



May 23, 2001

VETERANS' PROGRAM LETTER NO. 05-01

TO: ALL REGIONAL ADMINISTRATORS (RAVETs) AND DIRECTORS  
(DVETs) FOR VETERANS' EMPLOYMENT AND TRAINING  
ALL STATE EMPLOYMENT SECURITY AGENCY  
ADMINISTRATORS (SESA)  
ALL REGIONAL ADMINISTRATORS, EMPLOYMENT  
AND TRAINING ADMINISTRATION (INFO)

FROM: *Stanley A. Seidel*  
STANLEY A. SEIDEL  
Director, Operations and Programs

SUBJECT: Submission of modification requests for funding of Fiscal Year (FY) 2002  
Disabled Veterans' Outreach Program (DVOP), and Local Veterans'  
Employment Representative (LVER) program

**I. Purpose:** To provide planning guidance to the administrative entities, that operate the State employment service programs, in the submission of their modification requests for FY 2002 funding of the DVOP and LVER grant.

**II. References and Rescissions:** Veterans' Program Letter (VPL) 09-00 and the attached Solicitation for Grant Application (SGA) dated July 7, 2000. This VPL supersedes VPL 6-99, dated June 28, 1999.

**III. Background:** Multi-year DVOP/LVER grants were awarded for the period from October 1, 2000 through September 30, 2005. Incremental funding, as appropriated annually by Congress, will be made available through annual grant modifications for the years 2002 through 2005. The President has submitted a FY 2002 budget request to Congress that includes \$81,615,000 to support DVOP staffing, and \$77,253,000 to support LVER staffing.

**IV. Resource Allocation:** For FY 2002, States' fiscal resources will be subject to the availability of funds provided in the FY 2002 appropriation. The amount of funds which will become available through the Congressional budget process is not currently known. The projected allocations (Enclosure I of this VPL) should be used by States in preparing their State Fiscal Operating Plans (SFOPs) to be submitted with their grant modification requests. When completing their SFOP, States should not reduce their third or fourth quarter projections in anticipation of receiving approval of modification requests for additional funds to supplement their FY 2002 allocation.

V. **Allocation Strategy:** If the FY 2002 DVOP/LVER appropriation is different from the projected appropriation used to determine the States' allocations shown in Enclosure I, an allocation adjustment will be applied across-the-board to all States. A Congressional appropriation deadlock could result in continuing resolutions, which could mean that we may be well into the first quarter of FY 2002, before our appropriation will be known. Until a FY appropriation signed, VETS will be unable to allocate any funds other than those appropriated through continuing resolutions. States are limited in spending, to the amounts appearing on their most recent Notice of Obligational Authority (NOA) issued by their RAVET.

Once the final appropriation is enacted and an Advice of Allotment is received by VETS from Office of Management and Budget (OMB), funding allocations will be issued to regions and NOAs will be issued by the RAVET. The distribution of funds through the FY quarters will be based upon the SFOPs submitted by States with their FY 2002 grant modification request. If the amounts allocated vary from the amounts projected in Enclosure I, States will be asked to produce a revised SFOP reflecting the amounts actually allocated.

When considering the distribution of DVOP and LVER staff within their States, SESA should review the current locations where DVOP and LVER staff are assigned to ensure the cost effectiveness of staffing assignments. For example, SESAs may consider assigning DVOP and LVER staff to areas within the state where there are larger concentrations of veterans, areas where veterans are faced with a high unemployment rate, and in areas where veterans have been identified as being most in need of employment assistance.

Funding for FY 2002 may remain at essentially the same level as was initially available for FY 2001. In order to help States maintain their staffing levels at or close to their approved levels, States may be authorized to expend unobligated FY 2001 funds available after September 30, 2001 throughout the fifth quarter ending December 31, 2001. **Unobligated FY 2002 funds resulting from prolonged staffing vacancies may result in recapture or adjustments to States' FY 2002 allocations.**

VI. **Submitting Modification Requests:**

A. On their SFOP, States are to maintain the Personal Services + Personal Benefits (PS+PB) to total funds ratio at the levels approved by the Grant Officer for FY 2001 (see Enclosure I). Any grantee requesting to use a lower ratio(s) than those approved must include in their request, written justification, and current financial documentation to include the VETS 300 report for the period ending March 31, 2001.

