

United States Environmental Protection Agency

Region 9

Application Kit



Application Checklist for Awards

Include the original and one copy of the following items in your Application Package. (Click on form titles to access forms)

- **Application for Federal Assistance (Form SF 424)**
[http://yosemite.epa.gov/r10/omp.nsf/af6d4571f3e2b1698825650f0071180a/8190e3ddeb019759882570910066c019/\\$FILE/ATTAZKNK/SF424.pdf](http://yosemite.epa.gov/r10/omp.nsf/af6d4571f3e2b1698825650f0071180a/8190e3ddeb019759882570910066c019/$FILE/ATTAZKNK/SF424.pdf)

NOTE: you can also apply by using: <http://www.grants.gov/> (electronic application)

- **Budget Information (Form SF 424A) Section A through F**
<http://www.google.com/search?hl=en&q=http%3A%2F%2Fwww.acf.hhs.gov%2Fprograms%2Fofs%2Fgrants%2Fsf424a.pdf&btnG=Google+Search&aq=f&oq=>

- **Budget Detail – Breakdown by Object Class Categories**
(LINK TO SAMPLE PAGES 12-14 IN THIS DOC BELOW)

<http://www.epa.gov/ogd/forms/adobe/SF424A%20Page%201.pdf>

<http://www.epa.gov/ogd/forms/adobe/SF424A%20Page%202.pdf>

- **Key People List** – Link to Page in this Doc on page 13
- **Work plan** - Link to Page in this Doc. on page 10
- **Current Indirect Cost Rate Negotiation Agreement**
(Submit Rate and Signature Pages, Sections 1 and 3, along with application)

ASSURANCES/CERTIFICATIONS

- **Assurances (Form SF424B)**, with authorized original signature
(all applicants)
<http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf>

Preaward Compliance Review Report for All Applicants Requesting Federal Financial Assistance (EPA Form 4700-4), with authorized original signature (all applicants)
<http://www.epa.gov/ogd/AppKit/form/EPA%204700-4.pdf>

- **Certification Regarding Lobbying**, with authorized original signature
(not all applicants)
<http://www.bentonfranklinwdc.com/FileDisplay.cfm?FileID=1171>

- **Disclosure of Lobbying Activities (Form SF-LLL)** with authorized original signature (not applicable to Tribes)

<http://www.usaid.gov/forms/sflllin.pdf>

- **Procurement System Certification (EPA Form 5700-48)** with authorized original signature (SUPERFUND RECIPIENTS ONLY)
http://www.epa.gov/region3/grants/pdf/Procurement_Certification_EPA_5700-48.pdf
- **Include Program/Project Director's Email Address on page 1 of SF424 -**
Acknowledgement of Application receipt will be sent to Program/Project Director listed.

Region 9 Application Instructions

SUBMISSION

All applicants must apply for Federal financial assistance on Standard Form 424 (revised 7/03). The **final** application and work plan should be submitted by the date indicated in the application guidance letter sent to your agency by the EPA Program Office. All OMB Standard Forms (SF) and Circulars are also available for download at <http://www.whitehouse.gov/omb/grants/index.html>

If you are requesting continuation funding for an ongoing Environmental Program Grant under 40 CFR Part 35, your application must be submitted *before* your current grant expires. This will allow your program to continue to incur costs without interruption. However, if the application is received even one day late, your grant funds will be stopped until a new grant is awarded. This may cause adverse conditions for your program because you will be responsible for all costs until your new grant is awarded.

Please submit all items noted on the enclosed Application Checklist to:

Carolyn Truong
Grants Management Office, MTS-7
U.S. Environmental Protection Agency
75 Hawthorne Street
San Francisco, CA 94105

HOW TO COMPLETE YOUR APPLICATION FOR FEDERAL ASSISTANCE

Based on the inquiries we frequently receive, we have developed the following information to augment the instructions in the “Application for Federal Assistance” (Standard Form 424 and 424A). Reading this information in conjunction with the instructions for the SF-424 and the SF-424A will help ensure that all the necessary information is included with your submission to EPA. Questions regarding completion of the application forms should be referred to the Grants Specialist identified on the guidance letter accompanying this application kit.

APPLICATION FOR FEDERAL ASSISTANCE (SF-424)--FACESHEET

Refer to the pre-printed instructions for the SF-424 on the SF-424 form. Complete all items as instructed. If a particular item does not apply, please indicate N/A.

Item 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.

Item 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)

Item 3: Date Received: Leave this field blank. This date will be assigned by the Federal agency.

