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## **FNCS Nutrition Education and Promotion Program**

### **REQUEST FOR APPLICATIONS**

**Applications Must Be  
Received By  
January 20, 2006**

**Submit Applications to:**

**Lisa Johnson, Grants Officer  
USDA: Food, Nutrition and Consumer Services  
3101 Park Center Drive, Rm 738  
Alexandria, VA 22302**

**Released by:  
Center for Nutrition Policy and Promotion &  
Food and Nutrition Service of the  
Food, Nutrition and Consumer Services, USDA**

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(Note: While completing the Survey on Ensuring Equal Opportunity is optional the other forms reflected below are required in order to consider the application responsive. Applications will not be forwarded to the panel for review if any of the forms are omitted from the application submission.)

**Attachment A - SF 424, Application for Federal Assistance**

**Attachment B - SF 424B, Assurances—Non-Construction Programs**

**Attachment C - SF LLL, Disclosure of Lobbying Activities**

**Attachment D - OMB No. 1890-0014, Survey on Ensuring Equal Opportunity for Applicants**

# FNCS Nutrition Education and Promotion Program

## I. INTRODUCTION

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The Food, Nutrition and Consumer Service (FNCS) will extend cooperative agreements in 2006 to two to five qualified applicants through a competitive process outlined in this document. FNCS will work in union with the selected cooperators to implement a multi-year, multi-dimensional nutrition promotion and education campaigns as summarized in accepted proposals. No funds will be provided by USDA under this program.

As authorized under Section 1472 (b) of the National Agriculture Research, Extension and Teaching Policy Act of 1977 (7 U.S.C. 3318(b), Section 1472(b)), the United States Department of Agriculture (USDA), FNCS is soliciting proposals to engage in two to five cooperative agreement. The purpose of the FNCS Nutrition Education and Promotion Cooperative Agreement Program is to facilitate cooperation with public and/or private sector organizations to increase the level of resources devoted to consistent, multi-channel strategies to promote the *Dietary Guidelines for Americans* and the *MyPyramid* Food Guidance System to better influence eating and physical activity behaviors. The cooperative agreements shall specifically serve to link science-based dietary guidance to the nutrition needs of consumers, facilitate nutrition policy coordination, and promote nutrition education.

The awardees will be selected on a competitive basis, based on an objective review of all proposals according to the technical evaluation criteria outlined in this Request for Application. FNCS has structured this award as a cooperative agreement and plans to work closely with the awardees throughout the duration of the program. The duration of the awarded cooperative agreements shall be no longer than five years from the date of award.

## II. OVERVIEW

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Given the high cost of disease related to poor dietary practices, investment in education and promotion strategies that result in even small behavior changes are likely to be cost-effective. Research has shown that well-designed and tested primary prevention interventions can change behaviors. Furthermore, studies have increasingly identified environmental factors as powerful influences in shaping nutrition and health behaviors. Today's food marketplace, featuring the convenient availability and heavy promotional advertising of foods, has very powerful impacts on food choices – impacts that do not always contribute to a healthful diet.

The release of the 2005 *Dietary Guidelines for Americans* and the *MyPyramid* Food Guidance System positions FNCS better than ever to make a difference in the lives of Americans. To take full advantage of these new tools to improve the nutrition and promote the health of Americans, USDA needs to enlist the support of public and/or private sector cooperators with a clear interest in delivering high-quality nutrition information, education and promotion to their customers.

These cooperative agreements, which will not include funding from USDA to cooperating entities, will help to promote and advance the health of our Nation without the requirement of additional appropriated resources, and will maximize the impact of the resources already invested. Cooperation with public and private sector entities is vital to reaching the American consumer with nutrition messages in the capacity needed, and such Agreements will provide distinct value to the awardees and the American public. USDA will evaluate the success of these initial cooperative agreements in determining whether to expand the program in future years.

### III. WHO MAY APPLY

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FNCS is seeking to work with public and/or private non-profit or for-profit cooperating organizations offering nationwide reach and the ability to commit sufficient resources to support a robust array of strategies and activities.

Should an application be submitted by a coalition, it is important that lead a person(s) is identified to ensure functionality of a potential Cooperative Agreement with USDA. Further, it is recommended that a Memorandum of Understanding among participating coalition parties be established and included with the application.

### IV. TECHNICAL PROPOSAL

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As part of the review and subsequent award process, USDA is seeking information from applicants including a description of their proposed approach to develop the campaign, resource allocation projections, staffing levels, successes, failures, and past performance history.

FNCS expects that the cooperators will conduct a multi-year, multi-dimensional campaign to promote the *Dietary Guidelines for Americans* and the *MyPyramid* Food Guidance System to better educate American consumers on nutrition literacy and the way to a healthy lifestyle. Respondents have a full range of discretion in how they design and develop a proposal. However, there are definite proposal components required of each respondent.

To make clear the intent and spirit of the cooperative agreements, cooperators must agree to work closely with FNCS by:

- Furthering the USDA’s mission and goal to promote the Nation’s nutrition and health through science-based dietary guidance, education, and promotion;
- Respecting the Federal nutrition guidance and nutrition promotion content, including the most current *Dietary Guidelines for Americans*; the *MyPyramid* symbol, figure, slogan and other intellectual property, and related usage guidelines; FNS nutrition promotion campaign materials, messages and their usage guidelines;
- Agreeing to approval by USDA of cooperator-developed messages in advance of their dissemination;
- Committing to making scientifically-based nutrition information meaningful to consumers through communication and other education efforts that are positive, upbeat, and inherently empowering to foster healthy behavior change;
- Focusing cooperative activities on nutrition education and nutrition promotion strategies, rather than product marketing;
- Agreeing not to use the agreement to support, promote, or suggest USDA approval of products that are inconsistent with a balanced, healthful diet and/or healthy lifestyles;
- Making clear in all communications that the cooperative agreement does not imply USDA endorsement of any product, service, or organization;
- Disseminating nutrition information and materials at no additional cost to consumers;
- Agreeing to review and assess the effectiveness of partnership strategies to communicate the dietary guidance and promotion messages on a periodic basis, not less than annually;
- Cooperating with state cooperative extension services to the extent practicable; and
- Coordinating efforts and serving as liaison with other cooperating entities, such as state cooperative extension services and/or other entities providing the needed nationwide reach, as outlined in the written binding agreement.

As cooperators, USDA agencies (the Center for Nutrition Policy and Promotion and/or the Food and Nutrition Service) would:

- Permit the appropriate (i.e., consistent with usage guidelines and cooperative agreements) use of its name and program symbols in recognition of the cooperation by awarded cooperators on educational materials, product packaging, promotional efforts, advertising, and other venues as appropriate.
- Review and approve partnership developed messages.
- Provide technical assistance to partners on the incorporation and use of FNCS food guidance and nutrition messages and materials in informational and promotional efforts.

In addition to the aforementioned information, **applicants should consider and address the following:**

- Cooperator’s goals and objectives.
- Theme or area of focus for nutrition promotion and education strategies.
- Specific nutrition guidance and promotion initiative(s) (*MyPyramid*, *Dietary Guidelines for Americans*, Team Nutrition, Eat Smart. Play Hard.™, etc.) with which the cooperator sought to make use.
- Identified target audience(s).
- Nationwide reach.
- Assessment of “operating environment,” such as entity’s current marketing efforts, new market niches being pursued, and other opportunities available to advance goals.

- Description of intended nutrition education and promotion strategies.
- A project timeline with specific tasks and milestones, including a process for regular reporting of accomplishments to FNCS.

When publicizing any output from the cooperative agreements, including, but not limited to any written materials such as press releases, pamphlets, articles and other media materials, the cooperator must acknowledge support of USDA, and/or the appropriate USDA agency, in substantially the following form:

“This project has been coordinated at least in part with the Center for Nutrition Policy and Promotion, U.S. Department of Agriculture. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.”

Awardees are required to comply with all applicable laws and regulations in regard to civil rights. All materials developed under this Cooperative Agreement must also include a non-discrimination statement, in substantially the following terms:

“In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sexual orientation, age, religion, political beliefs, or disability. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave, SW, Washington, DC, 20250 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.”

## V. DURATION OF THE COOPERATIVE AGREEMENTS

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The cooperative agreements will be multi-year with the intended duration to be proposed within an application and agreed upon by both parties. All activities conducted under the program must be completed within five years of the start date of the award. For example a two year program may start on April 1, 2005 and end on April 30, 2007.

## VI. REPORTING REQUIREMENTS

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Awardees will be required to submit biannual Progress Reports and one final Project Summary Report due 90 days after the expiration date of the project.

These reports must address:

- major accomplishments for each proposed projects/activities
- major problems or delays encountered and how they will be resolved
- additional detail on work planned for the upcoming six months, and any other pertinent information

## VII. APPLICABLE REGULATIONS

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The cooperative agreements will be awarded in accordance with the following regulations:

- a. 7 CFR Part 3015: “Uniform Federal Assistance Regulations”
- b. 7 CFR Part 3017: “Government-wide Debarment and Suspension (Non-Procurement)”
- c. 7 CFR Part 3018: “New Restrictions on Lobbying”
- d. 7 CFR Part 3019: “Uniform Administrative Requirements for Grants and Cooperative Agreements with Institutions of Higher Education, Hospitals, and other Non-Profit Organization”.
- e. 7 CFR Part 3021: “Government-wide Requirements for Drug-free Workplace (Financial Assistance)”
- f. 7 CFR Part 3052: “Audits of States, Local Governments, and Non-Profit Organizations”

Copies of these documents are available from the Grants Officer, Lisa Johnson, upon request.

## VIII. TIMELINE

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|                      |   |
|----------------------|---|
| Application Deadline | January 20, 2006                            |
| Award Announcement   | Early 2006                                  |
| Start Date           | 2006, as determined by cooperating parties. |

## IX. APPLICATION FORMAT

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It is strongly suggested that applicants adhere to the following format. Use of this format will make it easier for the proposal reviewers to locate the requested information and to evaluate your proposal.

**The original proposal must be ready for copying.**

**1. Technical Proposal:**

- **15 pages maximum length, exclusive of letters of resumes, letters of reference or materials from the application packet. FNS reserves the right to reject any application with a technical proposal exceeding 15 pages in length.**
- **single-sided,**
- **unstapled, unbound,**

- on 8 ½” X 11” white paper,
- single-spaced text
- at least 1” margins on top, bottom, and sides
- 12-point font size
- numbered pages
- table of contents
- one page proposal summary that describes proposal and summarizes proposal activities

**2. Appendices – to include only required supporting documentation that addresses the applicant’s capacity to carry out the proposed project.**

- Maximum length is 15 pages
- Resumes (limit to 2 pages per resume)
- Letters of Agreement from partners or collaborators

**3. Resource Allocation Projections**

Applicants are encouraged to submit a comprehensive resource allocation plan which is commensurate with the proposed project. This plan includes the cost of any planned formative research, resource testing, staff hours, materials, product development, product dissemination, travel, all deliverables, etc.

**4. Assurance and Disclosure.** The following forms must be completed and are attached to this RFA. Please note: While completing the Survey on Ensuring Equal Opportunity is optional the other forms reflected below are required in order to consider the application responsive. Applications will not be forwarded to the panel if any of the forms are omitted from the application submission.

- Application for Federal Assistance, SF 424
- Assurances - Non-Construction Programs, SF 424B
- Disclosure of Lobbying Activities, SF LLL – Complete this form and indicate (yes or no) whether the applicant will conduct lobbying activities in regard to this solicitation.
- Survey on Ensuring Equal Opportunity for Applicants – OMB No. 1890-0014

## X. SELECTION CRITERIA

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All applications that meet the published deadline for submission will be screened for completeness and conformity to the requirements of this announcement. Only applications meeting the screening requirements will be reviewed competitively and scored against the technical evaluation criteria outlined below. A review panel will convene to determine the technical merit of each application and provide a numerical score. Proposals will be reviewed and evaluated to assess each applicant’s ability to carry out the campaign program using the following criteria and weights:



**1. Soundness of Campaign Program Design and Management Plan 25%**

Tasks and activities to be accomplished are outlined in detail, including an explanation of outreach strategies, event planning, product development and dissemination, target audiences, etc. A timeline should provide adequate, realistic periods to complete the proposed activities and tasks.

The proposal contains a work plan for completing necessary activities in a timely manner, and reflects appropriate management quality control for deliverables. An organization chart and/or written description that indicates who has authority over whom is provided. The discussion provides contingency plans to ensure that the project is not unduly disrupted by any unforeseen changes in key personnel.

**2. Capability and Experience of Staff 20%**

The proposal demonstrates a commitment of adequate staff experienced in disciplines critical to the successful completion of agreement objectives including, formative research if appropriate, program design, product development, and promotional and educational methodologies. Program director and other key staff are identified. The proposal reflects an assignment of staff made according to relevant experience and skill levels with appropriate time commitments for their roles and duties. Resumes are provided which demonstrate that staff have the appropriate technical and experiential backgrounds for their proposed roles.

**3. Technical Approach 25%**

The proposal demonstrates a clear understanding of the purpose and technical issues associated with the cooperative agreement projects. It defines plans for utilizing innovative communication techniques using one or more information channels – such as the mass media, public service announcements, the internet, point-of-purchase materials, land-grant nutrition extension services, and school and community outreach efforts. The technical approach is appropriate to address the objectives in the context of the relevant issues. The proposal demonstrates an understanding of USDA’s mission to improve the diet and health of Americans.

**4. Resource Allocation Plan 15%**

The proposed resource allocation plan is reasonable in relation to the scope and effort of the projects. The plan demonstrates consistency with project objectives and specific activities planned; the plan provides details on how costs were derived and how resources are allocated, by whom, and for which activities.

**5. History of Past Experience & Support 15%**

The proposal demonstrates evidence of past experience and support of the *Dietary Guidelines for Americans*, the Food Guidance System, or other USDA nutrition related messages. The proposal also demonstrates evidence of completing comparable work effectively and on time; and includes references if available from past projects. FNCS may verify performance on past projects.

**Total 100%**

The awards will be made to those applicants whose proposals, when all criteria are considered, represent the best value to the Government.

## XI. APPLICATION DUE DATE

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The completed application package must **be received** by Lisa Johnson, the FNCS Grants Officer via mail or courier on or before **5:00 PM Eastern Daylight Time (EDT) on January 20, 2006**. Late applications will not be accepted.

## XII. SUBMIT APPLICATION

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1. Submit application by hand delivery or by mail. We advise that you meet the deadline by delivering the application, or by mailing it sufficiently in advance of the deadline to ensure its timely receipt.
2. **One original and two copies** must be submitted. The original copy must be ready for copying (i.e. single-sided, unstapled, unbound and on 8 ½ x 11 paper). If you opt to mail your application we strongly suggest using a mail delivery service that guarantees delivery and allows you to track delivery. Faxed and emailed applications will **not** be accepted.
3. Late applications will not be considered in this competition. FNCS will not consider additions or revisions to the application once it has been received.
4. Applications should be addressed to:

**Lisa Johnson, Grants Officer**  
**USDA: Food, Nutrition, and Consumer Services**  
**3101 Park Center Drive, Rm 738**  
**Alexandria, VA 22302**

5. All questions regarding the application should be referred to Lisa Johnson via email at [Lisa.Johnson@fns.usda.gov](mailto:Lisa.Johnson@fns.usda.gov).

## XIII. ATTACHMENTS – REQUIRED FORMS

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Attachment A - SF 424, Application for Federal Assistance  
Attachment B - SF 424B, Assurances—Non-Construction Programs  
Attachment C - SF LLL, Disclosure of Lobbying Activities  
Attachment D - OMB No. 1890-0014, Survey on Ensuring Equal Opportunity for Applicants

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

|  |  |   |                              |
|--|--|---|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b>                  | Applicant Identifier         |
| Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                              |  | <b>3. DATE RECEIVED BY STATE</b>          | State Application Identifier |
|  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> | Federal Identifier           |

**5. APPLICANT INFORMATION**

|                      |          |   |             |
|----------------------|----------|---|-------------|
| Legal Name:          |          | <b>Organizational Unit:</b>   |             |
| Organizational DUNS: |          | Department:   |             |
| <b>Address:</b>      |          | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> |             |
| Street:              |          | Prefix:   | First Name: |
| City:                |          | Middle Name   |             |
| County:              |          | Last Name   |             |
| State:               | Zip Code | Suffix:   |             |
| Country:             |          | Email:  |             |

|  |                               |                             |
|--|-------------------------------|-----------------------------|
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>□□-□□□□□□□□ | Phone Number (give area code) | Fax Number (give area code) |
|--|-------------------------------|-----------------------------|

|   |  |
|---|--|
| <b>8. TYPE OF APPLICATION:</b><br><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br><input type="checkbox"/> <input type="checkbox"/><br>Other (specify) | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>Other (specify) |
| <b>9. NAME OF FEDERAL AGENCY:</b>   |  |

|  |  |
|--|--|
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program):    □□-□□□□ | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> |
|--|--|

|  |
|--|
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> |
|--|

|  |  |
|--|--|
| <b>13. PROPOSED PROJECT</b><br>Start Date:    Ending Date: | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant    b. Project |
|--|--|

|                                |  |
|--------------------------------|--|
| <b>15. ESTIMATED FUNDING:</b>  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |
| a. Federal    \$    .00        | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: |
| b. Applicant    \$    .00      | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |
| c. State    \$    .00          | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |
| d. Local    \$    .00          | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  |
| e. Other    \$    .00          | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No   |
| f. Program Income    \$    .00 |  |
| g. TOTAL    \$    .00          |  |

**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.**

|   |            |                                      |
|---|------------|--------------------------------------|
| <b>a. Authorized Representative</b>       |            |                                      |
| Prefix                                    | First Name | Middle Name                          |
| Last Name                                 |            | Suffix                               |
| b. Title                                  |            | c. Telephone Number (give area code) |
| d. Signature of Authorized Representative |            | e. Date Signed                       |

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications 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.                             | Select Type of Submission.  | 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.   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 2.                             | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).   | 12.               | List only the largest political entities affected (e.g., State, counties, cities).  |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 3.                             | State use only (if applicable).   | 13.               | Enter the proposed start date and end date of the project.  |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 4.                             | Enter Date Received by Federal Agency<br>Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.   | 14.               | List the applicant's Congressional District and any District(s) affected by the program or project  |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 5.                             | Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.   | 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 existing award, indicate only 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. |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 6.                             | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.   | 16.               | 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.   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 7.                             | Select the appropriate letter in the space provided.<br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table> | A. State          | I. State Controlled Institution of Higher Learning  | B. County            | J. Private University | C. Municipal | K. Indian Tribe   | D. Township | L. Individual | E. Interstate | M. Profit Organization | F. Intermunicipal | N. Other (Specify) | G. Special District | O. Not for Profit Organization | H. Independent School District |  | 17. | 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. |
| A. State                       | I. State Controlled Institution of Higher Learning  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| B. County                      | J. Private University   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| C. Municipal                   | K. Indian Tribe   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| D. Township                    | L. Individual   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| E. Interstate                  | M. Profit Organization  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| F. Intermunicipal              | N. Other (Specify)  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| G. Special District            | O. Not for Profit Organization  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| H. Independent School District |   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 8.                             | Select the type from the following list: <ul style="list-style-type: none"> <li>• "New" means a new assistance award.</li> <li>• "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>• "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> </li> </ul>         | A. Increase Award | B. Decrease Award   | C. Increase Duration | D. Decrease Duration  | 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 office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| A. Increase Award              | B. Decrease Award   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| C. Increase Duration           | D. Decrease Duration  |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |
| 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.   |                   |   |                      |                       |              |   |             |               |               |                        |                   |                    |                     |                                |                                |  |     |   |

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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 cost) 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 of 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 the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. 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 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

|   |       |                |
|---|-------|----------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |                |
| APPLICANT ORGANIZATION                      |       | DATE SUBMITTED |

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

0348-0046

(See reverse for public burden disclosure.)

|  |   |  |
|--|---|--|
| <b>1. Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance  | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><b>For Material Change Only:</b><br>year _____ quarter _____<br>date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, <i>if known</i> :<br><br><b>Congressional District, if known:</b>   | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br><br><br><b>Congressional District, if known:</b>                                    |  |
| <b>6. Federal Department/Agency:</b>   | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number, <i>if applicable</i> : _____  |  |
| <b>8. Federal Action Number, if known:</b>   | <b>9. Award Amount, if known:</b><br>\$ _____   |  |
| <b>10. a. Name and Address of Lobbying Registrant</b><br><i>(if individual, last name, first name, MI):</i>  | <b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i><br><i>(last name, first name, MI):</i>   |  |
| <b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: _____<br>Print Name: _____<br>Title: _____<br>Telephone No.: _____ Date: _____   |  |
| <b>Federal Use Only:</b>   |   | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97)   |

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.



# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB No. 1890-0014 Exp. 1/131/2006

**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:** \_\_\_\_\_

**Grant Name:** \_\_\_\_\_ **CFDA Number:** \_\_\_\_\_

1. Does the applicant have 501(c)(3) status?
   
 Yes                       No
  
2. How many full-time equivalent employees does the applicant have? (*Check only one box.*)
   
 3 or Fewer                       15-50
   
 4-5                                       51-100
   
 6-14                                       over 100
  
3. What is the size of the applicant's annual budget?
   
 (*Check only one box.*)
   
 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
  
4. Is the applicant a faith-based/religious organization?
   
 Yes                                       No
  
5. Is the applicant a non-religious community-based organization?
   
 Yes                                       No
  
6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?
   
 Yes                                       No
  
7. Has the applicant ever received a government grant or contract (Federal, State, or local)?
   
 Yes                                       No
  
8. Is the applicant a local affiliate of a national organization?
   
 Yes                                       No

## Survey Instructions on Ensuring Equal Opportunity for Applicants

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

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

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 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 of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

**If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Joyce I. Mays, Application Control Center, U.S. Department of Education, 7<sup>th</sup> and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725