B. The maximum funding amounts that a State may request for DVOP and for LVER are limited to the amounts listed on Enclosure I.

C. States are to submit to their DVETs, the following documents on or before June 22, 2001:

1 - A Standard Form (SF) 424 (see Enclosure II), indicating on lines 15a and 15g the total annual amount of DVOP/LVER funds requested for FY 2002 (per Enclosure I);

2 - An initial SFOP (See Enclosure III). Instructions for Enclosure III provides guidance on the preparation of this SFOP. The fifth quarter carryover columns (shaded on SFOP form) will initially remain blank since funds available in the fifth quarter are not planned, but are reported as available after September 30. If the amounts appropriated by Congress vary from what we have estimated, VETS will advise States of their allocations, and will request a revised SFOP reflecting the distribution of funds actually allocated to States;

3 - Budget Narrative if deemed appropriate. A Budget Narrative is required when the Grantee requests:

(a) Deviation from the requirements set forth in the established PS+PB/total allocation percentages as approved by the Grant Officer;

(b) Equipment acquisitions or other capital expenditures planned during the grant period with a unit cost of \$5,000.00 or more.

4 - A revised staffing chart indicating DVOP/LVER work site and outstationed addresses in the same format as submitted with original grant applications, giving special attention to identifying the full-time outstationing of DVOP specialists, their outstation location(s), and the time outstationed. This requirement will not be waived;

**NOTE:** Under WIA, Wagner-Peyser labor exchange and DVOP/LVER services are to be provided through One-Stop Career Centers. **Staff assigned to these centers as their principal work-site are no longer considered out-stationed.** The determination as to where DVOP/LVER personnel will be stationed/outstationed will, as in the past, be done in consultation with the State DVET, and the Department of Veterans' Affairs.

5 - A transmittal memorandum must be prepared in hard copy with original signature by the grantee, and used to transmit the application to the DVET;

**NOTE:** If a new administrative entity, a new Administrator, or a new State Agency official has been designated to operate the DVOP/LVER grant since either the grant awards were issued in December of 2000, or the most recent approved grant modification request, the transmittal memorandum must also indicate that the individual who signed the SF 424 is authorized to do so.

6 - An Assurance/Certifications Signature Page (see VPL Enclosure V) must be completed and submitted with the grant modification request if, and only if, the agency administering the grant has changed since the last SF 424 was submitted and approved by the grant officer. The signature page must be submitted in hard copy with an original signature and preferable, signed in blue or black ink.

**NOTE:** Items D. 1-5, above, may be submitted electronically; however, an original copy of the transmittal memorandum bearing the name of an authorized representative, and the signed SF 424, must also be provided to the DVET by June 22, 2001, in "hard" copy with original signatures.

**VII. Actions Required:**

**A.** States are requested to prepare a modification package in accordance with the above instructions for submission to the DVET by June 22, 2001;

**B.** DVETs will meet with their respective State Agency counterparts to ensure States have received and understand the directions, and requirements for the submission of modification requests provided in this program letter;

**C.** DVETs will review grant modification requests for accuracy and completeness. They will complete the DVET's portion of the grant review checklist and prepare a cover letter indicating the modification request is appropriate and allowable under the guidelines of the FY 2001-2005 SGA. Any concerns with the modification request should be clearly identified in the cover letter to the RAVET;

**D.** DVETs will indicate in their cover letters whether the State has maintained their approved PS+PB to total funds ratio;

**E.** Modification requests must be forwarded by DVETs electronically (with original signatures sent via overnight mail) to be received by the RAVETs by July 3, 2001. DVETs will also e-mail a copy of the State's SFOP directly to the Chicago Regional Lead Center (RLC);

**F.** RAVETs will review grant modification requests using the grant review checklist. The review should encompass all budgetary issues and ensure that the grant modification package is complete;

**G.** RAVETs will take appropriate action to assure that all issues identified during their review or during the DVETs' reviews, are resolved prior to forwarding the original modification request and checklist for each State to the Chicago RLC;

**H.** RAVETs will forward, via overnight mail, their written approval, DVETs' cover letters/analysis and each State's original modification request to the Chicago RLC by July 18, 2001.

