

**State Innovation Models Initiative**  
**Application Submission Guidance**

The following information is being made available to provide additional guidance on the application submission process. Please note:

- This document provides guidance on some, but not all elements of the application. Applicants should review the Funding Opportunity Announcement (FOA) and must submit **all** information listed in the FOA.
- For technical questions on the application process through the grants.gov website (e.g., uploading documents), please contact **800-518-4726** or [support@grants.gov](mailto:support@grants.gov). Note: Please ask for a ticket number when speaking with a Grants.gov representative. The ticket number is not needed for the application, but it may be necessary should you need additional assistance in submitting your application.
- For programmatic questions on the Initiative, please email [StateInnovations@cms.hhs.gov](mailto:StateInnovations@cms.hhs.gov). Note: CMS may not have sufficient time to respond to programmatic questions received after September 19, 2012.
- All applications must be submitted electronically and be received through Grants.gov by 5:00 pm Eastern Time on September 24, 2012.
- To submit an application via Grants.gov, you will need the following:
  - Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN).
  - Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: <http://www.dnb.com/> or call 1-866-705-5711. This number should be entered in the block 8c (on the Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8d should be exactly as given for the DUNS number.
  - Registration in the System for Award Management (SAM) database at <http://www.sam.gov/>. (Note: SAM replaces the former Central Contractor Registration (CCR) database.)

- Authorized Organizational Representative. The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization’s DUNS Number to obtain their username and password. Please visit: [http://grants.gov/applicants/get\\_registered.jsp](http://grants.gov/applicants/get_registered.jsp). AORs must wait at least one business day after registration in SAM before entering their profiles in Grants.gov. When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization’s E-Biz point-of-contact (POC) will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz point of contact (E-Biz POC) with the AOR copied on the correspondence. The E-Biz POC must then login to Grants.gov (using the organization’s DUNS number for the username and the special password called “M-PIN”) and approve the AOR, thereby providing permission to submit applications. The AOR and the DUNS must match. If your organization has more than one DUNS number, be sure you have the correct AOR for your application.
  
- Please create *three separate* PDF files each in the order specified in the table below. Within each PDF please label and paginate each discrete document. For example, the Model Design Project Narrative in PDF #1 should be labeled and have page numbers 1 through 24. The Model Design Project Plan and Timeline, which is also part of PDF #1, should be labeled and have page numbers 1 through 3 (refer to FOA Chart 1: Application Package, Model Design Proposals [pg. 28] and Chart 2: Application Package, Model Testing Applications [pg. 30]). Please ensure that each PDF is a text searchable file rather than a scanned image.

<b>Model Design</b>	<b>Model Test</b>
<u>PDF #1</u> Project Narrative (24 pages): <ul style="list-style-type: none"> <li>● Model design strategy</li> <li>● Description of stakeholder engagement</li> <li>● Role of public and private payer participation</li> <li>● Project organization information</li> <li>● Provider Engagement</li> </ul> Project Plan and Timeline (3 pages)	<u>PDF #1</u> Project Narrative (43 pages): <ul style="list-style-type: none"> <li>● Model testing strategy</li> <li>● Description of expected engagement and transformation of major provider entities within the state</li> <li>● Evidence of other payers and stakeholders</li> <li>● Linkage to State Health Care Innovation Plan</li> <li>● Multi-Stakeholder engagement and</li> </ul>

Model Design	Model Test
	commitment Plan for Performance Reporting (5 pages) Project Plan and Timeline (4 pages)
<u>PDF #2:</u> Budget Narrative and itemized expenditure plan (5 pages)	<u>PDF #2:</u> Budget Narrative and itemized expenditure plan (10 pages)
<u>Other attachments PDF #3:</u> <ul style="list-style-type: none"> <li>• Governor’s Letter of Endorsement (2 pages)</li> <li>• Financial Analysis</li> <li>• Letters of support and participation</li> </ul>	<u>Other attachments PDF #3:</u> <ul style="list-style-type: none"> <li>• Governor’s Letter of Endorsement (2 pages)</li> <li>• State Health Care Innovation Plan</li> <li>• Financial Analysis</li> <li>• Letters of support and participation</li> </ul>

In addition to providing the financial analysis as part of Other attachments PDF #3, please also email the spreadsheet (Excel) format file to: [stateinnovations@cms.hhs.gov](mailto:stateinnovations@cms.hhs.gov).

- For more information about the State Innovation Models Initiative, please see the modified funding opportunity announcement at: <https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=15478>.
- Please remember to follow the format requirements below:
  - Use 8.5” x 11” letter-size pages (one side only) with 1” margins (top bottom, and sides).
  - Font size must be 12-point.
  - Narrative portions of the application must be double-spaced.

