0	**0**
Idaho	0	0	0	**0**
Illinois	0	882,535	0	**882,535**
Indiana	0	0	0	**0**
Iowa	0	0	0	**0**
Kansas	0	0	0	**0**
Kentucky	0	0	0	**0**
Louisiana	960,120	0	0	**960,120**
Maine	0	0	0	**0**
Maryland	0	0	0	**0**
Massachusetts	0	610,986	0	**610,986**
Michigan	0	0	0	**0**
Minnesota	0	0	271,549	**271,549**
Mississippi	339,436	0	0	**339,436**
Missouri	0	0	0	**0**
Montana	0	0	0	**0**
Nebraska	0	0	0	**0**
Nevada	0	0	0	**0**
New Hampshire	0	0	0	**0**
New Jersey	0	0	0	**0**
New Mexico	0	0	620,684	**620,684**
New York	0	824,346	0	**824,346**
North Carolina	0	0	0	**0**
North Dakota	0	0	0	**0**
Ohio	0	0	0	**0**
Oklahoma	0	0	1,832,956	**1,832,956**
Oregon	0	0	0	**0**
Pennsylvania	0	775,855	0	**775,855**
Puerto Rico	0	0	0	**0**
Rhode Island	0	0	0	**0**
South Carolina	0	0	0	**0**
South Dakota	0	0	417,022	**417,022**
Tennessee	0	0	0	**0**
Texas	0	795,251	0	**795,251**
Utah	0	0	0	**0**
Vermont	0	0	0	**0**
Virginia	0	0	0	**0**
Washington	0	814,647	0	**814,647**
West Virginia	0	0	0	**0**
Wisconsin	0	0	368,531	**368,531**
Wyoming	0	0	0	**0**
Total	**2,026,920**	**8,185,268**	**6,138,950**	**16,351,138**

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

PROGRAM NARRATIVE INSTRUCTIONS
FOR PY 2010 FUNDS

Format: *The text of the application must be double-spaced with one-inch margins at the top, bottom, and sides. Pages must be numbered and include the applicant's name. The Department permits the use of graphs, maps, and tables that are properly labeled. The Department encourages applicants to use brief topic headings for paragraphs in the text. The narrative must not exceed 20 pages in length, excluding any attachments.*

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

Strategies for Employment Opportunities. Applicants must address unique challenges that they encounter in finding employment opportunities for participants in the geographic areas they serve. They should describe (a) host agency strategies for providing sufficient skill development for participants; (b) specialized training opportunities, in detail; and (c) strategies to engage employers - paying particular attention to the local job market and skills needed by employers - to successfully transition participants in the current economic climate.

Green Jobs Efforts. Applicants must address continued green jobs efforts and describe: (a) regional green high-growth industries; (b) current participant assignments that assist or enable greening efforts; (c) success in providing training for participants in green industries; (d) challenges and (e) strategies to overcome these challenges.

Individual Participant Durational Limits and Individual Participant Transition Planning. Applicants must describe the individual participant durational limit that will apply to their participants in PY 2010: 48 months with the possibility of waiver; 48 months without the possibility of waiver; or less than 48 months if a separate request is included in the grant application and approved by the Department (see Optional Special Request, Attachment D, #3). Applicants whose policy provides for 48 months with a waiver should describe the criteria for determining which participants will qualify for a waiver. Applicants must also explain how they will inform participants of the durational policy and of the possibility of a waiver, if applicable, under the grantee's durational policy.

In addition, applicants must provide a detailed description of the transitional services and planning process for participants who will not achieve unsubsidized employment prior to reaching their durational limit. Applicants should list specific action steps that will be taken to ensure participants receive timely and coordinated transition planning to the most appropriate services and identify other relevant community partners and services, including partners in the One-Stop Career Centers.

Service to Minorities, Older Americans Act, Title V, Section 515. Applicants must include a detailed description of their efforts to serve minority individuals. In April 2010, applicants received an analysis of their service to minorities for PY 2008. Using this information, applicants should describe (a) changes in enrollment levels or outcomes for minority individuals during PYs 2008 and 2009; (b) to what are changes in enrollment and outcomes attributed; and (c) steps that the applicant will take to address any under-service to minorities or discrepancies in outcomes revealed in the analysis.

Organizational Structure, Monitoring, and Audits. Describe the organizational structure:
a) Identify the grant's key staff; briefly identify their primary responsibilities and the amount of time they are assigned to the grant.
b) Include an organizational chart depicting key staff (may be included as an attachment).
c) Indicate whether the applicant has sub-recipients or local affiliates implementing the grant. If they do, include a table indicating their name, location, the number of authorized positions for which they are responsible and their experience (if any) in implementing SCSEP.

PROGRAMMATIC ASSURANCES—PY 2010 GRANT

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

Applicants, please certify that your agency or organization conforms, and will continue to conform, to these assurances throughout the period of the grant by checking off the assurances below. This form is interactive; to check off the assurances, go to the "View" function, choose "Toolbars click on the left side of "Forms", then click on small lock.

PARTICIPANT ASSURANCES

The applicant:

Recruitment and Selection of Participants

☐   Has developed and implemented methods to recruit and select participants to assure that a maximum number of eligible individuals are able to participate in the program.

☐   Uses income definitions and income inclusions and exclusions for SCSEP eligibility, as described in TEGL 12-06, to determine and document participant eligibility. TEGL 12-06 may be accessed on www.doleta.gov/seniors under "Technical Assistance".

☐   Has developed 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, P.L. 107-288. Priority is to be afforded to individuals who:
   a) Are covered persons in accordance with the Jobs for Veterans Act.
   b) Are 65 years or older.
   c) Have a disability.
   d) Have limited English proficiency or low literacy skills.
   e) Reside in a rural area.
   f) Have low employment prospects.
   g) Have failed to find employment after utilizing services provided through the One-Stop Delivery System.
   h) Are homeless or are at risk for homelessness.

In addition, veterans' priority of service means that "covered persons" (veterans and certain spouses, including widows and widowers) who are eligible for SCSEP must receive services instead of, or before, non-covered persons.

Assessment

- [ ] Assesses participants at least twice per 12 month period.
- [ ] Uses assessment information to determine the most appropriate community service assignments for participants.