**VIII. Inquiries:** Questions should be directed through the RAVET(s) to Joel H. Delofsky at the Chicago RLC at (312) 353-4942 or Miguel A. Hernandez in VETS' National Office at (202) 693-4708.

**IX. Expiration:** This directive expires on September 30, 2002.

**X. Enclosures (4):**

- Enclosure I FY 2002 DVOP/LVER Allocations by State and Region;
- Enclosure II SF 424 Application for Federal Assistance, Instructions, and sample;
- Enclosure III State Fiscal Operating Plan Form and Instructions;
- Enclosure IV
  - A. General Grant Assurance
  - B. Drug Free Work Place...
  - C. Release of Grantee Information Certification
  - D. Assurance and Certification - Signature Page

**ENCLOSURE I**  
**FY-2002 ESTIMATED DVOP/LVER ALLOCATIONS**  
**AND**  
**APPROVED PS+PB TO TOTAL FUND RATIOS**

ENCLOSURE I  
 FY-2002 ESTIMATED ALLOCATIONS APPROVED PS+PB RATIOS

State	DVOP		LVER	
	FY 2002 Funding Level	Approved FY 2001 PS+PB %	FY 2002 Funding Level	Approved FY 2001 PS+PB %
Connecticut	\$1,291	71.27%	\$1,410	74.21%
Maine	\$469	68.47%	\$485	71.60%
Massachusetts	\$1,747	72.41%	\$1,436	71.97%
New Hampshire	\$408	65.79%	\$439	67.01%
Rhode Island	\$291	81.66%	\$328	81.82%
Vermont	\$200	70.00%	\$392	70.34%
<b>Region 1</b>	<b>\$4,406</b>		<b>\$4,490</b>	
New Jersey	\$2,102	79.01%	\$1,444	79.01%
New York	\$5,843	72.20%	\$4,313	70.73%
Puerto Rico	\$177	79.25%	\$210	81.21%
Virgin Islands			\$49	92.42%
<b>Region 2</b>	<b>\$8,122</b>		<b>\$6,016</b>	
Delaware	\$209	75.96%	\$168	76.00%
District of Columbia	\$152	65.37%	\$387	67.87%
Maryland	\$1,855	66.70%	\$1,162	67.16%
Pennsylvania	\$3,567	81.31%	\$3,871	81.31%
Virginia	\$1,943	71.42%	\$1,259	73.85%
West Virginia	\$364	73.44%	\$571	74.12%
<b>Region 3</b>	<b>\$8,090</b>		<b>\$7,418</b>	
Alabama	\$1,129	77.67%	\$1,090	77.12%
Florida	\$4,420	69.36%	\$3,261	66.06%
Georgia	\$1,974	70.49%	\$1,315	70.54%
Kentucky	\$775	74.38%	\$873	74.40%
Mississippi	\$522	73.50%	\$1,017	74.60%
North Carolina	\$1,789	75.42%	\$2,458	75.66%
South Carolina	\$893	74.09%	\$1,005	76.33%
Tennessee	\$1,172	69.08%	\$1,303	72.78%
<b>Region 4</b>	<b>\$12,674</b>		<b>\$12,326</b>	
Illinois	\$4,279	67.64%	\$3,625	69.23%
Indiana	\$1,541	61.70%	\$1,976	66.48%
Michigan	\$3,727	67.89%	\$3,279	67.99%
Minnesota	\$1,620	70.28%	\$1,960	74.10%
Ohio	\$4,122	70.85%	\$3,865	73.01%
Wisconsin	\$1,611	68.18%	\$1,571	76.30%
<b>Region 5</b>	<b>\$16,900</b>		<b>\$16,280</b>	
Arkansas	\$476	71.11%	\$790	69.08%
Louisiana	\$888	79.43%	\$821	80.82%
New Mexico	\$411	68.81%	\$629	69.85%
Oklahoma	\$872	73.33%	\$1,593	71.93%
Texas	\$4,150	69.38%	\$4,360	71.20%
<b>Region 6</b>	<b>\$6,797</b>		<b>\$8,196</b>	
Iowa	\$887	70.46%	\$1,322	71.60%
Kansas	\$624	70.48%	\$902	74.09%
Missouri	\$1,557	75.35%	\$1,769	74.87%
Nebraska	\$362	83.76%	\$477	83.28%
<b>Region 7</b>	<b>\$3,430</b>		<b>\$4,472</b>	
Colorado	\$1,442	70.28%	\$1,216	75.68%
Montana	\$237	69.30%	\$593	68.55%
North Dakota	\$134	71.50%	\$454	73.52%
South Dakota	\$187	61.79%	\$336	70.00%
Utah	\$469	65.67%	\$646	67.41%
Wyoming	\$97	58.90%	\$406	72.24%
<b>Region 8</b>	<b>\$2,566</b>		<b>\$3,653</b>	
Arizona	\$1,181	65.69%	\$766	66.37%
California	\$11,034	76.09%	\$6,988	76.37%
Hawaii	\$315	74.84%	\$356	79.01%
Nevada	\$714	62.18%	\$600	66.42%
<b>Region 9</b>	<b>\$13,244</b>		<b>\$8,713</b>	
Alaska	\$252	81.12%	\$489	81.79%
Idaho	\$285	73.90%	\$662	69.60%
Oregon	\$1,133	74.16%	\$1,249	73.33%
Washington	\$2,581	65.98%	\$1,907	70.14%
<b>Region 10</b>	<b>\$4,251</b>		<b>\$4,309</b>	

