FY 2008 Distance Learning & Telemedicine

Grant Program Toolkit

Telecommunications Program
Rural Development
United State Department of Agriculture

Contents

Application Resources & Tips

- **APPLICATION GUIDE:** Please read and follow the *Distance Learning and Telemedicine Program FY 2008 Grant Application Guide* as you fill out the forms, worksheets and certifications in this Toolkit.

- **AS YOU FILL OUT OR SIGN EACH OF THE TOOLKIT ITEMS**, place them under the tabs of your grant application as explained in Section V, "Putting It All Together," of the *Grant Application Guide*.

- **FILL THE FORMS OUT COMPLETELY.** Missing or inaccurate data on ANY of the forms will adversely affect our ability to process your application.

- **REGULATIONS:** The Program's regulation governs the application process, the *Guide* and this Toolkit, but it does not specify application format. Use the *FY 2008 Application Guide* for instructions on how to prepare your complete application package. (See the Code of Federal Regulations, **7 CFR 1703, Subparts D, E, F and G**. A copy of the regulations is posted at the DLT Web page listed below.)

- **CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA)** Number: **10.855**

- **DLT PROGRAM:** (202) 720-0413 dltinfo@wdc.usda.gov

- **ONLINE RESOURCES**

DLT Branch Web page	www.usda.gov/rus/telecom/dlt/dlt.htm
RUS Staff including Advanced Service Division and General Field Representatives	www.usda.gov/rus/telecom/staff/index_staff.htm
USDA Rural Development State Directors	www.rurdev.usda.gov/recd_map.html www.rurdev.usda.gov/scrty/sdirs.html
EZ/EC/Champion Community Resources	www.ezec.gov www.ezec.gov/ezec/mainmap.html www.ezec.gov/Communit/champions.html
ARC Resources	www.arc.gov
State Single Points of Contact (SPOC)	www.whitehouse.gov/omb/grants/spoc.html
Grants.gov Information	www.grants.gov
Get a DUNs Number	www.grants.gov/RequestaDUNS
Census 2000 Numbers	factfinder.census.gov/home/saff/main.html?_lang=en

Application for Federal Assistance SF-424 (page 1 of OMB's webpage version)	Version 02

1. Type of Submission:

☐ Preapplication

√ Application

☐ Changed Corrected Application

2. Type of Application   * If revision, select appropriate letter(s)

√ New   _____

☐ Continuation   * Other (Specify)

☐ Revision _____

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3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier

_____

* 5b. Federal Award Identifier:

_____.

State Use Only

6. Date Received by State: _____

7. State Application Identifier._____

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8. Applicant Information:

a. Legal Name: _____

b. Employer/Taxpayer Identification Number (EIN/TIN)

_____

c. Organizational DUNS:

_____

d. Address:

* Street 1: _____

Street 2: _____

* City: _____

County: _____

* State: _____

Province: _____

* Country: _____

* Zip/Postal Code: _____

e. Organizational Unit

Department Name: _____   Division Name: _____

f. Name and contact information for matters involving this application:

Prefix: _____ *First Name _____

Middle name: _____

*Last Name: _____

Suffix: _____

Title:_____

Organizational Affiliation_____

Telephone Number: _____   Fax Number: _____

E-mail: _____

9, Type of Applicant: #1 _____

#2 _____

#3 _____

Other (Specify)_____

10. Name of Federal Agency: Rural Development Telecommunications Program

11. Catalog of Federal Assistance Number: 10-855

CFDA Title: Distance Learning and Telemedicine Loans and Grants

12. Funding Opportunity Number: RDUP-07-01-DLT

Title: USDA-DLT

13. Competition Identification Number: Leave Blank

Title: Leave Blank

14. Areas affected by Project: **Attach Site Worksheet**

15. Descriptive title of Applicant's Project: _____

Attach supporting documentation as specified in agency instructions:

Attach Site Worksheet. Assemble and Tab Completed Application Package as described in *Application Guide*

16. Congressional Districts of: a. Applicant: _____b. Program/Project: _____ **Attach Site Worksheet**

17. Proposed Project: a. Start Date: _____   b. End Date:_____

18. Estimated Funding:

a.   Federal: _____

b. Applicant: _____

c. State: leave blank

d. Local leave blank

e. Other   _____

f. Program Income: leave blank

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 E.O.
12372 process for review on: _____

☐ b. Program is subject to E.O. 12372, but not selected by the State.

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

20. Is the Applicant delinquent on any Federal Debt?   ☐ **NO**   ☐ **YES**   (If yes, provide and attach an explanation).

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 assurances, or an internet site where you may obtain this list, is contained in the announcement or Agency specific instructions.

Authorized Representative: Prefix:: _____ First name: _____

Middle Name: _____

Last Name: _____ Suffix: _____

Title:_____

Telephone Number: _____ Fax Number: _____

e-mail: _____

Signature of Authorized Representative: _____ Date: _____

These instruction include general instructions provided by OMB (in black) and the additional instructions and guidance from the Agency (in blue). In many cases, the Agency provides specific instructions or has already filled in the information making the general OMB instruction less useful. For these, the OMB text is shown in a small font. General OMB Directions not applicable to the DLT Program are struck through. 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. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

1. We have already checked the "application box" for you. 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.

2. We have already checked the "new" box for you. 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 renewal. 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).

3-5. Leave blank for our use. 3. Date Received: Leave this field blank. This date will be assigned by the Federal agency. 4. Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable. 5a. Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any. 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.