Individual Employment Plan (IEP)

- [ ] Establishes an initial goal of unsubsidized employment for all participants.
- [ ] Updates the IEP at least as frequently as the assessments.
- [ ] For participants who will reach the individual durational limit or would not otherwise achieve unsubsidized employment, has provision in the IEP to transition to unsubsidized employment or other services.

Community Service Assignment (CSA)

- [ ] Ensures that the initial CSA is based on the assessment done at enrollment.
- [ ] Uses the IEP to determine when, if appropriate, to rotate participants through assignments to acquire skills necessary for unsubsidized employment.
- [ ] Selects host agencies that are designated 501(c)(3) organizations or public agencies.
- [ ] Has procedures in place to assure adequate supervision of participants at host agencies.
- [ ] Has procedures in place to ensure safe and healthy working conditions.

Recertification of Participants

- [ ] Recertifies the income eligibility of each participant at least once every 12 months, or more frequently if circumstances warrant.
- [ ] Has a written policy setting forth actions to deal with participants found to be ineligible (including notification of their right to appeal the finding).

Physical Examinations

- [ ] Offers physicals to participants upon program entry and each year thereafter as a benefit.
- [ ] Obtains a written waiver from each participant who declines to have a physical.

Host Agencies

- [ ] Has developed and implemented 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.

☐ <u>Maintenance of Effort:</u> Does not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals who are not SCSEP participants.

- Does not displace currently employed workers (including partial displacement, such as a reduction in non-overtime work, wages, or employment benefits).

- Does not impair existing contracts or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed.

- Does not 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

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

Program Overview

☐ Project goals and objectives
☐ Community service assignments
☐ Training opportunities
☐ Available supportive services
☐ The availability of a free physical examination
☐ Participant rights and responsibilities
☐ Host agencies
☐ Sub-recipients must also provide sufficient orientation, which may include the following information:

- Grantee and local project roles, policies, and procedures
- SCSEP goals and objectives
- Role of supervisors
- Evaluation of participant progress
- Maximum individual duration policy
- Provision of safe working environment
- Annual monitoring and safety assessment
- Documentation requirements
- Termination policies
- Grievance procedures

Participant Benefits

☐ Provides benefits that are required by state or Federal law (such as workers' compensation or unemployment insurance), and the costs of physical examinations.

☐ Has established written policies relating to compensation for scheduled work hours during which grantee or sub-recipients are closed for Federal holidays.

☐ Has established written policies relating to approved breaks in participation and necessary sick leave that is not part of an accumulated sick leave program.

☐ Does not use grant funds to pay the cost of pension benefits, annual leave, accumulated sick leave, or bonuses.

Durational Limits

Maximum Project Duration: 27 Months

☐ Complies with an aggregate participant duration cap of 27 months, unless a waiver is approved.

Maximum Participant Duration: 48 Months

☐ Complies with the requirement that participants may participate in the program no longer than 48 months (whether or not consecutively) unless the participant receives a waiver or unless the grantee has in place a policy providing a duration of less than 48 months as approved by the Department.

☐ Notifies participants of its policy pertaining to the maximum duration requirement, including the possibility of a waiver, if applicable, at the time of enrollment and each year.

Termination Procedures

☐ Provides a reason for termination and informs participants of grievance policies.

☐ Written Termination Policies Are in Effect for:

- Provision of false information (immediate).

- Incorrect initial eligibility determination (30 days written notice).

- Income ineligibility determined at recertification (30 days written notice).

- Cause (immediate or corrective action, depending on infraction).

- IEP Terminations: An IEP termination policy must be approved by the Department prior to implementation. If applicable and there are no extenuating circumstances to hinder a move to unsubsidized employment, refusal without good cause to accept a reasonable number of job offers or referrals that are consistent with the IEP.

Equitable Distribution

☐ Manages slot allotments within equitable distribution guidelines, to the extent feasible, so that potential participants have equal access to the program.

<u>Over-Enrollment</u>

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

<u>Administrative Systems</u>

☐ Ensures representation at any and all required grantee meetings sponsored by the Department.

☐ Communicates grant policy, data collection, and performance developments and directives to staff, sub-recipients, and local project operators.

☐ Has developed a written monitoring tool that lists items to be reviewed during monitoring visits, and provides this tool to sub-recipients and local project operators.

☐ Has developed a monitoring schedule; notified sub-grantees and local project operators of monitoring plans; and monitors sub-grantees and local project operators on a regular basis.

☐ Provides training to increase sub-recipients' and local project operators' skills, knowledge, and abilities.

☐ When appropriate, prescribes corrective action and follow-up procedures for sub-recipients and local project operators to ensure that identified problems are remedied.

☐ Monitors the financial systems and expenditures of sub-recipients and local project operators on a regular basis.

☐ Ensures that sub-recipients and local project operators receive adequate resources to effectively operate local projects.

☐ Has trained sub-recipients and local project operators on SCSEP financial requirements to help them effectively manage their own expenditures, and provides more general financial training as needed.

☐ Ensures that all financial reports are accurate and are submitted in a timely manner, as required.

☐ Has a written plan in place for both disaster response and recovery so the SCSEP may continue to operate and provide services.

<u>Collaboration and Leveraged Resources</u>

☐ Collaborates 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, One-Stop Career Centers, vocational rehabilitation providers, basic education and literacy providers, and community colleges.

Supportive Services

☐ Provides supportive services, as needed, to help participants participate in their community service assignment and to obtain and retain unsubsidized employment.

☐ Has established criteria 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 give special consideration to organizations (including former recipients of national grants) with demonstrated expertise in serving individuals with barriers to employment, as defined in the statute.

Complaint Resolution

☐ Establishes and uses written grievance procedures for complaint resolution for applicants, employees and participants.

☐ Provides applicants, employees, and participants with a copy of grievance procedures.

Procedures for Payroll and Workers' Compensation

☐ Makes all required payments for payroll and workers' compensation premiums on a timely basis.

☐ Ensures that host agencies do not pay workers' compensation costs for participants.

Maintenance of Files and Privacy Information

☐ Maintains participant files for three program years after the program year in which all follow-up activity for a participant is completed.

☐ Participant records are securely stored and access is limited to appropriate staff in order to safeguard personal identifying information.

☐ Participant medical records are securely stored separately from all other participant records and access is limited to authorized staff for authorized purposes.

☐ Safeguards to preclude tampering with electronic media are established, e.g., personal identification numbers (PINs).

☐ Ensures that the SCSEP national office at the Department of Labor is immediately notified in the event of any potential security breach of personal identifying information, whether electronic files, paper files, or equipment is involved.

☐ Complies with, and ensures that authorized users under its grant comply with, all SPARQ access and security rules.

Documentation

☐ Maintains documentation of waivers of physical examinations by participant.

☐ Maintains documentation of the provision of complaint procedures to participants.

☐ Maintains documentation of eligibility determinations and recertifications.

☐ Maintains documentations of terminations and reasons for termination.

☐ Maintains records of grievances and outcomes.

☐ Maintains records required for data validation.

Data Collection and Reporting

☐ Ensures that accurate data are submitted a timely manner to SPARQ, as required.

☐ Ensures that those capturing and recoding data are familiar with the latest instructions for data collection, including Department administrative issuances, e.g., Older Worker Bulletins, TEGLs, Data Collection Handbook, and internet postings.

☐ Legally obligates 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 obligates new sub-recipients to enter complete data related to any participants whom they acquire upon becoming sub-recipients.

☐ Non-Web Data Collection System users ensure that accurate data are uploaded to SPARQ in accordance with Department timelines and administrative guidance.

If the applicant has not checked a specific box(es) herein, information must be provided on a separate attachment indicating what specific steps it will take to conform to this standard grant requirement(s).

Signature of Authorized Representative: _____

PY 2010 OPTIONAL SPECIAL REQUESTS

Applicants with special requests in one or more of the following areas must submit their requests and any supporting documentation as an attachment to their PY 2010 grant application. Requests for approval should provide a substantive rationale, e.g., improved program management, better service to participants, or least disruption possible to participants.

(1) Additional Funds for Participant Training and Supportive Services – Older Americans Act (OAA), Sec. 502(c)(6)(C). Any applicant that wishes to request additional funds must provide the specific information listed in this section. Applicants requesting additional funds for participant training and supportive services should *not* submit a separate budget narrative for these activities. Instead, the detailed budget narrative in the grant application should identify the specific training and supportive service activities that will be provided to participants should the request be approved. Costs associated with this request should also be included in the SF 424 and 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 to directly benefit participants. As required in Section 502(C)(6)(C)(IV), applicants 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 to be displaced or positions to be eliminated; and
(e)   The performance measures that are expected to improve from the expenditure of additional funds, and the amounts by which each measure is expected to improve.

(2) Increase in Administrative Cost Limitations - 20 CFR 641.870. The Department 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 the applicant 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 do not constitute adequate justification. The applicant must identify which costs have increased, why they have increased, and how these costs relate to program operations.

(3) Reduction of Maximum Participant Duration - OAA Sec. 518 (a)(3)(B)(i). The maximum length of time an individual participant can be enrolled in SCSEP during their lifetime is 48 months (regardless of whether enrollment is consecutive or not). Applicants who wish to impose a maximum duration of *less than* 48 months for participants must request permission from the Department to do so. Any durational limit must be uniformly applied to participants in all of the applicant's local projects.

(4) Extension of Maximum Project Duration - OAA Sec. 502 (b)(1)(C)(ii). The maximum average project duration based on overall participation is 27 months. Applicants may request permission from the Department to increase their maximum average project duration to 36 months.

(5) On-the-Job Experience (OJE). If an applicant wishes to utilize OJE as an additional training option, it must meet the requirements stipulated in Older Worker Bulletin 04-04. Applicants 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 641.500(b). 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 for approval by the Department.

SF-424 INSTRUCTIONS

Applicant must prepare their application using Standard Form (SF) 424 (*Attachment F*).

The following instructions are intended to clarify the process of completing the SF-424 grant application for SCSEP. The applicant should review the current authorizing legislation and regulations, as well as Older Worker Bulletin (OWB) No. 00-20, Allocation of Indirect Costs; OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments; and OMB Circular A-122, Cost Principles for Non-Profit Organizations. Sufficient administrative funding must go to local levels of program operation.

<u>**Clarifying Instructions for SF-424.**</u> If additional space is needed to complete an item, insert an asterisk and use an additional electronic document page. For the most part, this form is self-explanatory. *Grantees must complete all required items, which are identified with asterisks, as well as items that are not required but are noted below.*

> **Item 1.** For type of submission, check "Application."
>
> **Item 2.** For type of application, check "New."
>
> **Item 10.** For name of Federal agency, list "U.S. Department of Labor, Employment and Training Administration".
>
> **Item 12.** This item does not need to be filled in as this is not a competitive grant.
>
> **Item 14.** This item must be completed; however, it contains similar information to that requested in the program narrative (*Attachment B*) under "Geographic Areas Served." Grantees should indicate in this box to "See attached Excel spreadsheet" and thoroughly address this item in "Geographic Areas Served."
>
> **Item 18.** Federal funding for PY 2010 for all applicants is listed in Attachment I.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*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:

8. APPLICANT INFORMATION:

* a. Legal Name:

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

d. Address:

*Street1:
 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

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:

Midd le N ame:

*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.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the 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 (including the continuation sheet) required for use as a cover sheet for submission of preapplications 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 items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	**Type of Submission:** (Required): Select one type of submission in accordance with agency instructions. • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.	10.	**Name Of Federal Agency**: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	**Catalog Of Federal Domestic Assistance Number/Title:** 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.	**Type of Application**: (Required) Select one type of application in accordance with agency instructions. • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • 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. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)	12.	**Funding Opportunity Number/Title:** (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	**Competition Identification Number/Title:** Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	**Areas Affected By Project:** List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	**Date Received:** Leave this field blank. This date will be assigned by the Federal agency.	15.	**Descriptive Title of Applicant's Project:** (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 preapplications, attach a summary description of the project.
4.	**Applicant Identifier**: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.		
5a	**Federal Entity Identifier**: Enter the number assigned to your organization by the Federal Agency, if any.	16.	**Congressional Districts Of**: (Required) 16a. Enter the applicant's Congressional District, and 16b. 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 12th district, NC-103 for North Carolina's 103rd district.
5b.	**Federal Award Identifier**: 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.		• 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.
6.	**Date Received by State:** Leave this field blank. This date will be assigned by the State, if applicable.		
7.	**State Application Identifier:** Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	**Applicant Information**: Enter the following in accordance with agency instructions:		
	a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	17.	**Proposed Project Start and End Dates**: (Required) Enter the proposed start date and end date of the project.
	b. Employer/Taxpayer Number (EIN/TIN): (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.	**Estimated Funding:** (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.
	c. Organizational DUNS: (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 the Grants.gov website.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	19.	**Is Application Subject to Review by State Under Executive Order 12372 Process?** Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the		

	assistance activity, if applicable. **f. Name and contact information of person to be contacted on matters involving this application**: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.		State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State
		20.	**Is the Applicant Delinquent on any Federal Debt?** (Required) Select the appropriate box. 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. If yes, include an explanation on the continuation sheet.
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)	21.	**Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. 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.)