Item 4: Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.

Item 5a: Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.

Item 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.

Item 6: Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.

Item 7: State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.

Item 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 (*Please use the same name on all applications*). Information on registering with CCR may be obtained by visiting the Grants.gov website.

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.

c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet.

Your organization may obtain a DUNS number by calling Dun & Bradstreet at 1-866-705-5711 or through the Internet at <http://eupdate.dnb.com/requestoptions.html>

Information on obtaining a DUNS number may also 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).

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 e-mail address (Required) of the person to contact on matters related to this application.

Item 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)

Item 10: Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.

Item 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. Refer to the EPA CFDA listing in the website:
http://12.46.245.173/pls/portal30/CATALOG.BROWSE_AGENCY_PROGRAM_RPT.SHOW?p_arg_names=agency_id&p_arg_values=34

Item 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.

Item 13: Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.

Item 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.

Item 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.

Item 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.

- 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.

Item 17: Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.

Item 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.

Item 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 State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State. The Office of Management and Budget maintains a list of SPOCs at this site: <http://www.whitehouse.gov/omb/grants/spoc.html>

Applicants must submit or fax page 1 of the application (or summary thereof) to the SPOC Intergovernmental Review. **In addition, the fax/submittal date must be entered on page 1 of the SF424, Block#16.**

CALIFORNIA

Grants Coordination
State Clearinghouse
Office of Planning & Research
P.O. Box 3044, Room 212
Sacramento, CA 95814-3044
Telephone: (916) 445-0613
FAX: (916) 323-3018
Email: state.clearinghouse@opr.ca.gov

NEVADA

Coordinator
Department of Administration
State Clearinghouse
209 E. Musser Street, Room 200
Carson City, Nevada 89701
Telephone: (775) 684-0222 or 0223
Fax: (775) 684-0260
Email: rtietje@budget.state.nv.us

GUAM

Director
Bureau of Budget and Mgmt. Research
Office of the Governor
P.O. Box 2950
Agana, Guam 96910
Telephone: 011-671-472-2285
Fax: 011-472-2825

NORTH MARIANA ISLANDS

Ms. Jacoba T. Seman
Federal Programs Coordinator
Office of Management and Budget
Office of the Governor
Saipan, MP 96950
Telephone: (670) 664-2289
Fax: (670) 664-2272

Item 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.

Item 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.)

BUDGET INFORMATION - NON CONSTRUCTION PROGRAMS (SF-424A)

A complete budget must be submitted in order to be considered for federal assistance. The application includes a two-page sheet, "Budget Information - Non-Construction Programs" (Standard Form 424A), Sections A through F. Complete Sections A, B and F. Complete Section C if estimated funding includes other sources of non-federal funding besides the applicant's cost share. Sections D and E are optional.

Section A - Budget Summary

Columns (a), (b), (c), (d), are not required. Complete columns (e), (f), and (g). Complete column (c) if applying for unobligated federal funds from a prior grant budget (amount must correspond with the unobligated balance of Federal funds reported on your Financial Status Report).

Section B - Budget Categories

Enter the amounts for the COMBINED Federal and non-Federal funds distributed by object class categories under column (5) "Total." Columns (1) - (4) may be used to separately identify the amount of Federal funds, recipient matching contribution, supplemental funds, etc. Column (5), line k total should be the same as the total amount shown on the SF-424 facesheet under item 15g.

A detailed budget breakdown of column (5) "Total" by object class categories must be prepared and submitted with the application. A sample budget breakdown is attached. (Other formats may be used.) Refer to our Instructions under Section F - Other Budget Information.

Section C - Non-Federal Resources

Complete only if other sources of non-Federal funds are budgeted for your project. Amounts should agree with the amounts budgeted under item 15 on the SF-424 facesheet. Refer to the pre-printed instructions for this item on the SF-424A.

Section D - Forecasted Cash Needs

Optional. Refer to the pre-printed instructions for this item on the SF-424A

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

Optional. Refer to the pre-printed instructions for this item on the SF-424A.

Section F - Other Budget Information. Guidance for completing a Detailed Budget to Supplement Standard Form 424A, Section B - Budget Categories.

A separate, detailed budget is required and must be attached to your Application. Follow the guidelines below to support the amounts budgeted under the following object class categories on the SF-424A:

Line 6a- **Personnel**. List all participants in the program/project by position title, estimated time on the project, and salary during the project period.