Enclosure II

**SF 424, APPLICATION FOR FEDERAL ASSISTANCE**  
**STANDARD FORM 424**  
**INSTRUCTIONS**  
**AND**  
**SAMPLE**



# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Address (give city, county, state, and zip code):			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ]			7. TYPE OF APPLICANT: (enter appropriate letter in box:) <span style="float:right; border: 1px solid black; padding: 2px;">A</span> A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration      Other (Specify):			9. Name of Federal Agency:  U.S. Department of Labor - VETS		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (DVOP) [1][7] • [8][0][1] (LVER) [1][7] • [8][0][4]  Title: DVOP/LVER Grant Programs			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Disabled Veterans' Outreach Program (DVOP) Local Veterans' Employment Representative (LVER)		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  Statewide					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/1/2001	Ending Date 9/30/2002	a. Applicant		b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ .00	a. YES, THIS PRE-APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE _____  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ .00				
c. State	\$ .00				
d. Local	\$ .00				
e. Other	\$ .00				
f. Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ .00	<input type="checkbox"/> Yes      If "Yes," attach an explanation <input type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PRE-APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative			b. Title		c. Telephone number
d. Signature of Authorized Representative			e. Date Signed		

## INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry:   | Item: | Entry:   |
|-------|--|-------|--|
| 1.    | Self-Explanatory.  | 12.   | List only the largest political entities affected (e.g., State, counties, cities).   |
| 2.    | Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).  | 13.   | Self-explanatory.  |
| 3.    | State use only (if applicable).  | 14.   | List the applicant's Congressional District and any District(s) affected by the program or project.  |
| 4.    | If this application is to continue or revise an existing award, enter present. Federal identifier number. If for a new project, leave blank.   | 15.   | 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 exists award, indicate <i>only</i> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5.    | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.   | 16.   | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application subject to the State intergovernmental review process.   |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.  | 17.   | This questions applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.   |
| 7.    | Enter the appropriate letter in the space provided.  | 18.   | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's offices. (Certain Federal agencies may require that this authorization be submitted as part of the application.)   |
| 8.    | Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br><br>— "New" means a new assistance award.<br><br>— "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br><br>— "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |       |  |
| 9.    | Name of Federal agency from which assistance is being requested with this application.   |       |  |
| 10.   | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.  |       |  |
| 11.   | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.  |       |  |

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>6/15/2000</b>	Applicant Identifier												
		3. DATE RECEIVED BY STATE	State Application Identifier												
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier												
<b>5. APPLICANT INFORMATION</b>															
Legal Name: <b>State of Mind Department of Workforce Dev.</b>		Organizational Unit: <b>Job Service Division</b>													
Address (give city, county, state, and zip code): <b>State Office Building, Room 1064 Tangle City, Clutter County, MM 12345-1064</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) <b>Mr. I.M. ALLRITE, Job Service Director (999) 555-1234</b>													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> </table>		0	1	2	3	4	5	6	7	8	7. TYPE OF APPLICANT: (enter appropriate letter in box:) <input checked="" type="checkbox"/> A A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____				
0	1	2	3	4	5	6	7	8							
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration      Other (Specify): _____		9. Name of Federal Agency: <b>U.S. Department of Labor - VETS</b>													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (DVOP) (LVER) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>7</td><td>•</td><td>8</td><td>0</td><td>1</td></tr> <tr><td>1</td><td>7</td><td>•</td><td>8</td><td>0</td><td>4</td></tr> </table> TITLE: <b>DVOP/LVER Grant Programs</b>		1	7	•	8	0	1	1	7	•	8	0	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Disabled Veterans Outreach Program (DVOP) Local Veterans Employment Representative (LVER)</b>	
1	7	•	8	0	1										
1	7	•	8	0	4										
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>Statewide</b>															
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:													
Start Date <b>10/1/2000</b>	Ending Date <b>9/30/2001</b>	a. Applicant <b>MM-4</b>	b. Project <b>Statewide (1-15)</b>												
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?													
a. Federal	\$ 2,876,000.00	a. YES, THIS PRE-APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW													
b. Applicant	\$ .00														
c. State	\$ .00														
d. Local	\$ .00														
e. Other	\$ .00														
f. Program Income	\$ .00														
g. TOTAL	\$ 2,876,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes      If "Yes," attach an explanation <input checked="" type="checkbox"/> No													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Typed Name of Authorized Representative <b>I.M. Encharge</b>		b. Title <b>Executive Director</b>	c. Telephone number <b>(999) 555-1235</b>												
d. Signature of Authorized Representative <i>I.M. Encharge</i>		e. Date Signed <b>6/15/2000</b>													

Enclosure III

**STATE FISCAL OPERATION PLAN FORM  
AND INSTRUCTIONS**



## DVOP/LVER STATE FISCAL OPERATING PLAN

*Leave the shaded sections for FY 2001 carry over funds blank until the SFOP is required to be submitted after October 1, 2001, when any carry over has been identified. These carry over funds are to be kept separate from FY 2001 funds and should not be reflected in the addition for completing Columns E, J and K."*

1. Enter number of positions that allocated funds will support.
2. Enter amount of Personnel Services (PS) needed to support formula positions.
3. Enter amount of Personal Benefits (PB) needed to support formula positions.
4. Total PS+PB = Line (PS) plus Line 3 (PB).
5. Total Funds Requested = Line 2 (PS) plus Line 3 (PB) plus funds for NPS and Administrative Overhead.
6. PS+PB as a Percent of Total Funds Requested = divide Line 4 by Line 5 and round off to two decimal places.
7. PB+PB % Allowed = See SGA Enclosure I.B., unless the Grant Officer provides a new set of %s.
8. Cost per Position = Line 5 divided by Line 1 (do not round off).

**NOTE:** Round entries in lines 2-5 to the nearest thousand dollars (e.g., \$347,854 is entered as 348).

**Enclosure IV**

**A. GENERAL GRANT ASSURANCES**

**Enclosure IV. A.**

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance or personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all applicable Federal statutes. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964, (P.L. 88-352), (42 U.S.C. 2000d-2000d-6), which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681-1688), which prohibits discrimination on the basis of sex and blindness; (c) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of disability; (d) the Age Discrimination Act of 1975, 42 U.S.C. 6101-6107, which prohibits discrimination on the basis of age; and (e) the requirements of any other nondiscrimination statute(s) which may apply to the application.
6. Will comply, if applicable, with insurance purchase requirements of 42 U.S.C. 4012a which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance.
7. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 U.S.C. 4321-4347; (b) Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); and (c) the Clear Air Act of 1955, (42 U.S.C. Chapter 85, 7401 et seq.).
8. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, (16 U.S.C. 470f), and the Service Award Act of 1974 (16 U.S.C. 469a-1.).

Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, (31 U.S.C. 7501-7507).



**Enclosure IV.**

- B. DRUG-FREE WORKPLACE CERTIFICATION;  
TOBACCO-FREE WORKPLACE;  
DEBARMENT, SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS;  
CERTIFICATION REGARDING  
LOBBYING ACTIVITIES.**

**CERTIFICATIONS REGARDING DRUG-FREE/TOBACCO-FREE WORKPLACE REQUIREMENTS**

1. By signing and/or submitting the certification signature page (Enclosure VI. D.) of this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces, under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, upon award, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g. all vehicle; of a mass transit authority or State highway department while in operation, State employees in each local unemployment office performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see 5., above)..
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15).

Conviction means a finding of guilt including a plea of "nolo contendere" or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture distribution, dispensing, use or Possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

**CERTIFICATION REGARDING DRUG- FREE WORKPLACE  
REQUIREMENTS**

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

- (a) Publishing a statement notifying employees that the 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 five calendar days after such conviction.
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (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 or other designee 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 paragraph (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).

**CERTIFICATION REGARDING  
ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, Part C--Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting the certification signature page (Enclosure VI. D.) with this application the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS  
PRIMARY COVERED TRANSACTIONS**

- (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 by any Federal department or agency;
  - (b) Have not within a three-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 three-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.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS  
INSTRUCTIONS FOR CERTIFICATION--PRIMARY COVERED TRANSACTIONS**

1. By signing and submitting the certification signature page (Enclosure VI. D.) with this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participants, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

**CERTIFICATION REGARDING LOBBYING**

**CERTIFICATION 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, the making of any Federal 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.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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 section 1352, title 31 U.S. Code. 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.

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

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and no more than \$100,000 for each such failure.

**Enclosure IV.**

**C. RELEASE OF GRANTEE INFORMATION  
CERTIFICATION**



**CERTIFICATION OF RELEASE OF INFORMATION**

This certification is executed with the signing of the certification signature page (Enclosure IV. D.) and submission with the grant application package.

**CERTIFICATION FOR RELEASE OF INFORMATION**

Each grantee must indicate the Federal Share of the grant and the percentage of the grant financed by the Federal share. In this regard, the Certificate for Release of Information is cited below for this purpose. The submission of a signed application containing a copy of this Certification for Release of Information," shall constitute the necessary certification.

**CERTIFICATION**

"The grantee agrees that when issuing statements, press releases, requests for proposals, bid solicitations or other documents describing the grant project or program, the grantee shall clearly state (1) the percentage of the total cost of the program or project which will be or is being financed with Federal money, and (2) the dollar amount of Federal funds for the project or program; except when, the project or program is competitive.

As the duly authorized representative of the applicant, I hereby certify by signing the certification signature page (Enclosure IV. D.) that the applicant will comply with the assurance and certifications in Part III of the SGA.

**Enclosure IV.**

**D. ASSURANCES AND CERTIFICATIONS -  
SIGNATURE PAGE**

**Enclosure IV. D.**

**ASSURANCES AND CERTIFICATIONS - SIGNATURE PAGE**

The Department of Labor will not award a grant or agreement where the grantee/recipient has failed to accept the ASSURANCES AND CERTIFICATIONS contained in this section. By signing and returning this signature page, the grantee/recipient is providing the certifications set forth below:

- A. Assurances - Non-Construction Programs
- B. Certifications Regarding Lobbying, Debarment, Suspension, and Other Responsibility Matters and Drug-Free/Tobacco-Free Workplace Requirements.
- C. Certification of Release of Information

APPLICANT NAME and LEGAL ADDRESS:

If there is any reason why one of the assurances or certifications listed cannot be signed, please explain. Applicant need only submit and return this signature page with the grant application. All other instructions shall be kept on file by the applicant.

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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL TITLE

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APPLICANT ORGANIZATION DATE SUBMITTED

**Please Note: This signature page and any pertinent attachments which may be required by these assurances and certifications shall be attached to the applicant's Cost Proposal.**