SF-424A INSTRUCTIONS – DEVELOPING A BUDGET

> *ETA's Regions 2 and 6 have developed a helpful budget tool which was first provided to grantees in 2008, and is also being emailed with this planning TEGL. Grantees are strongly encouraged to use this tool in developing their budget narratives. These instructions will assist you in completing the Budget Tool and its worksheets. References to the 424A and the 424A Budget Tool are made at the beginning of each section in **bold italics**.*
>
> **NOTE:** *The narrative tabs in this budget tool will hold a maximum of 251 characters without spaces. Please use additional electronic pages if your narrative exceeds the maximum allowance.*

A. <u>Determining Budget Requirements</u>

The budget is one of the most important pieces of the grant proposal. A complete and well-developed budget is an effective management tool; a budget that doesn't truly represent a project's needs makes it difficult to assess financial performance over the life of the project and may result in cost overruns. The budget also provides ETA with information to assess whether the activities and services described in the program narrative are consistent with the estimated costs in the budget.

B. <u>Understanding Key Budgeting Terms and Principles</u>

Before launching into required budget elements, it is important to explain some key fiscal terminology and principles that may affect the development of the grant budget.

- **Administrative Costs:**
  - *Definition*: For SCSEP, the definition of administrative costs is unique to the programs funded by the Department of Labor, Employment and Training Administration (ETA). ETA's definition of administrative costs is found in the Code of Federal Regulations at 20 CFR 641.853-861. ETA uses a function-based definition of administration, which means costs associated with certain functions - such as accounting, procurement, financial management, payroll, etc. - are considered administrative costs.
  - *Limitation*: An entity that receives a SCSEP grant may not use more than 13.5 percent of the total grant award amount to pay administrative costs associated with the program. In limited cases, the Grant Officer may approve a 15 percent administrative cost level, but the grantee must request a higher level in writing as part of its grant application, and provide documentation for the need for

the higher level. See Section 502(c)(3) of the Older Americans Act (OAA) of 2006 for guidance. Typically, only the grantee organization incurs administrative costs. A sub-grantee would incur administrative costs only if the sub-grant's sole purpose is to carry out an administrative function. The administrative limit applies to the total award amount, and includes both direct administrative cots and indirect administrative costs. Not all indirect costs are administrative costs under the ETA definition. The portion of indirect costs that are administrative, plus any direct administrative costs, cannot exceed the 13.5 percent cost limitation. *Note*: The indirect cost line item on the Federal Budget Information Form is different from the administrative cost limit.

- **Program Costs:** Program costs are related to the direct provision of employment and training services to participants and employers. An individual such as a program director can incur both program and administrative costs, depending on the function which is being performed. For instance, when a program director is meeting with project partners to discuss how services will be designed and provided to participants, the salary associated with that time falls under program costs. However, when a project director develops a budget for a contractual agreement with a project partner, the salary associated with that time is an administrative cost, because budgeting is an administrative function.

- **Direct Costs:** Direct costs are those that can be specifically identified with a particular final cost objective.

- **Indirect Costs:** Indirect costs are incurred for common or joint objectives that benefit more than one project. They may originate in your unit or in units of your organization that supply goods, services, or facilities to the grant. Most often, the term "indirect costs" is used to indicate costs that are incurred to support the overall operation of the organization. Indirect costs may be both administrative and programmatic. The following web site provides valuable information on applying for an indirect cost rate from the Department's Division of Cost Determination:
www.dol.gov/oasam/programs/boc/costdeterminationguide/main.htm#toc

- **Cost Allocation Plan:** This document identifies, accumulates, and distributes allowable direct and indirect costs, and identifies the allocation methods used for distribution of these costs across projects.

C. Process for Developing a Budget

Constructing a project budget takes time and coordination with project staff and partners. When developing the project budget, it is highly recommended that grantees review the activities and tasks listed in their statement of work. Reviewing the statement of work will help grantees assess the following elements:

- Who will work on the project and how long their services will be required (e.g., grant staff, partner staff, and contractors).

- What resources are needed to support each task (e.g., rent, utilities, computers, telephone service, copiers, office supplies, etc.).

- Whether partners are willing to donate cash, items, or services needed to complete the project either through matching funds or in-kind contributions.

The Budget Narrative worksheets in the SF-424A are designed to assist grantees in meeting the requirements for a detailed cost analysis and may be helpful in developing your budget projections. It may also be useful to have staff involved in delivering services participate in preparing the budget since they have direct, first-hand experience with services and activities. Also, grantees should be aware that a number of factors might affect budget projections, such as:

- Staff on the project may be eligible for salary increases or raises during the life of the project.

- Rising health and disability insurance costs may affect fringe benefit rates.

- Transportation costs may be affected by rising gasoline prices.

Grantees should try to anticipate factors that may affect the budget when developing their projections and be prepared to provide a narrative explanation of these factors in the Budget section of the grant proposal. Once grantees have developed a list of needed resources, it is time to organize the listed items into the cost categories required by ETA.

D. How to Complete the Budget Section of the SCSEP Application

The Budget part of the application consists of two sections: A – Budget Information Form, and B – Budget Category Excel Worksheets and Budget Narrative.

Section A. Budget Information Form - *Lines 1-5, Columns (a)-(g).*
Note: Column F is pre-set to calculate the 10 percent non-Federal amount. You may change the formula if you are entering more than 10 percent.

A budget tool has been developed to assist grantees in submitting their SF-424A and detailed budget narrative (*see attached*). The SF-424A can be found at http://wdr.doleta.gov/directives/attach/TEGL/TEGL24-09a4.xls. The budget form has six sections. A - Budget Summary; B - Budget Categories; C - Non-Federal Resources; D - Forecasted Cash Needs; E - Budget Estimates of Federal Funds Needed for Balance of the Project; and F - Other Budget Information. **Sections A and B** are populated automatically as the Excel worksheets, addressed below, are completed. The following information should be entered on the first row of section A: *column (a) – SCSEP; column (b) – 17.235*. Information in columns (e) and (g) will be input automatically after the "Amount Awarded" field in the top left corner of "Personnel" worksheet is filled in. Please note that ETA does not require sections D and E be completed.