Line 6b - **Fringe Benefits**. Identify the fringe benefit percentage and apply the percentage to the estimated personnel costs.

Line 6c - **Travel**. If travel is budgeted, indicate the general purpose of the travel (e.g., in-State/local travel and out-of State travel), number of travelers, destination and estimated costs per trip.

Line 6d - **Equipment**. List all equipment to be purchased and include estimated costs for each item. The Federal government defines equipment as tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Property, which does not fall into this category, should be listed as supplies, unless your organization defines equipment at a lower threshold by policy.

Line 6e - **Supplies**. Identify the estimated costs for general materials and supplies (i.e. office supplies).

Line 6f - **Contractual**. List and describe each proposed contractual service, the proposed procurement method (i.e. small purchase, formal advertising, competitive negotiations/RFPs, or non-competitive negotiations/sole source), and the estimated cost of each contract. EPA may require review of contracts prior to their execution to assure all costs are reasonable and necessary to the program/project. Applicants should review EPA's regulations concerning procurement and the need to provide justification for sole source agreements, and documentation of cost and/or price analysis for contracts and other agreements.

Line 6g - **Construction**. List proposed construction contracts under item 6f - Contractual.

Line 6h - **Other**. List all other direct costs, which are not included in the above categories (i.e. telecommunication expenses, training, etc.).

Line 6i - **Total Direct Charges (sum of 6a-6h)**

Line 6j - **Indirect Charges**. Provide an explanation of how indirect charges were calculated for the program/project. Identify the type of indirect cost rate (provisional, predetermined, final or fixed), the Federal Agency with whom your rate is negotiated, the rate that is in effect during the grant period and the base to which the rate is applied.

Line 6k - **Totals (sum of 6i and 6j)**

Indirect costs are allocable to an EPA grant only if supported by an Indirect Cost Rate Agreement, Cost Allocation Plan, or Indirect Cost Rate Proposal as detailed in OMB Circulars **2 CFR 225, 2 CFR 230, and 2 CFR 220**,

depending on your organizational type. States, Tribes and educational institutions must submit a copy of their current Negotiated Indirect Cost Rate Agreement to EPA with their application.

Line 7 - Program Income. If any income is expected to be generated from your program/project, describe the nature, source and estimated amount. Examples of program income include registration fees collected, income from the sale of products produced under a grant, and rental fees generated from equipment purchased with grant funds. The EPA project officer will negotiate the use of the program income with your agency in accordance with Federal regulations.

An example of a properly completed budget detail is included with this document.

ASSURANCES - NON-CONSTRUCTION PROGRAMS (SF-424B)

As an applicant for Federal Financial Assistance, you must assure that you will comply with all applicable Federal Statutes, Executive Orders, regulations, and policies governing the program/project. The required Assurances must be signed by the authorized representative who signed the SF-424 Facesheet. An original signature is required.

KEY PEOPLE LIST

Complete the enclosed “Key People List” and return it with your application.

WORK PLAN

Attach a copy of your proposed work plan. Additional information regarding the requirements for an acceptable work plan may be found in Program guidance, 40 CFR Part 35 Subpart A, and other Parts applicable to your project. Any questions regarding the work plan or program objectives should be discussed with your EPA Project Officer.

Preaward Compliance Review Report for All Applicants Requesting Federal Financial Assistance (EPA Form 4700-4)

Complete the Pre-Award Compliance Review Report, EPA Form 4700-4, and return it with your application. If a recipient receives more than one grant from EPA Region 9, you may choose to complete this form for all EPA Region 9 environmental programs by indicating on the form, under Part II “APPLICABLE TO ALL EPA, REGION 9 GRANTS”. This form will be valid for one year from the date it is received by the Grants Management Office. All applicants should complete roman numerals I through V. If the information in Section VI through IX does not apply to your project or program, write N/A for “not applicable.” The authorized representative is required to sign and date the form under Section X. Questions regarding completion of the form should be addressed to the Office of Civil Rights, at (415) 947-4286.

Certification Regarding Lobbying and Disclosure of Lobbying Activities (Standard Form - SFLLL)

Note: *Not applicable to Indian Tribes nor applicants receiving \$100,000 or less of Federal assistance.*

This requirement generally prohibits recipients of Federal grants, cooperative agreements, contracts, and loans from using appropriated funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a specific grant, cooperative agreement, contract, or loan. Each recipient who requests or receives a Federal contract, grant, cooperative agreement, loan, or Federal commitment to insure or guarantee a loan, must also disclose lobbying. Each recipient must file a certification and, if required, a disclosure form with each submission that

initiates agency consideration for the award of a Federal contract, grant or cooperative agreement exceeding \$100,000. Any subcontractors of the recipients receiving Federal funds in excess of \$100,000 must also file a certification form and a disclosure statement, if required.