Save & Submit Save Print Cancel Check Package for Errors



## Grant Application Package

Opportunity Title:	State Innovation Models: Funding for Model Design and M
Offering Agency:	Centers for Medicare & Medicaid Services
CFDA Number:	93.624
CFDA Description:	ACA - State Innovation Models: Funding for Model Desig
Opportunity Number:	CMS-1G1-12-001
Competition ID:	CMS-1G1-12-001-015478
Opportunity Open Date:	08/23/2012
Opportunity Close Date:	09/24/2012
Agency Contact:	Chris Clark 301-492-4319 christopher.clark@cms.hhs.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

### Mandatory Documents

- Application for Federal Assistance (SF-424)
- Project Abstract Summary
- Project Narrative Attachment Form
- Budget Narrative Attachment Form
- Budget Information for Non-Construction Program
- Assurances for Non-Construction Programs (SF-424)

Move Form to Complete

=>

Move Form to Delete

<=

### Mandatory Documents

All document titles should be moved over to the "Mandatory Documents for Submission" box.

### Optional Documents

- Other Attachments Form
- Project/Performance Site Location(s)
- Disclosure of Lobbying Activities (SF-LLL)

Move Form to Submission List

=>

Move Form to Delete

<=

### Optional Documents for

All document titles should be moved over to the "Optional Documents for Submission" box.

## Instructions

- Enter a name for the application in the Application Filing Name field.

  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- Click the "Save & Submit" button to submit your application to Grants.gov.

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

<b>Application for Federal Assistance SF-424</b>		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission: _____	<b>4. Applicant Identifier:</b> _____	<b>Item 4: No entry required.</b>
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> _____		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> _____	<b>* c. Organizational DUNS:</b> _____	
<b>d. Address:</b>		
<b>* Street1:</b> _____	<b>* Street2:</b> _____	
<b>* City:</b> _____	<b>* State:</b> _____	
<b>County/Parish:</b> _____	<b>Province:</b> _____	
<b>* Country:</b> _____	UNITED STATES	
<b>* Zip / Postal Code:</b> _____		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> _____	<b>Division Name:</b> _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____	<b>* First Name:</b> _____	
<b>Middle Name:</b> _____		
<b>* Last Name:</b> _____		
<b>Suffix:</b> _____		
<b>Title:</b> _____		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> _____	<b>Fax Number:</b> _____	
<b>* Email:</b> _____		

Item 4: No entry required.

Item 8c: Enter nine-digit DUNS identification number.

Items 8a and 8d: Enter the organization name and address exactly as given for the DUNS number.

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

\* Title:

Item 14: No entries or attachments are required in this section. (This information is part of the project narrative.)

Item 15: Enter "State Innovation Models Initiative".

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

\* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

There are no required attachments for this section.

Item 16: No attachments are required for this section. (refer to 424 instructions for

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**  
\* a. Applicant [redacted] b. Program/Project [redacted]

Attach an additional list of Program/Project Congressional Districts if needed.  
[redacted] [Add Attachment] [Delete Attachment] [View Attachment]

**17. Proposed Project:**  
\* a. Start Date: [redacted] \* b. End Date: [redacted]

**18. Estimated Funding (\$):**

* a. Federal	[redacted]
* b. Applicant	[redacted]
* c. State	[redacted]
* d. Local	[redacted]
* e. Other	[redacted]
* f. Program Income	[redacted]
* g. TOTAL	[redacted]

**19. Is Application Subject to Review By State Under Executive Order 12372?**

a. This application was made available to the State under the Executive Order 12372.  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

**20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No  
If "Yes", provide explanation and attach [redacted] [Add Attachment]

**21. \*By signing this application, I certify (1) to the statements contained herein are true, complete and accurate to the best of my knowledge and will comply with any resulting terms if I accept an award. I am aware that I am subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: [redacted] \* First Name: [redacted]  
Middle Name: [redacted]  
\* Last Name: [redacted]  
Suffix: [redacted]  
\* Title: [redacted]  
\* Telephone Number: [redacted] Fax Number: [redacted]  
\* Email: [redacted]

\* Signature of Authorized Representative: [redacted] Completed by Grants.gov upon submission. \* Date Signed: [redacted] Completed by Grants.gov upon submission.

Item 17.a and b:  
Model Design –  
12/04/12 - 06/03/13  
Model Testing –  
12/04/12 -06/03/16

Item 18: "Estimated Funding" shall contain the amount of Federal funding requested for the ENTIRE PERIOD of the project. (This is different from the 424 instructions)

Item 19: Check option "c" as Review by State Executive Order 12372 does not apply to these grants.

Other Attachment File(s)

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Upload the Other attachments PDF #3 file here.

\* Mandatory Other Attachment Filename:

Add Mandatory Other Attachment

Delete Mandatory Other Attachment

View Mandatory Other Attachment

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To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Optional Other Attachment

Delete Optional Other Attachment

View Optional Other Attachment

No additional documents should be submitted.