6-7. Leave blank for state use. 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. There are multiple entries in this block.

a. Enter the legal name of the applicant that will undertake the project funded by the assistance as that name appears in legal documents such as contracts, i.e., in full without abbreviations or omissions. 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 organization that has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.

b. Enter the employer or tax identification number assigned by the IRS. If your organization is not in the US, enter 44-4444444.

c. OMB requires all grant applicants supply a DUNS Number (Dun & Bradstreet Universal Numbering System). The number is free. To obtain a DUNS number, please call Dun & Bradstreet at 866-705-5711 or refer to www.whitehouse.gov/omb/grants/duns_num_guide.pdf. 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. 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).

e. Enter the name of the primary organizational unit (and department or division, (if applicable) that will undertake the assistance activity, if applicable.

f. This information will be used for all contact and correspondence. Please complete carefully and in full. Attach a sheet if you want to provide additional contacts. It is crucial that we have accurate information, in particular, a fax number. If you do not have a fax, you must provide a reliable e-mail address to receive correspondence promptly. Otherwise, it will go by regular US mail. Given that response deadlines are based on the date of our correspondence, using mail effectively shortens your time to respond. If any of you contact information changes after you submit your application, please inform us.

If you wish to delegate someone not in your organization to act on your behalf, attach a letter to the SF 424 listing the person's name, organization, contact info, and relationship to your organization. Make sure the letter states the scope of the delegation and any **time** limit you wish to apply to their authority. The letter of delegation must be signed by the same authorized person who signs the SF 424 in Block 21. Remember, if you delegate someone, that person is responsible for responding to any date-sensitive request from us. Faxes

(or e-mails) will be sent to that contact. We also send a copy to the applicant, but that correspondence goes by mail. If you designate someone to act, but also wish to receive such correspondence as promptly as possible, make that clear and provide contact info for both. Name (required), organizational affiliation (if affiliated with another organization than the applicant organization, enter the name (First and last name), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. For example, a public university that if identified as an Historically Black Coolege could enter "H,T" Use the following designations. Many are self-explanatory.

A. State Government. Do not include state supported institutions of higher learning.
B. County Government. Exclude supported institutions of primary, secondary, or post secondary learning.
C. City or Township Government. Also include boroughs or other forms of local municipal government. Exclude supported institutions of higher learning or post secondary education.
D. Special District Government. According to the Census, special district governments are independent, special purpose governmental units that exist as separate entities with substantial administrative and fiscal independence from general purpose governments. This excludes school district governments. Special district governments provide specific services, usually only one, not supplied by general purpose governments. The services range from hospitals and fire protection to mosquito abatement and cemetery upkeep. It covers a wide variety of entities, most of which are officially called districts or authorities. However, not all so named represent separate governments. Many "districts" or "authorities" are so closely related to county, municipal, or state governments that they are classified as subordinate agencies of those governments. In order to be considered a special district government, an entity must possess three attributes - existence as an organized entity, governmental character, and substantial autonomy.
E. Regional Organization. An organization affiliated with more than one state or local government, but without the governmental character of a Special District Government.
F. U.S. Territory or Possession.
G. Independent School District. Includes public primary & secondary districts (K-12), regardless of their specific relationship to states, counties, municipalities, or overlap with other public school districts.
H. Public/State Controlled Institution of Higher Learning
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 Housing Authority/Indian/Native American Housing Authority.
M. Nonprofit (Secular) with 501C3 IRS Status (Other than Institution of Higher Education.)
N. Nonprofit (Secular) without 501C3 IRS Status (Other than Institution of Higher Education.)
O. Private Institution of Higher Education.
P. ~~Individual.~~ Individuals are not eligible for the DLT Grant Program.
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.~~ Not eligible. Only domestic areas (US and certain territories) qualify for DLT Funding.
X. Other. (specify)
Y. Nonprofit. (Faith-Based – with or without 501C3 IRS Status)

10-13. We have entered the required information in blocks 10-12. Leave Block 13 blank. 10. (Required) Enter the name of the Federal agency from which assistance is being requested with this application. 11. 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. 12. (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement. 13. Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.

14-16. The information requested in these blocks is placed on the appropriate *Site Worksheet.* You may enter a descriptive title in block 15. Most applications propose projects that operate at fixed sites such as schools or medical clinics. Other projects operate at non-fixed sites. Examples of the latter include visiting nurse associations and ambulance-based systems. To be eligible, projects must be exclusively one or the other. Depending on the type of project, applicants will complete either the *Fixed Site Worksheet or the Non-Fixed Site Worksheet.* Remember that an application cannot be evaluated or scored (which makes it ineligible) if it contains both a fixed and non-fixed site component. See A., "Standard Form 424 and Attachments," and D-1, "Telecommunications System Plan," in Section IV of the *Application Guide* for extended discussion of how to categorize sites in your application and for determining which worksheet you should complete. 14. 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. 15. (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.~~ 16. (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. • 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~~.

17. (Required) Enter the proposed start date and end date of the project.