The authorized representative is required to sign the form(s) which must be filed with each application for Federal assistance. Your agency may fulfill this requirement by filing an annual certification form with original signatures with EPA's Grants Management Office. This requirement is established in 40 CFR Part 34.

Procurement Certification (Superfund Recipients Only) (EPA Form 5700-48)

All recipients of Superfund assistance are required to certify their Procurement System by completing the Procurement System Certification (EPA Form 5700-48). An applicant may self-certify their Procurement System if their system complies with 40 CFR 35.6550. The authorized representative is required to sign the certification for each application for Federal assistance. Your agency may fulfill this requirement by filing an annual certification form with original signatures with EPA's Grants Management Office. This requirement is established in 40 CFR 35, Subpart O.

Single Audit Act Requirements (A-133)

All recipients must comply with the Single Audit Act amendments as set forth in OMB Circular A-133, revised June, 2003. The Act requires recipients that expend \$500,000 or more in a year in Federal awards from all Federal sources to have a single audit or a program-specific audit for that year in accordance with the provisions of the Circular. Recipients that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal government.

Audits shall be performed annually, unless the recipient made provisions previously for biennial audits as set forth in paragraphs (a) and (b) of Section .220 of the Circular. The costs of audits made in accordance with the provisions of this Circular are allowable charges to Federal awards. However, recipients may not charge the cost of auditing a non-Federal entity which has Federal awards expended of less than \$500,000 (as of December 31, 2003) a year to a Federal award per Section .230 of A-133.

Audit report requirements and report submission are set forth in Sections .320 and .235 of the Circular. The recipient shall provide the number of reporting packages described in these sections to the Federal Audit Clearinghouse, Bureau of the Census, 1201 E. 10th Street, Jeffersonville, IN 47132. <http://harvester.census.gov/sac/>

OMB Circulars and EPA Regulations

You should be familiar with the Federal requirements that govern Federal grants before you apply. These requirements often vary depending on your organization type and are established in law, Executive Order, Federal regulation, and the OMB Circulars.

OMB Circulars:

2 CFR, Part 220 Principles for Determining Costs Applicable to Grants, Contracts,
(formerly known as A-21) and other Agreements with Educational Institutions

2 CFR, Part 225 Cost Principles for State, Local and Indian Tribal Governments
(formerly known as A-87)

2 CFR, Part 230 Cost Principles for Non-Profit Organizations
(formerly known as A-122)

A-102 Grants and Cooperative Agreements with State and Local Governments

2 CFR, Part 215 Grants and Cooperative Agreements with Institutions of
(formerly known as A-110) Higher Education, Hospitals, and other Non-Profit Organizations

A-133 Audits of States, Local Governments, and Non-Profit Organizations.

Some applicable EPA Regulations:

40 CFR, Part 30 Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Institutions

31 Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments and Indian Tribes

35 State, Local, and Tribal Assistance

To obtain sections of the 40 Code of Federal Regulations (CFR), Parts 1-49, refer to the website <http://www.epa.gov/epahome/cfr40.htm>

To obtain the printed 40 Code of Federal Regulations (CFR), Parts 1-49, you may contact:

Superintendent of Documents (phone# (202) 512-1803)
United States Government Printing Office (USGPO)
P.O. Box 371954
Pittsburgh, PA 15250-7954

Catalog of Federal Domestic Assistance (CFDA) Number:

Block 10 of the SF424 Application requires a CFDA number. A listing of all current EPA assistance programs and their CFDA numbers can be found at <http://www.cfda.gov>
EPA numbers begin with 66.001. CFDA numbers are regularly created, so refer to this web site often.

KEY PEOPLE LIST

Please show street address as well as Post Office Box Number where applicable.

AGENCY/ORGANIZATION DIRECTOR

(Individual who is authorized to sign the assistance agreement application and award acceptance.)

NAME: _____
TITLE: _____
ADDRESS: _____

TELEPHONE: _____ FAX: _____
EMAIL ADDRESS: _____

PROGRAM/PROJECT DIRECTOR

(Technical program director or person responsible for the project as a contact person in Block #5 of the application.)