Per the FOA, this form is required. No attachments to this document are required.

[View Burden Statement](#)

OMB Number: 4040-0010  
Expiration Date: 08/31/2011

### Project/Performance Site Location(s)

**Project/Performance Site Primary Location**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

**Project/Performance Site Location 1**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

[Delete Entry](#)

[Next Site](#)

Additional Location(s)  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

## Project Abstract Summary

**Program Announcement (CFDA)**

93.624

**Program Announcement (Funding Opportunity Number)**

CMS-1G1-12-001

**Closing Date**

09/24/2012

**Applicant Name**

[Redacted]

**Length of Proposed Project**

[Redacted]

“6” (months) – Model Design  
“42” (months) – Model Testing

**Application Control No.**

[Redacted]

**Federal Share Requested (for each year)**

**Federal Share 1st Year**

\$ [Redacted]

**Federal Share 2nd Year**

\$ [Redacted]

**Federal Share 3rd Year**

\$ [Redacted]

**Federal Share 4th Year**

\$ [Redacted]

**Federal Share 5th Year**

\$ [Redacted]

**Non-Federal Share Requested (for each year)**

**Non-Federal Share 1st Year**

\$ [Redacted]

**Non-Federal Share 2nd Year**

\$ [Redacted]

**Non-Federal Share 3rd Year**

\$ [Redacted]

**Non-Federal Share 4th Year**

\$ [Redacted]

**Non-Federal Share 5th Year**

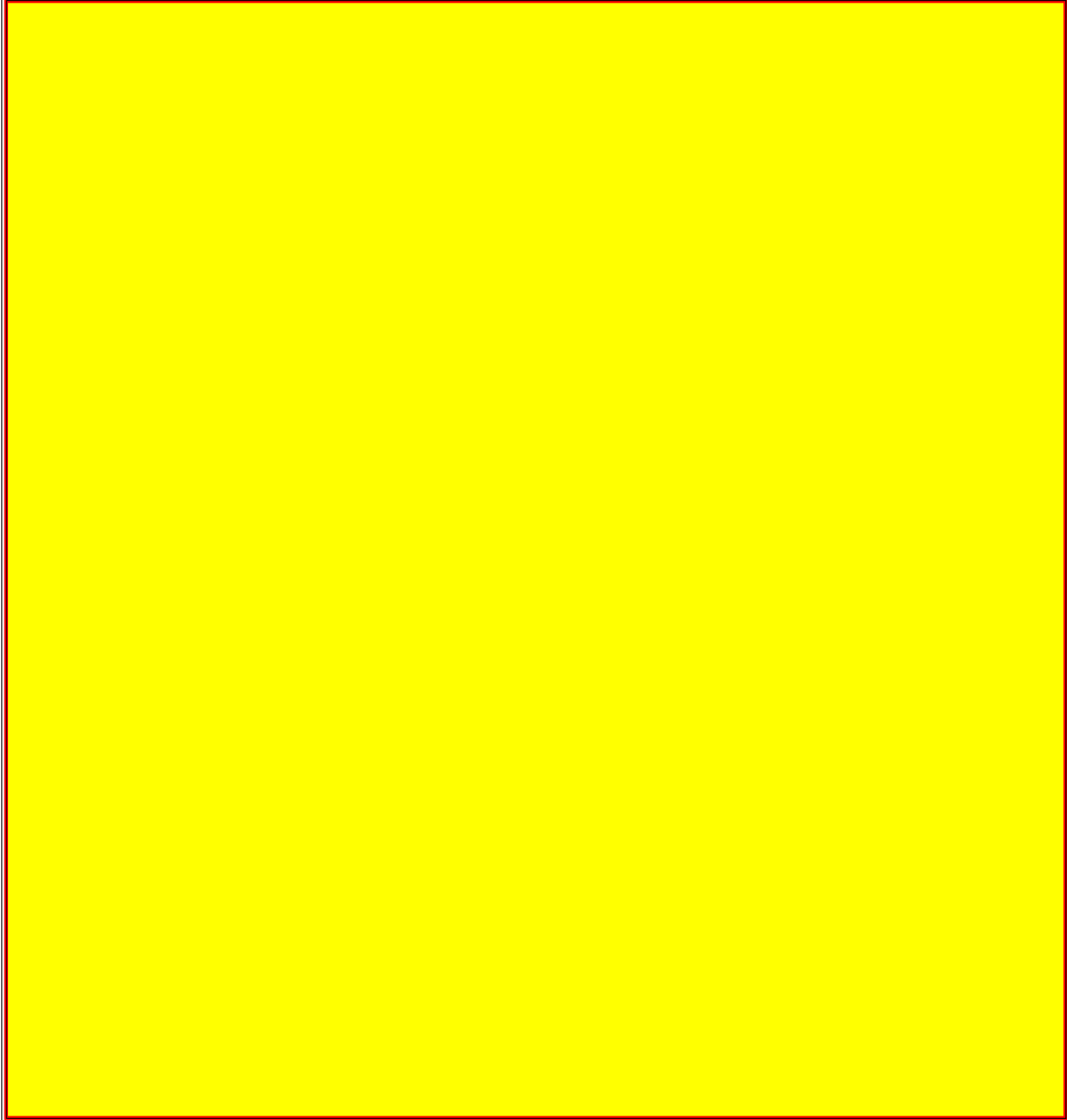
\$ [Redacted]

**Project Title**

[Redacted]

## Project Abstract Summary

Project Summary



Estimated number of people to be served as a result of the award of this grant.

Complete this required form for lobbying activities by applicant and subgrantees.

For organizations and subgrantees with no lobbying activities, see instructions for ^10a & 10b below.

Close Form

### DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

#### Review Public Burden Disclosure Statement

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name [Redacted] * Street 1 [Redacted] Street 2 [Redacted] * City [Redacted] State [Redacted] Zip [Redacted] Congressional District, if known: [Redacted]		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b> [Redacted]		
<b>6. * Federal Department/Agency:</b> [Redacted]	<b>7. * Federal Program Name/Description:</b> State Innovation Models Initiative CFDA Number, if applicable: 93.624	
<b>8. Federal Action Number, if known:</b> [Redacted]	<b>9. Award Amount, if known:</b> \$ [Redacted]	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix [Redacted] * First Name [Redacted] Middle Name [Redacted] * Last Name [Redacted] Suffix [Redacted] Street 1 [Redacted] Street 2 [Redacted] * City [Redacted] State [Redacted]		
<b>b. Individual Performing Services (including address if different from No. 10a)</b> Prefix [Redacted] * First Name [Redacted] Middle Name [Redacted] * Last Name [Redacted] Suffix [Redacted] Street 1 [Redacted] Street 2 [Redacted] * City [Redacted] State [Redacted]		
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is required for all transactions for which the Federal Government provides financial assistance. This disclosure is required pursuant to the Congress semi-annually and will be available for public release. 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.</b> * Signature: Completed on submission to Grants.gov * Name: Prefix [Redacted] * First Name [Redacted] Middle Name [Redacted] * Last Name [Redacted] Suffix [Redacted] Title: [Redacted] Telephone No.: [Redacted] Date: Completed on submission to Grants.gov		
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)	

Item 4: Enter applicant's name and address.

Item 6: Enter "CMS"

^Items 10.a and 10.b: Enter "Not applicable" in all required (i.e., yellow) fields (if no lobbying activities).

Item 11: Enter first and last name of individual authorized to submit application.

Upload the PDF #1 file in this field.

**Project Narrative File(s)**

---

\* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

No additional documents should be submitted.

Upload the PDF #2 file in this field:

Budget Narrative File(s)

---

\* Mandatory Budget Narrative Filename:

---

To add more Budget Narrative attachments, please use the attachment buttons below.

No additional documents should be submitted.

Follow 424a instructions; Complete Row 1, Column a, b, e, f and g for the entire budget period.

View Burden Statement

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006  
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

	Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
			Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.			\$	\$	\$	\$	\$
2.							
3.							
4.							
5.	Totals		\$	\$	\$	\$	\$

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**SECTION B - BUDGET CATEGORIES**

**Model Design – Complete columns 1 & 5**  
**Model Testing – Complete columns 1-5,**  
**Columns 1-4 for each budget period**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]
b. Fringe Benefits	[ ]	[ ]	[ ]	[ ]	[ ]
c. Travel	[ ]	[ ]	[ ]	[ ]	[ ]
d. Equipment	[ ]	[ ]	[ ]	[ ]	[ ]
e. Supplies	[ ]	[ ]	[ ]	[ ]	[ ]
f. Contractual	[ ]	[ ]	[ ]	[ ]	[ ]
g. Construction	[ ]	[ ]	[ ]	[ ]	[ ]
h. Other	[ ]	[ ]	[ ]	[ ]	[ ]
i. Total Direct Charges (sum of 6a-6h)	[ ]	[ ]	[ ]	[ ]	\$ [ ]
j. Indirect Charges	[ ]	[ ]	[ ]	[ ]	\$ [ ]
k. TOTALS (sum of 6i and 6j)	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]
7. Program Income	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]	\$ [ ]

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS	
8.		\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b)First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

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Prescribed by OMB (Circular A -102) Page 2

**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.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>[Redacted]</p>
<p>* APPLICANT ORGANIZATION</p> <p>[Redacted]</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

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