18. (Estimated Funding): Data shown in this box is summary information only. <u>Showing a match in Box 18-b does not constitute documentation of matching funds in form and substance satisfactory to the Agency for evaluating matching funds. You must document your matching funds under Tab E-3 – *Leveraging*.</u> (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.~~

   a. <u>Federal:</u> Show the amount requested from the Agency as a grant. This number is line E, *DLT GRANT REQUEST,* in the *Budget Summary* block at the bottom of the *Overall Budget Worksheet* (See *Toolkit*).

   b. <u>Applicant:</u> Show the total proposed matching contributions regardless of source. This number is the sum of lines B & C, *Less Proposed Cash Match* and *Less Proposed In-Kind Match,* in the *Budget Summary* block at the bottom of the *Overall Budget Worksheet.* <u>This is a summary number and does not constitute documentation of your match, which must be provided under Tab E-3.</u>

   c, d, & f: Leave Blank.

   e. Other: Show amounts in the project budget, but not in the grant request or proposed matching funds. This number is line D, *Less Other Funds,* in the *Budget Summary* block of the *Overall Budget Worksheet.*

   g. <u>Total:</u> Show the total budget. This number is line A, *Overall DLT Project Budget,* in the *Budget Summary* block of the *Overall Budget Worksheet.*

19. The DLT Program is subject to Executive Order 12372, *Intergovernmental Review of Federal Programs.* The Order requires that grant applicants consult with State and local officials if that state has a *State Local Point of Contact* (SPOC). If your state has a SPOC, you must submit a copy of your application to them at the same time you submit your application to us. Check this website to determine if your state has a SPOC and for contact information:

www.whitehouse.gov/omb/grants/spoc.html

The following states had a SPOC at the time this Guide was prepared. Double-check the website above when you prepare your application to make certain that your state has not established a SPOC in the meantime. 19.
Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.

Arkansas	California	Delaware
District of Columbia	Florida	Georgia
Illinois	Iowa	Kentucky
Maine	Maryland	Michigan
Mississippi	Missouri	Nevada
New Hampshire	New York	North Dakota
Rhode Island	South Carolina	Texas
Utah	West Virginia	Wisconsin
American Samoa	Guam	North Mariana Islands
Puerto Rico	Virgin Islands	

20. (Required)   Select the appropriate box. We cannot make a grant if you are delinquent on Federal debt. 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 a continuation sheet.

21. The SF-424 must be signed by an authorized representative of the applicant's organization, the organization that will manage the project if a grant is awarded. An authorized representative is one capable of obligating the organization. You must include evidence that the signer is authorized to obligate the organization - no exceptions. Remember that even for large organizations in the public eye, we have no administratively practical way of confirming the name, title, or authority of the various people who have the legal ability to obligate your organization. Place the evidence behind the SF-424 and *Site Worksheet* under Tab A. Applications submitted without evidence that the person who signed the SF-424 is so authorized will be returned as ineligible. Also, matching funds must be documented under Tab E-3 – *Leveraging*. A signature on the SF 424 does not constitute documentation in form and substance satisfactory to the Agency. (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.)

Survey on Ensuring Equal Opportunity for Applicants

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Federal Program: Distance Learning & Telemedicine Grant Program   **CFDA Number 10.855**

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1. Has the applicant ever received a grant or contract from the Federal government?

☐ Yes   ☐ No

2. Is the applicant a faith-based organization?

☐ Yes   ☐ No   (Self-Identify)

3. Is the applicant a secular organization?

☐ Yes   ☐ No   (Self-Identify)

4. Does the applicant have 501(c)(3) status? (501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require non-profit applicants to have 501(c)(3) status. Others do not.

☐ Yes   ☐ No

5. Is the applicant a local affiliate of a national organization?

☐ Yes   ☐ No   (Self-Explanatory)

6. How many full-time equivalent employees does the applicant have? *(Check only one box.)* 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 questions 2 and 3 should reflect the staff and budget size of the local affiliate.

☐ 3 or fewer   ☐ 15-50
☐ 4-5   ☐ 51-100
☐ 6-14   ☐ over 100

7. What is the size of the applicant's annual budget? (Check only one box.) Annual Budget means the amount of money your organization spends each year on all such activities.

☐   less than $150,000
☐ $150,000 - $299,999
☐ $300,000 - $499,999
☐ $500,000 - $999,999
☐ $1,000,000 - $4,999,999
☐ $5,000,000 or more

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 1890-0014. 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 estimate(s) or suggestions for improving this form, please write to the Agency Contact listed in this grant application.**

DLT Project
Overall Budget Worksheet
(See D-1 and D-2 in Section IV of the *Application Guide*)

Line Item No.[1]	Site Name[2]	Description	Unit Cost	No.	Extended Cost	DLT % of Use[3]
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
		Overall Project Budget – Page 1 Subtotal →				
		Budget Summary				
A.	(Sum of page 1 and continuation sheets subtotals) **Overall DLT Project Budget[4]**					
B.	(as documented under **Tab E-3**) **Less Proposed Cash Match[5]**					
C.	(from *In-Kind Match Worksheet*) **Less Proposed In-Kind Match[5]**					
D.	(from *Other Funds Worksheet*) **Less Other Funds**					
E.	**DLT Grant Request (A – B – C – D = E)**					

1. Use the line-item number established on the *Overall Budget Worksheet(s)* on the other budget worksheets. If line-item 16 on the Overall Sheet is ineligible, show it as item 16 on the *Other Funds Worksheet*. Don't start a new numbering system on each sheet.
2. For non-fixed site applications, show the operational service center out of which the financed equipment will operate.
3. This number refers to the % of use that meets the DLT Grant definition of distance learning or telemedicine, the portion that is eligible for either grant or match funding. Ineligible items or items for which no funding is requested are shown as zero percent, regardless of their use in the project.
4. Line A is the sum of all DLT project extended costs as shown on this page and any continuation sheets. It includes the grant request and all proposed matches, as well as ineligible funds that have been included in the budget.
5. **Matching funds (lines B & C) must be properly documented under Tab E-3 of your application as described in detail in the** *Application Guide.* **Any portion that is not will not be credited as an eligible match.**

Place this Worksheet under Tab D-2 of your Application

Overall Budget Worksheet (Continuation)

Line Item No.[1]	Site Name[2]	Description	Unit Cost	No.	Extended Cost	DLT % of Use[3]
Overall DLT Project Budget – Page ___ Subtotal →						

1., 2., & 3. See footnotes on 1st page of *Overall Budget Worksheet*

Place this sheet with other budget sheets under Tab D-2

DLT Project
In-Kind Match Worksheet

(See D-1, D-2, & E-3 in Section IV of the *Application Guide*)

Proposed Matching Funds are generally cash. If any of the line-items shown on the *Overall Budget Worksheet* are specified in the match documentation, they are in-kind. Show them below in the same manner (line-item #, site name, description) as on the Overall Budget Worksheet. If only a portion is attributable to the DLT project, show that portion here and the balance that is not eligible on the *Other Funds Worksheet.* In the right column, clearly identify the source. Remember to document proposed matching funds under Tab E-3, otherwise they will not be credited as an eligible match.

Line Item No.	Site Name	Description	In-Kind Cost	Source

C. Total Proposed In-Kind Match → (Insert this number in line C of the Budget Summary on the Overall Budget Worksheet)	

Make copies of this sheet if needed and label them "continuation." Place this sheet with other budget sheets under Tab D-2

DLT Project
Other Funds Worksheet
(See D-1 & D-2 in Section IV of the *Application Guide*)

Some line-items included in a DLT Project Budget are not eligible as either grant or match. The funds for these must come from other sources and are designated "Other Funds." Some line-items are only partially eligible as grant or match. The balance of these must also come from other sources. Show all other funds below in the same manner (line item #, site name, and description) as on the *Overall Budget Worksheet.* Show the ineligible line-item cost (or portion thereof) in the "other fund cost" column adjacent to the source of that funding.

Line Item No.	Site Name	Description	Other Fund Cost	Source

D. Total Proposed Other Funds → (Insert this number in line D of the Budget Summary on the Overall Budget Worksheet)	

Make copies of this sheet if needed and label them "continuation." **Place this sheet with other budget sheets under Tab D-2**

Site Worksheet - Fixed Sites (Attachment to SF 424)

(See A, D-1 and D-2 in Section IV of the *Application Guide*)

Column 1.   For each Hub, combined Hub/End-User, and End-User site, <u>show its complete official name (and abbreviation should you choose to use one).</u> Each site name (or abbreviation) must be used consistently throughout the balance of your application. Below the site name, show the complete street address. The address must be one that can be positively identified as described in the *Application Guide*. <u>If the only address available for a site is a PO Box, Star Route, Rural Route, or other address not locatable on a map, give that address supplemented by the precise latitude and longitude (DD/MM/SS or DD.DDDD).</u>

Column 2. For each site, show how you designate the site. *i.e.*, as a Hub, a Hub/End-User, or End-User.

Column 3. Show the County in which the site is located

Column 4. Show the School District in which the site is located.

Column 5. Show the Congressional District in which the site is located (example: MI 57th Dist., John Smith.)

	1. **Complete Site Name (Abbreviation, if any)** Complete Street Address (DD/MM/SS or DD.DDDD if needed, see instructions)	2. **Site Designation**	3. **County**	4. **School District**	5. **Congressional District**
1					
2					
3					
4					
5.					

You are <u>not restricted to 5 sites</u>. A continuation sheet follows this page. If you have many sites, use as many continuation sheets as you need.

Place this sheet behind SF-424 under Tab A of your Application

Site Worksheet - Fixed Sites (Continuation)

	1. Complete Site Name (Abbreviation, if any) Complete Street Address (DD/MM/SS or DD.DDDD if needed, see instructions)	2. Site Designation	3. County	4. School District	5. Congressional District

Place this sheet behind SF-424 under Tab A of your Application

Rurality Worksheet – Fixed Sites

(For more complete guidance in completing this sheet, see E-1 in Section IV of the *Application Guide*)

Category	Population	Points
Exceptionally Rural – Any area of the US **NOT included within** the boundary of a Census Urbanized Area or Urban Cluster having a population **in excess of 5,000.** This includes Urban Clusters between 2500 and 5000 as well as Census Rural Areas.	5000 or fewer	45
Rural – Any area of the US **included within** the boundary of a Census Urban Cluster having a population **over 5,000 and not in excess of 10,000.**	5001 - 10,000	30
Mid-Rural - Any area of the United States **included within** the boundary of a Census Urban Cluster **over 10,000 and not in excess of 20,000.**	10,001 - 20,000	15
Urban Area - Any area of the United States **included within** the boundary of any Urbanized Area or Urban Cluster **in excess of 20,000.**	20,001 or more	0

Enter each site (hub, hub/end-user, or end-user) in the table below. Place pure hubs at the beginning of the list separated by a space and do not include them in your estimated *Rurality* score. To document the numbers, attach Census maps and data sheets for each site as described in the *Application Guide*. For each site in an Urbanize Area (UZA) or Urban Cluster (UC), enter points from the table above based on the population of the UZA or UC. For each site located in a Census Rural area, show the population as "<2500 points" enter 45 points. Note – The population for sites in Census Rural areas should be shown as "<2500" because there is no specific population associated with such an area. **Any end-user site without verifiable census documentation will be evaluated as urban (zero points).** Remember that your sites must be consistent throughout the application including on the *Rurality* and *NSLP Worksheets,* the *Site Worksheet*, the *Executive Summary,* the *Telecommunications System Plan, and* the *Budget.* **If the end-user sites are not consistent, your application is unscorable and will be returned as ineligible.**

	Site Name (Location) (Same numbering and order as *Site & NSLP Worksheets*)	Site Type (Hub, etc.)	Census Designation	Census Population	Rurality Points
1					
2					
3					
4					
5					

Applicant's Estimated *Rurality* Score (Sum of Rurality Points ÷ # of End-User Sites)		*Rurality* Score (For Agency Use)	

You are not restricted to 5 sites. A continuation sheet follows this page. If you have many sites, use as many continuation sheets as you need. Be sure to indicate your estimated *Rurality* score for all end-user sites on this sheet.

Place this sheet and Census documentation under Tab E-1 of your Application

Rurality Worksheet – Fixed Sites (Continuation)

	Site Name (Location) (Same numbering and order as *Site & NSLP Worksheets.* *Number consecutively from previous sheet*)	Site Type (Hub, etc.)	Census Designation	Census Population	Rurality Points

Place *Rurality Worksheets* and Census Documentation under Tab E-1 of your Application

NSLP Worksheet – Fixed Sites

(For more complete guidance in completing this sheet, see E-2 in Section IV of the *Application Guide*)

Decision Table Type of End-User	Is site **Eligible for NSLP?**	Use NSLP % for **Specific School**	Use NSLP % for **School District** where site located	Scoring Table NSLP **Eligibility %**	Point s
A Public School (K-12)	Yes	**Yes**	**No**	NSLP < 25%	Zero
A Private School (K-12)	No	**No**	**Yes**	25%≤NSLP<50%	15
A College or Other Educ. Org.	No	**No**	**Yes**	50%≤NSLP<75%	25
All Others - Hospital, Public Library, Clinic, etc.	N/A	**No**	**Yes**	NSLP ≥ 75%	35

Enter each site in the table below placing them in the same order as on the *Site Worksheet and Rurality Worksheet*. Identify the site by type. Provide data for hubs. Place pure hubs at the beginning of the list separated by a space and do not include them in your estimated *NSLP* score. The Decision Table above shows whether to enter specific school or district information for each site. Remember that your sites must be consistent throughout the application. If the end-user sites are not consistent, your application is unscorable and will be returned as ineligible.

Any site without verifiable documentation attached behind this Worksheet will be evaluated at zero percent eligibility. The Agency will not research undocumented data. Applicants must provide documentation for each site's percentage with a written certification from the organization that administers the NSLP in your area that the data are accurate and the most recent available. Some official NSLP data is posted on state websites. If so, you may provide printouts from these sites. Data from unofficial websites is not acceptable. Please highlight the relevant data on the attached documentation.

	Site Name (Same numbering and order as *Site & Rurality Worksheets*)	Site Type (Hub, etc.)	Total Students	% Eligible (See Attached)
1				
2				
3				
4				
5				
	Average NSLP (Sum of NSLP Percentages ÷ # of Sites & then rounded to an Integer)			

Applicant's Estimated *NSLP* Score (Enter Points from Scoring Table)		*NSLP Score* (for Agency Use)	

You are not restricted to 5 sites. A continuation sheet follows this page. If you have more sites, use as many continuation sheets as you need. Be sure to indicate your estimated NSLP score for all end-user sites on this sheet.

Place this sheet and certified NSLP documentation under Tab E-2 of your Application

NSLP Worksheet - Fixed Sites (Continuation)

Site Name (Same numbering and order as *Site & Rurality Worksheets*)	Site Type (Hub, etc.)	Total Students	% Eligible (See Attached)

Place *NSLP Worksheets* and supporting documentation under Tab E-2 of your Application

Site Worksheet - Non-Fixed Sites (Attachment to SF 424)

Use the Non-Fixed Worksheets only if your application is for a non-fixed site project - ambulance, visiting nurse, etc.)

(For more complete guidance in completing this worksheet, refer to D-1 and D-2 in Section IV of the *Application Guide*)

Column 1 - Identify the operational service center site(s) and the service territory over which the service operates. For each service center **site**, show its precise address and provide a brief description of the nature of the facility. The address must be one that can be positively identified as described in the *Application Guide*. <u>If the only address available for a site is a PO Box, Star Route, Rural Route, or other address not locatable on a map, give that address supplemented by the precise latitude and longitude (DD/MM/SS or DD.DDDD)</u>. For example, an ambulance service would show the address of and describe its emergency vehicle operations center. A visiting nurse project would show the central hospital or VNA offices from which it operates the service.

For the **service territory**, attach a detail map (as described in the *Application Guide)* showing the location of the service center and the defined boundary within which the service is offered from that center. (If the service territory is not defined, we cannot score the application, which makes it ineligible for funding.) Enter a narrative description of the service territory using as many blocks as appropriate showing the information relevant to the described territory in columns 3, 4, & 5. If the service operates multiple, <u>autonomous, and operationally independent </u>territories, show each physical service center and its associated service territory separately.

Columns 2-4 - Show the relevant County, School District, and Congressional District Data associated with the sites and territory listed.

	1. Sites and Service Territory (attach Detail Map) For Service Center **Sites,** complete Street Address with Brief Description (DD/MM/SS or DD.DDDD, if needed, see *Application Guide*) For **Service Territory,** a narrative Description that is related to Detail Map	**2.** **County**	**3.** **School District**	**4.** **Congressional. District**
1				
2				
3				
4				
5.				

You are not restricted to these lines. A continuation sheet follows this page. Use as many as you need.

Place this sheet behind SF-424 under Tab A of your Application

Site Worksheet - Non-Fixed Sites (Continuation)

1. Sites and Service Territory (attach Detail Map) For Service Center **Sites,** complete Street Address with Brief Description (DD/MM/SS or DD.DDDD, if needed, see *Application Guide*) For **Service Territory,** a narrative Description that is related to Detail Map	2. County	3. School District	4. Congressional. District

Place this sheet behind SF-424 under Tab A of your Application

Rurality Worksheet – Non-Fixed Sites

Use the Non-Fixed Worksheets only if your application is for a non-fixed site project - ambulance, VNA, etc.
(For more complete guidance in completing this sheet, refer to E-1 in Section IV of the *Application Guide*)

Category	Population	Points
Exceptionally Rural – Any area of the US **NOT included within** the boundary of a Census Urbanized Area or Urban Cluster having a population **in excess of 5,000.** This includes Urban Clusters between 2500 and 5000 as well as Census Rural Areas.	5000 or fewer	45
Rural – Any area of the US **included within** the boundary of a Census Urban Cluster having a population **over 5,000 and not in excess of 10,000.**	5001 - 10,000	30
Mid-Rural - Any area of the United States **included within** the boundary of a Census Urban Cluster **over 10,000 and not in excess of 20,000.**	10,001 - 20,000	15
Urban Area - Any area of the United States **included within** the boundary of any Urbanized Area or Urban Cluster **in excess of 20,000.**	20,001 or more	0

Any non-fixed site application that does not include a defined service territory documented by Census data can not be scored and will be returned as ineligible. Place each **Census Urbanized Area (UZA)** and **Census Urban Cluster (UC)** in which you provide service on an individual row in column 1 and attach Census data printouts showing the population of each UZA or UC in column 3. From the table above, enter points in column five based on the population of the UZA or UC. Enter the entire population of the UZA or UC in column 4 unless you have demonstrated in your application that your defined service territory excludes part of the UZA or UC. (See the *Application Guide* for additional guidance.) If you have so demonstrated, enter the portion you serve in Column 4. Enter the Census Rural (below 2500) population(s) separately as appropriate and provide census data sheets to support the number(s). For Census Rural population(s), enter 45 points in column 5. Enter the product of columns 4 and 5 in column 6. Divide the sum of column 6 by the sum of column 4 to obtain your estimated score.

	1. Service Territory Population Centers (List each Urbanized Area & Urban Cluster on a separate line. Show Census Rural Area(s) separately.)	**2. Census Designation**	**3. Census Population**	**4. Population in Service Territory**	**5. Rurality Points**	**6. Product** (4 X 5 = 6)
1						
2						
3						
4						
5						
	Sum Rows 1-5 of columns 4 & 6 ► (include any additional rows from continuation sheets)					

Applicant's Estimated *Rurality* Score (Sum of Column 6 ÷ Sum of Column 4)		***Rurality* Score** (For Agency Use)	

A continuation sheet follows this page. Use as many as you need.

Place this sheet and Census documentation under Tab E-1 of your Application

Rurality Worksheet – Non-Fixed Sites (Continuation)

1. Service Territory Population Centers (List each urbanized area & urban cluster on a separate line. Show the entire Census Rural Area on one line.)	2. Census Designation	3. Census Population	4. Population in Service Territory	5. Rurality Points	6. Product (4 X 5 = 6)

Place *Rurality Worksheets* and Census documentation under Tab E-1 of your Application

NSLP Worksheet – Non-Fixed Sites

Use the Non-Fixed Worksheets only if your application is for a non-fixed site project - ambulance, VNA, etc.
(For more complete guidance in completing this sheet, refer to E-2 in Section IV of the *Application Guide*)

Scoring Table	
NSLP Eligibility %	**Points**
NSLP < 25%	Zero
25%≤NSLP<50%	15
50%≤NSLP<75%	25
NSLP ≥ 75%	35

In column 1, enter the name of each School District into which the service offered by the applicant extends, whether that area coincides with the entire School District in whole or in part. Enter the number of students in that district and the percentage that are <u>eligible</u> for the National School Lunch Program in columns 2 and 3.

Any site without verifiable documentation attached behind this Worksheet will be evaluated at zero percent eligibility. The Agency will not research undocumented data. <u>Applicants must provide documentation</u> of each school district's percentage with <u>a written certification</u> from the organization that administers the NSLP in your area that the data are accurate and the most recent available. Some official NSLP data is posted on state websites. If so, you may provide printouts from these websites. <u>Data from unofficial websites is not acceptable</u>. Please highlight the relevant data on the attached documentation.

	School District Name	**Total Students**	**% Eligible** (See Attached)
1			
2			
3			
4			
5			
		Average NSLP (Sum of NSLP Percentages ÷ # of School Districts rounded to an Integer)	

Applicant's Estimated *NSLP* Score (Enter Points from Scoring Table)		**NSLP Score** (for Agency Use)	

A continuation sheet follows this page. Use as many as you need. Be sure to include continuation sheet data in the average.

Place this sheet and supporting documentation under Tab E-2 of your Application

NSLP Worksheet – Non-Fixed Sites (Continuation)

	School District Name	Total Students	% Eligible (See Attached)

Place *NSLP Worksheets* and supporting documentation under Tab E-2 of your Application

Leveraging Worksheet

(Matching Funds – For more complete guidance, see E-3 in Section IV of the *Application Guide*)

- The applicant must demonstrate an eligible match of at least 15% of the grant request.

- To be credited, the proposed match must be for eligible purposes. If the Agency cannot fund an item if it were in the grant request, we cannot accept it as match.

- As an applicant, you submit a proposed match and estimated score. The eligibility of the match and actual score is determined by the Agency.

- You must document your matching funds as described in the *Application Guide*. Place letters of financial commitment and other match documentation along with this form under TAB E-3 of your application package. Each donor's match as listed below must be supported by a matching letter. If you have more than ten donors, use another copy of this sheet and label it "continuation."

Matches not properly documented behind this Sheet under Tab E-3 will not be credited. Depending on the consequent reduction of your match, this could lower your score or make your project ineligible (*i.e.,* if resultant match is < 15%)

Eligible Match ÷ Eligible Grant Request (%)	Points
15% < Match % ≤ 30%	0
30% < Match % ≤ 50%	15
50% < Match % ≤ 75%	25
75% < Match % ≤ 100%	30
Match > 100%	35

Donor (place documentation letter from each donor behind this sheet)	Proposed Match
i.	$
ii.	$
iii.	$
iv.	$
v.	$
vi.	$
vii.	$
viii.	$
ix.	$
x.	$
1. Total **proposed matching** contributions (sum of *i* thru *x*):	$
2. Total **DLT Grant** requested:	$
3. **Match as Percent of Grant Request** (Line1 ÷ Line 2 • 100%):	%

Applicant's Estimated *Leveraging* Score (Enter Points from Scoring Table)		***Leveraging* Score** (For Agency Use)	

Place this sheet and supporting documentation under Tab E-3 of your Application

EZ/EC Worksheet

(USDA EZ/EC and Champion Community Worksheet)
(See Section E-4 of the *Application Guide*)

If any of your sites are located in a USDA Rural Empowerment Zone, USDA Enterprise Community or USDA Champion Community, your application may be eligible for points in this category. Check the official websites shown below for USDA designated areas. These lists are reprinted on other websites and sometimes the other sites are not up-to-date. We do not accept information not shown on the official website. If you believe the official website to be in error, use the "feedback" link on that site to contact the webmaster responsible for maintaining the site.

www.ezec.gov/ezec/mainmap.html
www.ezec.gov/Communit/champions.html

Ten points can be earned if at least 1 end-user site is within an EZ/EC. (Additional sites located in that or another EZ/EC do not earn additional points.) Five points can be earned if at least 1 end-user site is in a Champion Community. (Again, additional sites located in that or another Champion community do not earn additional points.) The maximum score an applicant can earn in this category is fifteen points for having at least one site in an EZ/EC and another site in a Champion Community. Remember that the two categories are mutually exclusive. There are no areas that are both an EZ/EC and a Champion Community so one site can not earn all fifteen points.

List end-user sites that are in either an EZ/EC or Champion Community in the appropriate table below. Any end-user site shown on this *Worksheet* must be consistent with the sites shown on the *Rurality* and *NSLP Worksheets*. To document the EZ/EC or Champion Community status of the sites, **place printouts from the USDA websites shown above behind this *Worksheet* under Tab E-4. As discussed above, we do not accept documentation except from the official sites shown above. If not properly documented behind this Worksheet under Tab E-4, no points will be awarded in this category.** USDA EZ/EC designations use Census tracts. The Census tract information for each EZ or EC is available at the Web page listed above. You **must** supply the Census tract information if you wish to claim either EZ or EC status.

	End-User Site Name	**EZ/EC Name**	Census Tract
1			
2			
3			

	End-User Site Name	**Champion Community Name**
1		
2		
3		

Applicant's Estimated *EZEC* Score (Enter Points from Scoring Table)			**EZEC Score** (For Agency Use)	

Place this sheet and supporting documentation under Tab E-4 of your Application

Additional NSLP Worksheet

(See more complete information about additional NSLP, see F-1 in Section IV of the *Application Guide*)

The NSLP eligibility percentage on our *NSLP Worksheet* (Tab E-2) is: _____

If this percentage is under 50%, and you believe your NSLP eligibility percentage does not accurately reflect the economic conditions in your area compared to other areas with similar eligibility percentages, you have the option to request additional points here. (If the eligibility on your *NSLP Worksheet* is 50% or higher, but you suspect that the percentage could drop below 50% after Agency review of your application, you may also request these points. Such a request will be acted upon only if your final *NSLP eligibility* is below 50% as determined by the Agency.) Points awarded by the Agency in this category, if any, are based on the supporting information provided. Attach your supporting documentation behind this worksheet under Tab F-1.

Requests for *Additional NSLP* will not be considered if not accompanied by supporting documentation (*i.e.,* no *Additional NSLP* points will be awarded).

I hereby request additional NSLP Points and have attached documentation behind this Worksheet to support my request.

_____

Signature of Authorized Representative
(Same person who signed the SF - 424, *Application for Federal Assistance*)

_____

Date

Additional NSLP Points (for Agency Use)	

Place this sheet and supporting documentation under Tab F-1 of your Application

Equal Opportunity and Nondiscrimination Certification

All grants made under 7 CFR 1703 are subject to the nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, as amended, (7 CFR 15); Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C. 901 *et seq.*; 7 CFR 15b); and the Age Discrimination of 1975, as amended (42 U.S.C. 6101 *et seq.*; 45 CFR 90), and as amended by Executive Order 11375 Amending Executive Order 11246, Relating to Equal Employment Opportunity (3 CFR, 1966, 1970 Comp., p. 684).

As a prospective primary participant recipient of financial assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements of the above laws and executive orders to the effect that no person in the United States shall, "on the basis of race, color, national origin, handicap, or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the RUS Distance Learning and Telemedicine Loan and Grant Programs."

The _____ (Grantee)
hereby certifies that, as a prospective recipient under the said Distance Learning and Telemedicine Loan and Grant Program, it will comply with the above referenced laws, regulations and Executive Orders.

_____   _____
Date   *Signature*

                                                          _____
                                                                                              Type or Print Name

                                                          _____
                                                                                              Title

Place this Certification under Tab H of your Application

C-1

Certificate Regarding Architectural Barriers

All facilities financed with RUS grants that are open to the public, or in which physically handicapped persons may be employed or reside, must be designed, constructed, and/or altered to be readily accessible to and usable by handicapped persons. Standards for these facilities must comply with the Architectural Barriers Act of 1968, as amended (42 U.S.C. 4151 *et seq.*), and with the Uniform Federal Accessibility Standards (UFAS), (Appendix A to 41 CFR subpart 101-19.6).

As a prospective primary participant recipient of financial assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements of the above referenced law to the effect that all facilities must be readily accessible to and usable by handicapped persons.

The _____ (Grantee) hereby certifies, that, as a prospective recipient under the Distance Learning and Telemedicine Grant and Loan Program, it is in compliance, or will be in compliance upon completion of the project, with the above referenced law.

_____   _____
Date   *Signature*

                                                      _____
                                                                                  Type or Print Name

                                                      _____
                                                                                                      Title

Place this Certification under Tab H of your Application

Certificate Regarding Flood Hazard Area Precautions

In accordance with 7 CFR 1788, if the project is in an area subject to flooding, flood insurance must be provided to the extent available and required under the National Flood Insurance Act of 1968, as amended by the Flood Disaster Protection Act of 1973, as amended (42 U.S.C. 4001-4128). If applicable, the insurance must cover, in addition to the buildings, any machinery, equipment, fixtures, and furnishings contained in the buildings. RUS will comply with Executive Order 11988, Floodplain Management (3 CFR, 1977 Comp., p. 117), and 7 CFR 1794.41, of this chapter in considering the application for the project.

Please check the appropriate line below:

___ a) The project is not located in a 100-year flood plain; therefore, no Flood Insurance is required.

___ b) The project is located in a 100-year flood plain and the required insurance is or will be provided by:

_____

_____

_____

The _____ (Grantee) hereby certifies, that, as a prospective recipient under the Distance Learning and Telemedicine Loan and Grant Program, it is in compliance, or will be in compliance during construction and/or installation of equipment and upon completion of the project, with the above referenced law.

_____   _____
Date   *Signature*

                                                                   _____
                                                                   Type or Print Name

                                                                   _____
                                                                   Title

Place this Certification under Tab H of your Application

C-3

Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 Certification

The _____ (Grantee) assures that it will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Uniform Act) as amended, 42 U.S.C. 4601-4655, and with implementing Federal regulations in 49 CFR 24 and 7 CFR 21.

Specifically, the _____ (Grantee) assures that:

Whenever Federal financial assistance is used to pay for any part of the cost of a program or project which will result in the displacement of any person;

(a) Fair and reasonable relocation payments and assistance shall be provided to or for displaced persons in accordance with sections 202, 203, and 204 of the Uniform Act,

(b) Relocation assistance programs offering the services described in section 205 of the Uniform Act shall be provided to displaced persons, and

(c) Within a reasonable period of time prior to displacement, comparable replacement dwellings will be available to displaced persons in accordance with section 205(c) (3) of the Uniform Act.

_____   _____
Date   *Signature of President or Authorized Official of Ultimate Recipient*

Place this Certification under Tab H of your Application

C-4

Certification Regarding Drug-Free Workplace Requirements for Grantees Other than Individuals

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 *et seq.*), 7 CFR 3017.600.

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

   (a) Publishing a statement notifying employees that unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

   (b) Establishing an ongoing drug-free awareness program to inform employees about:

      (1) The dangers of drug abuse in the workplace;
      (2) The grantee's policy of maintaining a drug-free workplace;
      (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
      (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

   (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

   (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

      (1) Abide by the terms of the statement; and
      (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction;

   (e) Notifying the Agency in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

    (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

    (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance:

_____
Street Address   *City*

_____
County   *State*   *Zip Code*

_____ **Check if there are workplaces on file that are not identified here.**

_____
Organization Name

_____
Name and Title of Authorized Representative

_____   _____
Signature   *Date*

Place this Certification under Tab H of your Application

C-5b

Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR 3017.510.

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

    (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

    (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

    (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

    (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____
Organization Name

_____
Name and Title of Authorized Representative

_____   _____
Signature   *Date*

Place this Certification under Tab H of your Application

Certification Regarding Lobbying for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. (Copies of this form may be obtained from RUS.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

_____
Organization Name

_____
Name and Title of Authorized Representative

_____   _____
Signature   *Date*

Place this Certification under Tab H of your Application

Non-Duplication of Services Certificate

As a prospective primary participant recipient of assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements that no facilities using financial assistance will duplicate adequate established telemedicine services and/or distance learning services.

The _____ (Grantee) hereby certifies that as a prospective recipient under the said Distance Learning and Telemedicine Loan and Grant Program, that it will not use RUS grant funds to duplicate any adequate established services as referenced above.

(Note: Applicants and participants in DLT grant applications are sometimes applicants or participants in other current year applications or are sometime applicants or participants in projects that received awards in prior years. For guidance on disclosing such situation with respect to duplication of adequate established services, please refer to "Include the Following in your TSP" under D-1, *Telecommunications System Plan,* in Section IV of the *Application Guide*.)

_____   _____
Date   *Signature*

          _____
Type or Print Name

          _____
Title

Place this Certification under Tab H of your Application

Environmental Impact Certification

Environmental Project Summary:

(This description should encompass all construction in the project, no matter the source of funding. It should provide details of how the project will affect the environment (wetlands, farmlands, floodplain, cultural environment, endangered species, environmental quality, and historic preservation). If additional space is needed, continue on white bond paper and attach to this certification.)

CERTIFICATION
    I hereby certify that the construction proposed in this application will not adversely impact the environment or historic preservation.

                                          _____
                                                       (Signature and Date)

                                          _____
                                                         (Print or Type Title)

Place this Certification under Tab H of your Application