Grantees anticipated expenses are listed in the object class categories in **Section B - Budget Categories**. For purposes of this budget, costs associated with participant wages and fringe benefits should be categorized the following ways:

- When a participant has a community service assignment at the grantee's facilities and is considered an employee of the grantee, participant wage costs should be listed in "Personnel" and fringe benefits in "Fringe Benefits".

- When a participant has a community service assignment at a host agency or sub-recipient's facilities, but is considered an employee of the grantee, participant wages costs should be listed in "Personnel" and fringe benefits in "Fringe Benefits".

- When a participant has a community service assignment at a host agency or sub-recipient's facilities, and is considered an employee of the host agency or sub-recipient, participant wage and fringe benefit costs should be listed under "Contractual".

Other expenses include:

- **Personnel:** This refers to wages and salaries paid to employees of the grantee organization who are directly involved in grant implementation. This line item does not include personnel hired by the sub-grantee; those costs are included in the "Contractual" line item.

- **Fringe Benefits:** The cost of benefits paid to the personnel on the grant, including the cost of employer's share of FICA, health insurance, workers' compensation, vacation, and supplies. Shipping and delivery are a normal part of the cost of supplies and should be included in the budgeted amount.

- **Contractual:** The cost of any contract or sub-grant agreement. Contractual costs could include sick leave, holidays, or unemployment insurance. The budget worksheet for this category should contain descriptive information about what specific fringe benefits are being charged to the grant, including the fringe benefit percentage.

- **Travel:** Refers to travel costs of personnel that are reasonable and necessary to effectively manage and carry out grant activities, provide oversight, or measure program effectiveness. Air travel, when necessary, should be obtained at the lowest possible customary standard (coach or equivalent fare). Travel costs may be charged on an actual basis, or on a per-diem or mileage basis in lieu of actual costs. This line item does not include travel expenses of the sub-grantee, which are included in the "Contractual" line item.

- **Equipment:** Refers to non-expendable personal property that has a useful life of more than one year and a per-unit cost of $5,000 or more. The only type of equipment that may be acquired with Federal funds is equipment necessary for the operation of the grant. If purchased, the cost of the equipment is to be prorated over the projected life of the equipment to determine the cost to the grant. Use of grant funds to purchase equipment with a unit cost of $5,000 or more requires special review and approval from the Grant Officer prior to purchase. Shipping, delivery, and installation, if necessary, are a normal part of the cost of equipment and should be included in the budgeted amount.

- **Supplies:** All consumable materials costing less than $5,000 per unit; other goods such as copy paper, pens and pencils, computers; any materials needed to conduct training, agreements for evaluating the grant, providing training, etc. The total costs of all sub-grant contracts are reflected in this line item.

- **Other:** Direct costs that do not fit any of the aforementioned categories, such as rent for buildings used to conduct grant activities, utilities, leased equipment, child care, transportation expenses, tuition for training, etc.

- **Total Direct Cost:** This is the total of lines 1 through 7. The SF-424A will automatically sum up the direct costs after the worksheets for each category are completed.

- **Indirect Cost:** If the grantee has an approved indirect cost rate and wishes to apply it to this grant, a copy of the indirect cost agreement signed by the issuing Federal agency must be attached to the grant proposal.

- **TOTALS:** This category is populated automatically and represents the total amount of lines 6(i) and 6(j), equaling to the total amount of funds authorized for the project.

Section B. Budget Category Excel Worksheets and Budget Narrative - *This section is directly linked to the color labeled tab in the worksheets. When you complete the spreadsheet behind each tab, the total will appear in the appropriate line or column in this section.*

Budget Category Excel Worksheets: Section B requires grantees to classify expenses in the following object class categories: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction (not used for SCSEP grants), Other, and Indirect Costs. The suggested budget tool contains an individual worksheet for each of these categories. Complete the Budget Category Worksheets for each category. Each worksheet identifies in detail the costs attributable to each category in Section B, lines 6(a)–(j) of the SF-424A. The worksheet cells contain instructions and drop down menus to aid in their completion. Data from the completed budget worksheets will automatically populate Sections A and B of the SF-424A. Grantees should distinguish between costs associated with Federal and non-Federal funding (perhaps **bolding** Federal costs).

Budget Narrative: At the bottom of each worksheet is a text block to enter a budget narrative. The budget narrative explains or justifies the amounts entered for each category of the SF-424A and the supporting worksheets. Provide a brief explanation as to how the costs associated with each category relate to the implementation of the statement of work and the achievement of grant goals. Grantees should try to anticipate factors that may affect the budget when developing their projections and provide a narrative explanation of these factors. In this section, grantees also include a narrative explanation describing the percent of the award amount that will be spent on administrative costs, including a description of administrative services being charged to the grant. The narrative ties the grant budget to the proposal's statement of work.

The following section provides directions for completing the budget category worksheets, as well as examples of completed worksheets and budget narrative statements.

Personnel Worksheet

This is the first worksheet in the SF-424A Excel workbook. Grantees should start by entering the Name of Grantee Organization, Amount Awarded, and Funding Period (From-To). The period of performance for the FY 2010 Additional Funding is January 29, 2010-June 30, 2011. For the regular program, the period of

performance begins on July 1 and ends June 30 of the following year. The worksheet will not calculate values if this initial information is not provided. Here and on the other worksheets, data can be entered in cells colored in light green.

The following information to support the staffing plan for the project should be provided in the Personnel table:

- **Position:** Enter the title for each staff position. These titles should match the information provided in the narrative. If the grantee has more than one employee in the same position, at the same salary level and employed for the same period of time, each employee should be entered on a separate line.

- **Percent of Time:** List the percent of time each staff person will devote to the project. For example, if a full-time staff person spends 75 percent of their time on the project, he or she would be .75 FTE (full-time equivalent).

- **Monthly Salary/Wage:** Enter the average monthly salary, not the average full-time salary. Since pay periods vary from organization to organization, the average would be the annual total salary divided by 12 months. If an employee is expected to receive a salary increase during the grant period, figure the average monthly salary for the entire year based on the sum of the two salary figures for the number of months the employee will receive each salary.

