

EUDL Training Contract Application Instructions

ORGANIZATION INFORMATION

All spaces must be completed.

Employer Identification Number – Enter the State Payee or Federal Identification Number.

County – Enter the county where the organization's headquarters is located.

House & Senate District – Enter the District numbers where the organization's headquarters is located.

PROJECT INFORMATION

Project Title – Must be descriptive of project.

Project Period – Expected time frame for project completion. More than one Progress Report may be required by TABC depending on the duration of the project. Any activities related to the project must be completed within the Grant and Project Period.

Authorized Official – Official(s) authorized to apply for, accept, decline or cancel this contract (i.e., executive director, chairman, president, county judge, mayor, city manager, assistant city manager, school superintendent or designee of organization).

Project Director/Coordinator – Employee of applicant/contractor organization directly responsible for project (if different from Authorized Official). This person will also serve as a point of contact with the TABC Grants Coordinator.

Financial Officer – CFO of the applicant organization, auditor, treasurer, or comptroller.

IMPORTANT! Telephone numbers, fax numbers, and E-mail addresses must be provided for each person.

Personnel changes during the Project Period must be reported in writing to the TABC Grants Coordinator as soon as possible.

PROJECT DESCRIPTION

Project Description – A brief description of the proposed project and activities. Must relate to the enforcement of underage drinking laws or prevention of underage drinking and driving. Space has been provided to describe TABC's involvement with the project.

OJJDP Mandated Performance Measures – Baseline Data and Total Planned Project Data must be completed as it relates to the project. "Earned Media" refers to media attention on radio, print or TV that has not been purchased, such as PSAs.

Target Population – Population to be served during the project period. Select all that apply.

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BUDGET SUMMARY

- Available on a reimbursement basis only.
- Planned expenditures must be reasonable and necessary for project implementation and achievement of its goals.
- Budget requests must reflect the activities proposed in the application.
- Expenditures must follow EUDL, State of Texas and TABC policies, procedures and guidelines.

BUDGET DESCRIPTION

Salaries – The TABC will only be supporting programs already in existence. Funds may not be used to pay any portion of salaries other than overtime for time spent on project activities. Provide a detailed description of overtime pay requested for personnel. Include annual salary and fringe and explain how each rate is determined.

Supplies – List supplies or small consumable items (under \$1,000 each) needed. Indicate quantity and cost for each item. Show computation.

Travel – Out of state travel requires pre-approval by TABC. Itemize travel expenses of project personnel by purpose (i.e., staff to attend training, enforcement detail, etc.). Compute using the basic formula: \$XX travel/airfare + \$XX hotel, + \$XX food * # of persons. Use state per diem rates to estimate these costs. To find these rates, go to: www.cpa.state.tx.us/fm/pubs/travallow/index.php

Other – Itemize the cost and show your computation of other items not included in the categories listed above.

BUDGET OVERVIEW

Explain expenditures and how they relate to the project.

Important! Attach Budget Addendum.

MAILING INSTRUCTIONS

Mail completed application to:

**Texas Alcoholic Beverage Commission
ATTN: Grants Section
P.O. Box 13127
Austin, TX 78711**

Only complete applications will be accepted. Applications sent via email or fax will NOT be considered.

CONTACT INFORMATION

GRANTS SECTION 512-206-3290

JOEY ESTRADA, GRANTS COORDINATOR 512-206-3292

For more information go to the TABC website at <http://www.tabc.state.tx.us/>.



EUDL TRAINING CONTRACT APPLICATION

Enforcing the Underage Drinking Laws Block Grant

Grant Period: September 1, 2009 - May 31, 2010

Organization Information

Legal Organization Name:			
Implementing Organization:			
Street Address:			
P.O. Box:			
City, State & ZIP:			
Employer Identification Number:		County:	
House District: www.house.state.tx.us		Senate District: www.senate.state.tx.us	

Project Information

Project Title:			
Project Period:		Type of Project Proposed:	<input type="checkbox"/> New <input type="checkbox"/> Continuation
How many people from your Agency/Organization will be attending the training?			
Will Other Agencies/Organizations be invited to attend the training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many?	
How many people from other Agencies/Organizations will be attending the training?			
Will you be requiring UDETC Technical Support? www.udetc.org			
Will an Enforcement Operation, related to this training, take place after training has been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when will this Enforcement Operation take place?			
Did your Agency/Organization apply to the TABC for funding to support your Enforcement Operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this project receive other grant funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide the source:	
Explain (Limit 250 Characters):			

Authorized Official

Name:			
Title:			
Street Address:			
P.O. Box:			
City, State & ZIP:			
Phone Number:	()	Fax Number:	()
Email:			

Project Director/Coordinator

Name:			
Title:			
Street Address:			
P.O. Box:			
City, State & ZIP:			
Phone Number:	()	Fax Number:	()
Email:			

Chief Financial Officer

Name:			
Title:			
Street Address:			
P.O. Box:			
City, State & ZIP:			
Phone Number:	()	Fax Number:	()
Email:			

TABC Use Only

Date Contract Processed:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<input type="checkbox"/> EUDL 08 <input type="checkbox"/> EUDL 09
Approved/Rejected By:		Date:
Signature:		

Project Description

Brief Description of Project (Limit 1,000 Characters):

How is TABC Involved with the Project? (Limit 500 Characters):

Which Training Operation Are You Applying For?