NAME: _____
TITLE: _____
ADDRESS: _____

TELEPHONE: _____ FAX: _____
EMAIL ADDRESS: _____

FINANCE DIRECTOR

(Individual responsible for maintaining the accounting and financial management system supporting expenditures, preparing the financial reports, etc.)

NAME: _____
TITLE: _____
ADDRESS: _____

TELEPHONE: _____ FAX: _____
EMAIL ADDRESS: _____

****An Email Acknowledgement of Application receipt will be sent to Program/Project Director listed on page 1 of Form SF424****

OPTIONAL FORMAT

SAMPLE BUDGET DETAIL FORMAT

The detail for each object class category must be provided. Formats may vary, but all information below should be included in your application.

a. PERSONNEL

POSITION	NUMBER	SALARY	WORK YEARS	AMOUNT
a. Personnel Total				

b. FRINGE BENEFITS

BASE	
RATE	%
b. FRINGE BENEFITS TOTAL	

c. TRAVEL – List trips planned, destination, dates, and the amounts per trip. Please separate local travel and out-of-state travel.

TRAVEL EXPENSES	AMOUNT

Explain: _____

c. TRAVEL TOTAL:

d. EQUIPMENT: Tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Applicant's definition of equipment may be used provided the definition at least includes all items previously defined above.

ITEM	NUMBER	COST PER UNIT	TOTAL
d. EQUIPMENT TOTAL			

e. SUPPLIES

ITEM	NUMBER	COST PER UNIT	TOTAL
e. SUPPLIES TOTAL			

f. CONTRACTUAL [List each planned contract separately, type of service to be procured, **proposed procurement method (i.e. small purchase, sealed bids, competitive proposals)** and the estimated cost]

ITEM	PROCUREMENT METHOD	TOTAL

f. CONTRACTUAL TOTAL		

g. CONSTRUCTION (N/A)

h. OTHER

ITEM	NUMBER	COST PER UNIT	TOTAL
h. OTHER TOTAL			

i. TOTAL DIRECT COSTS	\$
j. INDIRECT COSTS	(BASE \$ _____ x RATE ____% = INDIRECT COSTS)
k. TOTAL PROPOSED COSTS	\$
FEDERAL FUNDS REQUESTED	\$
RECIPIENT SHARE (MATCH)	\$

RECIPIENT SHARE OF TOTAL PROPOSED COSTS	%
FEDERAL SHARE OF TOTAL PROPOSED COSTS	%

Region 9

SAMPLE

COMPLETED BUDGET SF424 A AND BUDGET DETAIL
(BREAKDOWN BY OBJECT CLASS CATEGORIES)

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)
1. PWSS	66.432	\$	\$	\$465,000	\$1
2.					
3.					
4.					
5. TOTALS				\$465,000	\$1

SECTION B - BUDGET CATEGORIES

6. OBJECT CLASS CATEGORIES	(1) Federal	(2) Match	(3)	(4)
	a. Personnel	\$233,243	\$77,750	\$
b. Fringe Benefits	48,981	\$16,327		
c. Travel	15,179	0		
d. Equipment	20,000	32,000		
e. Supplies	8,650	0		
f. Contractual	60,000	0		
g. Construction	0	0		
h. Other	8,391	5,404		
i. Total Direct Charges (sum of 6a - 6h)	394,444	131,481		
j. Indirect Charges	70,556	23,519		
k. TOTALS (sum of 6i and 6j)	465,000	155,000		
7. Program Income	\$	\$	\$	\$

SAMPLE SECTION C - NON-FEDERAL RESOURCES

Revised 2/25/09
Standard Form 424A (4-88)

(a) Grant Program	(b) Applicant	(c) State	(d) Other Source
8. PWSS	\$155,000	\$	\$
9.			
10.			
11.			
12. TOTAL (sum of lines 8 and 11)	155,000.00	\$	\$

SECTION D - FORECASTED CASH NEEDS

	(Total for 1st Year)	1st Quarter	2nd Quarter	3rd Quarter
13. Federal	\$ 465,000	116,250	116,250	116,250
14. NonFederal	\$ 155,000	38,750	38,750	38,750
15. TOTAL (sum of lines 13 and 14)	620,000	155,000	155,000	155,000

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

(a) Grant Program	FUTURE FUNDING PERIODS (Years)		
	(b) First	(c) Second	(d) Third
16.	\$	\$	\$
17.			
18.			
19.			
20. TOTALS (sum of lines 16 - 19)	\$0.00	\$	\$

SECTION F - OTHER BUDGET INFORMATION

(Attach additional sheets if Necessary)

21. Direct Charges: \$525,925	22. Indirect Charges: \$94,075
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23. Remarks: *Please include anything not fully explained in the budget detail (i.e. Indirect Cost Rate, Base, etc.)*

INDIRECT COST RATE = 25%

OPTIONAL FORMAT

SAMPLE BUDGET DETAIL FORMAT

The detail for each object class category must be provided. Formats may vary, but all information below should be included in your application.

a. PERSONNEL

POSITION	NUMBER	SALARY	WORK YEARS	AMOUNT
Lab Assistant 1	2	\$22,500	1	\$45,000
Lab Assistant 2	1	20,000	1	20,000
Env. Engineer II	2	38875	1	77,750
Microbiologist IV	1	44,000	2	88,000
Env. Health Specialist	1	23,976	0.33	7,912
Chemist III	1	50,000	1	50,000
Health Assistant	1	22,331	1	22,331
a. Personnel Total				\$310,993

b. FRINGE BENEFITS

BASE (personnel)	\$310,993
RATE	21%
b. FRINGE BENEFITS TOTAL	\$65,308

c. TRAVEL – List trips planned, destination, dates, and the amounts per trip. Please separate local travel and out-of-state travel.

TRAVEL EXPENSES	AMOUNT
OUT-OF-STATE TRAVEL Philadelphia, PA (2 People)	\$4,437
Las Vegas, NV (1 Person)	\$1,000
Washington, DC (2 People)	\$2,400
San Francisco, CA (3 People)	\$3,000
LOCAL TRAVEL	\$4,342

Explain: _____

-Trips are scheduled to attend the American Water Works Conference, Regional Workshop on New Regulations, Grant Negotiations, and Grant Workshop.

Out of State Travel - \$10,837

Local Travel - \$4,342

Based on an estimate for mileage (\$.20/mile), \$45/day maximum lodging, and \$20/day maximum for meals.

Travel total = \$15,179

c. TRAVEL TOTAL: \$15,179

d. EQUIPMENT: Tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Applicant’s definition of equipment may be used provided the definition at least includes all items previously defined above.

ITEM	NUMBER	COST PER UNIT	TOTAL
Recycling Composter	2	\$16,000	\$32,000
Computers	4	1,750	7,000
Monitors	4	584	2,336
Laser Printers	2	1,389	2,778
File Cabinets	2	443	886

Water Quality Monitor	1	7,000	7,000
d. EQUIPMENT TOTAL			\$52,000

e. SUPPLIES

ITEM	NUMBER	COST PER UNIT	TOTAL
Office Supplies (post-its, pen, paper)	Multiple	Various	\$1,100
Field Survey Supplies	Multiple	Various	2,600
Lab Supplies (beakers, pipettes)	Multiple	Various	1,200
Software for Computers (MS Office)	4	\$387.50	1,550
Printing Supplies for Brochures	Multiple	Various	\$2,200
e. SUPPLIES TOTAL			\$8,650

f. CONTRACTUAL [List each planned contract separately, type of service to be procured, **proposed procurement method** (i.e. **small purchase, sealed bids, competitive proposals**) and the estimated cost]

ITEM	PROCUREMENT METHOD	TOTAL
Env. Engineer - Consultant	Competitive Proposals	\$24,100
Hydrologist	Competitive Proposals	25,900
GIS Survey	Small Purchase	3,500
Lab Sample Analysis	Small Purchase	6,500
f. CONTRACTUAL TOTAL		\$60,000

g. CONSTRUCTION (N/A)

h. OTHER

ITEM	NUMBER	COST PER UNIT	TOTAL
Repairs – Computers			\$2,500
Repairs – Vehicle Maintenance			3,500
Phone – Long Distance (not in Indirect Cost Pool)			1,200
Rental of Conference Rooms (4 days@\$1,050/day) for training			4,200
Postage			595
Printing for Reports (Distributed at Conference)			1,800
h. OTHER TOTAL			\$13,795

i. TOTAL DIRECT COSTS	\$525,925
j. INDIRECT COSTS	Base= Personnel and Fringe Benefits BASE \$376,301 x RATE 25% = \$94,075
k. TOTAL PROPOSED COSTS	\$620,000
FEDERAL FUNDS REQUESTED	\$465,000
RECIPIENT SHARE (MATCH)	\$155,000
RECIPIENT SHARE OF TOTAL PROPOSED COSTS	25%
FEDERAL SHARE OF TOTAL PROPOSED COSTS	75%