- **Number of Months:** Enter the projected number of months the position will be filled during the grant period.

- **Cost:** The total cost equals **(% of Time)** × **(Monthly Salary/Wage)** × **(# of Months).**

The Best Workforce Development Program, Inc.	07/01/08	to	06/30/09

	12
$ 500,000	

A	B	C	D	E
Position	% of Time	Monthly Salary/Wage	# of Months	Cost
1. Executive Director	20.00%	$ 3,600	12.00	$8,640
2. Project Director	100.00%	2,200	12.00	$26,400
3. Administrative Assistant	50.00%	1,200	12.00	$7,200
4. Job Developer	100.00%	2,000	12.00	$24,000
5. Case Worker	100.00%	1,600	10.00	$16,000

6. Case Worker	100.00%	800	10.00	$8,000
7. Outreach Specialist/Recruiter	40.00%	1,400	12.00	$6,720
TOTAL PERSONNEL				**$96,960**

The total amount for Staff Salaries is projected to be $96,960. The Project anticipates the need for seven staff persons, four of whom – Project Director, Job Developer and two Case Workers, will work full-time on the project. The Administrative Assistant will dedicate 50 percent of his/her time to the project and the Outreach Specialist/Recruiter will spend 40 percent of his/her time. Executive Director of the project will spend 20 percent of his/her time on the project activities.

Fringe Benefits Worksheet

In this worksheet, grantees should provide a detailed listing of the benefits provided to employees and the fringe benefit percentage.

- **Position/s:** Using the drop down menu, select the position title. The drop down menu reflects positions listed in the Personnel worksheet.

- **Benefit/s:** Using the drop down menu, select the type of benefits that will be provided. If multiple benefits are included in the base amount, list each of them in a separate row.

- **Rate:** Enter the fringe benefit rate used to calculate benefits for each source. If the list of fringe benefits is itemized, list the source for each item.

- **Base Amount:** Enter the Gross Salary used against the rate for the salary(ies) you are calculating.

- **Cost:** The total cost is **(Rate)** x **(Base Amount)**

A	B	C	D	E
Position/s	**Benefit/s**	**Rate**	**Base Amount**	**Cost**
1. Executive Director	Disability (Long-Term)	1.20%	$ 8,640	$ 104
2. Project Director	Full Package	34.00%	26,400	8,976
3. Administrative Assistant	Full Package	34.00%	7,200	2,448
4. Job Developer	Full Package	34.00%	24,000	8,160
5. Case Worker	Full Package	34.00%	16,000	5,440
6. Case Worker	Full Package	34.00%	8,000	2,720
7. Outreach Specialist/Recruiter	Full Package	34.00%	6,720	2,285
TOTAL FRINGE BENEFITS				**$ 30,133**

The fringe benefit rate for 6 employees of this project is 34 percent of staff salaries or $30,133 and accounts for the full package of benefits that consists of (a) medical, dental and vision coverage; (b) short- and long-term disability insurance; (c) holiday and sick leave pay; (d) life insurance; and (e) FICA and Unemployment Insurance. Fringe benefit rate for the Executive Director position is 1.20 percent and includes the Long-Term Disability Insurance only.

Travel Worksheet

Travel includes mileage, plane fares, meals and incidentals, lodging, parking, taxi, shuttle service to and from the site, and any other cost associated with travel for the grant. Travel costs may be charged on an actual basis, or on a per diem or mileage basis in lieu of actual costs.

Grantees should provide a narrative describing the purpose of the travel and the assumptions used to generate travel funds. Each type of travel cost (e.g. mileage, per diem, etc.) should be entered on separate lines.

- **Item**: Enter a brief description of the travel item to be charged to the grant. Remember, enter travel for contracted employees under "Contractual" category.

- **Number of Staff**: Enter the number of staff who will charge this type of travel.

- **Number of Units**: Enter the number of units estimated to be charged to the grant per traveler (staff) for the year.

- **Unit Type**: From the drop down menu, choose the unit type to be used for the calculation.

- **Cost per Unit:** Enter the cost of the travel item per traveler. If calculating based on mileage, enter the cost per mile.

- **Cost:** The total cost is **(# of Staff)** x **(# of Units)** x **(Cost per Unit)**

A Item	B # of Staff	C # of Units	D Unit Type	E Cost per Unit	F Cost
1. Mileage - Project Director	1	8,000	Miles	$ 0.42	$ 3,360
2. Mileage - Job Developer	1	12,000	Miles	0.42	5,040
3. Mileage - Case Manager (Full-Time)	2	10,000	Miles	0.42	8,400

4.	Mileage - Outreach Specialist	1	5,000	Miles	0.42	2,100
5.	Per Diem - Project Director	1	40	Day/s	35.00	1,400
6.	Per Diem - Job Developer	1	40	Day/s	35.00	1,400
7.	Per Diem - Case Manager (Full-Time)	2	40	Day/s	35.00	2,800
8.	Per Diem - Outreach Specialist	1	20	Day/s	35.00	700
9.	Lodging for Training/Conferences	4	3	Day/s	100.00	1,200
10.	Per Diem for Training/Conferences	4	4	Day/s	35.00	560
11.	Plane Tickets for Conferences	4	1	Trip/s	350.00	1,400
12.	Miscellaneous Travel	5	10	Month/s	50.00	2,500
TOTAL TRAVEL						**$ 30,860**

Mileage costs for the Project Director, Job Developer, two Case Managers, and Outreach Specialist, are to conduct recruitment and provide outreach throughout the District. Mileage is calculated at 42 cents per mile with an estimated total mileage of 45,000 miles over two years. Per Diem rates for the staff are calculated at $35 per day based on the organizational travel policies; the staff will travel to local community colleges, community-based organizations, and high schools to present the program to other populations. Lodging, per diem, and transportation ticket costs for Training/Conferences are reserved for the DOL Earmark training session. Miscellaneous Travel funds are for transit transportation costs for staff's local travel. Total cost of travel is $30,860.

Equipment Worksheet

Equipment is defined at 29 CFR 97.3 and 95.2 as tangible, non-expendable personal property with a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of (a) the capitalization level established by the organization for the financial statement purposes, or (b) $5,000 per unit. If the equipment was not charged directly to the grant or sub-grant at the time of acquisition, then it does not fall under the property management requirements of Section 95.34. Items that cost less than $5,000 per unit should be entered under the Supplies worksheet, unless the item is part of a larger system. For example, if the item is part of the organization's information technology system, it is considered equipment regardless of its unit cost (see the example below). Shipping, delivery, and installation are normal parts of the cost of equipment and should be included in the budgeted amount.

Grantees wishing to obtain approval for the purchase of equipment at the time of application should state their intentions in the Budget Narrative section of the worksheet and provide an explanation of how this equipment will be used to further the grant's objectives; justification for the need for the equipment; the basis for valuation of the equipment; and a description of the equipment to be purchased. If the equipment is approved, the grant officer will state so in the letter transmitting the grant award. Otherwise, the grantee must make a

subsequent request in writing to the Grant Officer at a later date for approval to purchase equipment.

For audit purposes, grantees should maintain equipment records that include the following data: description; identification number; funding source; title holder; acquisition date; percentage of Federal participation in the cost; location, condition and last inventory date; acquisition cost; and ultimate disposition date, including date of disposal and sale price or current fair market value, including method used to determine the value.   This information is not required in developing the grant proposal, but should be readily available for monitoring purposes by Federal staff and auditors.

A Item	B # of Items	C Cost per Item	D Cost
1. Die Cutting Machine	1	5,500	$ 5,500
2. LAN Equipment	1	6,500	6,500
3. LAN Monitoring & Administration Software	1	1,000	1,000
TOTAL EQUIPMENT			$ 13,000

Die cutting machine will be used by the program participants to provide the hands-on experience on die-cutting and embellishing. The project will be purchasing one machine at $5,500. This is an average price for the industrial die cutting machines available on the market today. The project will also will also purchase LAN switches and routers, as well as LAN cables so that staff on the project can connect their computers to the company network.   The total price of LAN Equipment to be purchased is $6,500. LAN monitoring and administration software will be used to maintain the security of the company network.   The software will be purchased at $1,000. Prices for LAN equipment and software are estimated based on the average prices of LAN equipment and software on the market.

Supplies Worksheet

Supplies refers to consumable materials, items costing less than $5,000 per unit, and goods such as copy paper, pens and pencils, materials needed to conduct training, computers, printers, etc. Supply purchases are charged to the grant at their actual prices after deducting all cash discounts, trade discounts, rebates, or allowances.   Shipping and delivery are a normal part of the cost of supplies.

Supplies should be lumped under larger categorical headings and detailed information on computations justifying the respective amounts should be provided.   The basis for all estimates should be indicated in the chart or as a separate narrative.

A Item	B # of Units	C Unit Type	D Cost per Unit	E Cost
Office Supplies	13	Month/s	$ 100	$ 1,300
Books for Die Cutting Class	100	Item/s	40	4,000
Protective Eye Wear	100	Item/s	12	1,200
Computer and Printer	4	Item/s	1,000	4,000
Miscellaneous	1	Item/s	175	175
Postage	12	Month/s	100	1,200
TOTAL SUPPLIES				$ 11,875

Office supplies ($1,300) include file folders, paper, pens, and other basic supplies. The budgeted amounts listed on the SF-424A worksheets are based on an assessment of per unit costs for similar projects from last program year (January 1, 2007 to January 1, 2008).   Three computers and one printer ($4,000) will be installed in the classroom and are not a part of the organization's IT system. Books for Die Cutting Class are required for the training sessions. One book per participant will be purchased for the project.   Protective eye wear is required for each participant. Based on past similar training programs, we anticipate $175 in additional training related miscellaneous supply costs will be incurred. Postage costs will be incurred for mailing of the outreach and recruitment materials.

Contractual Worksheet

The cost of any contract or sub-grant agreement between the grantee and another organization (i.e., vendor) should be included on the worksheet. Contractual costs could include sub-agreements for evaluating the grant, providing training, maintenance contracts, other service contracts, etc.   The budget description should provide the name of the vendor if known, an explanation of the services to be provided under the contract or sub-agreement, and the contracted amount. In most instances, the name of the vendor will not be known since the grantee will not enter into a procurement action until after the grant is awarded.

The term "procurement" is used to identify the process of acquiring goods and services from sources outside of the grantee organization.   Federal regulations require that all procurements provide for maximum full and open competition whenever practicable and possible.   Non-competitive procurements can only be used in very limited circumstances and should be a last resort.

In some limited instances, a partner may be identified in the grant application prior to the grant award.   To qualify as a partner, the partner organization must be part of the proposal development, have brought resources into the program, and be an integral part of the project's scope of work.   The involvement of the

partner organization in these activities must be adequately documented in the procurement record.   The procurement record for a partner, as well as service provider procured after grant award, must provide the procurement history, the basis for the contractor selection, and if applicable, justification for lack of competition, and basis for the award cost or price.

A **Brief Description**	B **Cost**
Contract for Die Cutting Training ABC, Corp.	$ 100,000
Contract for mentors	30,000
TOTAL CONTRACTUAL	**$ 130,000**

The ABC Corporation will develop a customized training curriculum for high-technology manufacturing using instrumentation available at the organization. This is in addition to the die cutting machine being purchased with grant funds.   ABC is the only entity in the grantee area which has this highly sophisticated equipment available, is a partner in the proposal development, is providing use of the equipment and training facility at no cost to the grant, and is integral to the overall goal of the grant.   The total contract amount for ABC Corporation is $100,000.   We will also hold a free and open competition to procure an entity to provide mentoring services to our at-risk participants.   Based on past experience, we are budgeting $30,000 for this contract.

Other Costs Worksheet

Enter items that do not fit under any of the other cost categories, such as rent, utilities, equipment that is rented or leased, supportive services (e.g., child care, transportation subsidies, etc.), and training/tuition costs.   Note: Equipment cannot be leased if the cost of leasing or renting the equipment exceeds the cost of purchasing the equipment over the life of the grant.   Copies of lease or rental agreements should be kept on file and available for review by Federal staff and/or auditors.   A description of the activity or product should be provided as well as the unit cost for the service.

A Item	B # of Units	C Unit Type	D Cost per Unit	E Cost
Die Tool Class Tuition	100	Item/s	$ 1,500	$ 150,000
Rent of Classroom for Work Safety Course	45	Day/s	100	4,500
Work Safety Course for 50 attendees	2	Item/s	500	1,000
TOTAL FRINGE BENEFITS				**$ 155,500**

These costs include Die Tool class tuition ($1,500) for each participant, rent of Classroom for the Work Safety Course for approximately 50 attendees that fail the safety test.