<input type="checkbox"/> Enforcement	<input type="checkbox"/> Secondary Education	<input type="checkbox"/> Community Based Organizations
<input type="checkbox"/> Coalitions/Task Forces	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Youth Organizations
<input type="checkbox"/> Other (Describe)		

OJJDP Mandated Performance Measures

Description of Performance Measures	Project Data			
	Baseline Data	Planned		
Number of Youth Participating in Project				
EUDL Enforcement Training Operations				
Non-EUDL Underage Drinking Training Activities				
Number of Agencies/Organizations Participating in Project				
EUDL Enforcement Training Operations				
Non-EUDL Underage Drinking Training Activities				
Number of Underage Drinking Project Activities				
EUDL Enforcement Training Activities				
Non-EUDL Training Activities				
Number of Underage Drinking Policies Created/Amended for				
Law Enforcement				
Local Community				
Number of Media Earned by Project Activities				
Op-ed Articles				
Letters				
Interviews				
Events that Drew Coverage				
Appearances on Broadcast Radio/Television				
Complete this section only if an Enforcement Operation takes place as a result of this training.				
Compliance Check Operations				
Number of Retail Establishments Checked				
Number of Retail Establishments Compliant				
In Compliance Percentage Rate				
Enforcement Operations				
Number of Youth Citations Issued during Project				
Number of Adult Citations Issued during Project				
Target Population				
Justice				
<input type="checkbox"/> At Risk Population	<input type="checkbox"/> First Time Offenders	<input type="checkbox"/> Repeat Offenders		
<input type="checkbox"/> Sex Offenders	<input type="checkbox"/> Status Offenders	<input type="checkbox"/> Violent Offenders		
Age				
<input type="checkbox"/> Under 11	<input type="checkbox"/> 12 - 13	<input type="checkbox"/> 14 - 15	<input type="checkbox"/> 16 - 17	<input type="checkbox"/> 18 & over
Geography				
<input type="checkbox"/> Rural	<input type="checkbox"/> Suburban	<input type="checkbox"/> Tribal	<input type="checkbox"/> Urban	

Budget Summary	
Category	EUDL Funds
Salaries	\$
Supplies	\$
Travel	\$
Other	\$
Total	\$

Budget Description	
Salaries (Overtime Only)	
Description	EUDL Funds
1.	\$
2.	\$
3.	\$
4.	\$
Total	\$

Supplies (\$1,000 Limit per Item)	
Description	EUDL Funds
1.	\$
2.	\$
3.	\$
4.	\$
Total	\$

Travel (Out of State Travel Requires Approval)	
Description	EUDL Funds
1.	\$
2.	\$
3.	\$
4.	\$
Total	\$

Other	
Description	EUDL Funds
1.	\$
2.	\$
3.	\$
4.	\$
Total	\$

Budget Summary Overview

If necessary, explain any budget expenditures (Limit 500 Characters):

Comprehensive Certification

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Acceptance of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 2 CFR Part 2867, "DOJ Implementation of OMB Guidance of Nonprocurement Debarment and Suspension," and 28 CFR Part 83, "Government-wide Debarment and Suspension," and Government-wide Requirements for Drug-Free Workplace (Grants)." This certification is a material representation of fact upon which reliance was placed with the agency determined to award the contract. If it is later determined that the contractee knowingly rendered an erroneous certification, the agency, in addition to any other remedies available to the federal government, may take available action.

DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 2867, for prospective participants in primary covered transactions, as defined at 2 CFR Section 2867.20(a):

The applicant certifies that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this application 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;
3. 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 (2) of this certification; and
4. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, Subpart F, for grantees, as defined at 28 CFR Sections 83.620 and 83.650:

If this application is for federal funds, I certify that to the best of my knowledge and belief:

The applicant certifies that it will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the contractee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
2. Establishing a drug-free awareness program to inform employees about:
 - the dangers of drug abuse in the workplace;
 - the applicant's policy of maintaining a drug-free workplace;
 - any available drug counseling, rehabilitation, and employee assistance programs; and
 - the penalties that may be imposed upon employees for drug abuse violations.
3. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (1).
4. Notifying the employee in the statement required by paragraph (1) that, as a condition of employment under the contract, the employee will:
 - abide by the terms of the statement, and
 - notify the employer of any criminal drug statute conviction for a violation occurring in the workplace not later than five days after such conviction.
5. Notifying the agency within 10 days after receiving notice under paragraph (4) from an employee or otherwise receiving actual notice of such conviction.
6. Taking one of the following actions with respect to any employee who is so convicted:
 - taking appropriate personnel action against such an employee, up to and including termination; or
 - 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.
7. Making a good-faith effort to continue to maintain a drug-free workplace through the implementation of the above paragraphs (1), (2), (3), (4), (5), and (6).

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

Chief Financial Officer

Name and Title:

Signature:

Date:

Project Director

Name and Title:

Signature:

Date:

Authorized Official

Name and Title:

Signature:

Date: