

Enter	relevant	Grant	Announ	cement	Title	and Nu	mber

OMB No. 0920-0428

Exp. 2/28/2006

**Purpose:** This form is for applicants that are nonprofit private organizations (not including private universities). Please complete it to assist the Federal government in ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. Information provided on this form will not be considered in any way in making funding decisions.

## **Instructions for Submitting Survey**

<u>If submitting hard copy</u>, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it with your application package.

<u>If submitting electronically</u>, please include the Number assigned to your e-application in the box above entitled "<u>Enter relevant Grant Announcement Title and Number</u>," in addition to the grant announcement title and number. Place and seal the completed survey in an envelope labeled "Applicant Survey" and mail it to the hard copy receipt point for the application. **SEE INSTRUCTIONS ON BACK.** 

1. Does the applicant have 501(c)(3) status?  Yes  No	<ul><li>4. Is the applicant a faith-based/religious organization?</li><li>Yes  No</li></ul>			
2. How many full-time equivalent employees does the applicant have? <i>(Check only one box)</i> .  3 or Fewer 15-50 4-5 51-100 6-14 over 100	<ul><li>5. Is the applicant a non-religious community-based organization?</li><li>Yes</li><li>No</li></ul>			
3. What is the size of the applicant's annual budget? (Check only one box.)	<ul><li>6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?</li><li>Yes</li><li>No</li></ul>			
☐ Less Than \$150,000 ☐ \$150,000 - \$299,999 ☐ \$300,000 - \$499,999	7. Has the applicant ever received a government grant or contract (Federal, State, or local )?			
\$500,000 - \$999,999 \$1,000,000 - \$4,999,999 \$5,000,000 or more	Yes No  No  No  Is the applicant a local affiliate of a national organization?			
	☐ Yes ☐ No			

## **Survey Instructions on Ensuring Equal Opportunity for Applicants**

- 1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
- 2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
- 3. Annual budget means the amount of money your organization spends each year on all of its activities.
- 4. Self-identify.
- 5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
- 6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
- 7. Self-explanatory.
- 8. Self-explanatory

## **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **0920-0428**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving Paperwork this form, please write to: Reduction Act Clearance Officer, U.S. Department of Health and Human Services, Washington, D.C. 20201. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: the Program Official at the Agency where the form was submitted.