Indirect Costs Worksheet

Indirect costs are costs that are incurred for common or joint objectives that benefits more than one project. They may originate in your own unit or in units of your organization that supply goods, services, or facilities to the SCSEP grant. Most often, the term "indirect costs" is used to indicate costs that are incurred to support the overall operation of the organization. Indirect costs may be both administrative and programmatic.

If the grantee operates with a single funding source, an indirect cost rate is not needed. However, if the grantee has multiple funding sources that support the operations and activities of the organization - especially Federal sources – then an indirect cost rate is needed.

An indirect costs rate is necessary to equitably distribute cost to all benefiting activities. It systematically allocates indirect cost to cost objectives, in reasonable proportion to their benefits. These costs are not easily assignable to specific awards and activities because a direct relationship to cost objectives (e.g., grants, contracts, fundraising, services to members, etc.) cannot be shown or would be arbitrary.

If the grantee has an approved indirect cost rate, a copy of the indirect cost agreement signed by the issuing Federal agency must be attached to the grant proposal. For organizations with no prior approved indirect cost rate who intend to budget indirect costs to the grant, an indirect cost rate proposal must be developed and submitted to the Department's Office of Cost Determination no later than three months after the effective date of the grant agreement.

Object Class Category (i.): INDIRECT CHARGES	
OPTION A	
For grantees that have an approved Indirect Cost Rate Agreement	
Federal agency that issued the agreement	HHS
What is the approved rate (%)?	15 percent
What is the base against which rate is applied? (**Note**: enter description as specified in the agreement)	*Total direct costs excluding equipment expenditures and that portion of each sub award in excess of $25,000*
What is the base amount ($)?	$ 452,457
Enter the rate (%) that will be used for this grant	9.00%
Enter the amount ($) that will be used for this grant	$ 40,721
OPTION B	
For grantees that DO NOT have an approved Indirect Cost Rate Agreement	
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	**40,721**

Budget Narrative: Indirect Charges

We have a currently approved indirect cost rate agreement from HHS for 15 percent covering the period January 1, 2007 to December 31, 2009. The indirect cost base is total direct costs excluding equipment expenditures and that portion of each sub award in excess of $25,000. We are only charging a 9 percent IDCR to the grant in order to stay within the 10 percent administrative cost limitation. We will charge the balance of the indirect costs to a non-Federal source.

Administrative Costs Worksheet

The administrative cost worksheet contains a text block to enter the budget narrative. In this section, grantees should describe the percentage and total amount of the estimated headquarters and local administrative costs that will be charged to grant.

Budget Narrative: Administrative Costs

Administrative costs charged to this project will include salaries and fringe benefits of the Executive Director ($8,744), the Administrative Assistant ($9,648), a portion of the postage and office supplies ($650) and a portion of the cost of the LAN equipment ($3,500), totaling $22,542 and constituting 4.5 percent of the total grant award amount of $500,000.

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. **SCSEP**	17.235	$	$ -	$ -	$ -	$ -
2.			-	-	-	-
3.			-	-	-	-
4.			-	-	-	-
5. Totals		$ -	$ -	$ -	$ -	$ -

SECTION B - BUDGET CATEGORIES

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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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	22. Indirect Charges
See Budget Narrative	See Budget Narrative

23. Remarks
See Budget Narrative

	Name of Grantee Organization			Funding Period		
					to	
	Amount Awarded			# of Months:		

Object Class Category (a.): PERSONNEL

	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.					
				TOTAL PERSONNEL	$

Budget Narrative - PERSONNEL

Object Class Category (b.): FRINGE BENEFITS

	A	B	C	D	E
	Position/s	**Benefit/s**	**Rate**	**Base Amount**	**Cost**
1.				$	$
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
14.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

TOTAL FRINGE BENEFITS $

Budget Narrative - FRINGE BENEFITS

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.						
					TOTAL TRAVEL	$

Budget Narrative: TRAVEL

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.				
			TOTAL EQUIPMENT	$

Budget Narrative: EQUIPMENT

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.					
				TOTAL SUPPLIES	$

Budget Narrative: SUPPLIES

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.		
	TOTAL CONTRACTUAL	$

Budget Narrative: CONTRACTUAL

Object Class Category (h.): OTHER COSTS
(Including Training Expenses)

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

Budget Narrative: OTHER COSTS

Object Class Category (i.): INDIRECT CHARGES

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

OPTION A

For grantees that have an approved Indirect Cost Rate Agreement	
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

For grantees that *DO NOT* have an approved Indirect Cost Rate Agreement	
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

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

PY 2010 FEDERAL PROJECT OFFICER (FPO) LIST FOR SCSEP GRANTEES

Grantee	Region	FPO Name	Phone	E-Mail
Alabama	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
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Arizona	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Arkansas	IV	Alex Nerangis	(972) 850-4674	nerangis.alex@dol.gov
California	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Colorado	IV	Terry Showalter	(972) 850-4654	showalter.terry@dol.gov
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Georgia	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
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Guam	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Northern Mariana Islands	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Virgin Islands	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
AARP Foundation	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Asociacion Nacional Pro Personas Mayores	VI	Marc Lambert	(415) 625-7957	lambert.marc@dol.gov
Easter Seals, Inc.	V	Lori Harris	(312) 596-5496	harris.lori@dol.gov
Experience Works, Inc.	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
Goodwill Industries International, Inc.	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Institute for Indian Development, Inc.	IV	Cynthia Joseph	(972) 850-4645	joseph.cynthia@dol.gov
Mature Services, Inc.	V	Rochelle Bradley	(312) 596-5530	bradley.rochelle@dol.gov
National Able Network	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
National Asian Pacific Center on Aging	VI	Karen Connor	(415) 625-7962	connor.karen@dol.gov
National Caucus and Center on Black Aged, Inc.	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
National Council on the Aging, Inc.	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
National Indian Council on Aging	IV	Brie Burleson	(972) 850-4652	burleson.brie@dol.gov
National Urban League	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Quality Career Services, Inc.	V	Rochelle Bradley	(312) 596-5530	bradley.rochelle@dol.gov
Senior Service America, Inc.	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
SER - Jobs for Progress National, Inc.	IV	Patricia Evans	(972) 850-4644	evans.patricia@dol.gov
Vermont Associates for Training and Development, Inc.	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
The Workplace, Inc.	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov