

EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210	CLASSIFICATION SCSEP
	CORRESPONDENCE SYMBOL OWI-DAS
	DATE April 29, 2008

TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 26-07

TO: ALL SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) GRANTEES

FROM: BRENT R. ORRELL *Brent R. Orrell*
Acting Assistant Secretary

SUBJECT: Program Year 2008 Planning Instructions and Allotments for All SCSEP Grant Applicants

1. **Purpose.** The purpose of this guidance is to provide all SCSEP grant applicants with application instructions and procedures for Program Year (PY) 2008, beginning July 1, 2008.
2. **Reference.** The following references may be used for additional information: 2006 Older Americans Act (OAA) Amendments, Pub. L. 109-365, 42 USC 3056 et. seq., 20 CFR 641; SCSEP Performance Accountability Interim Rule, 72 Federal Register 35831 (June 29, 2007); Training and Employment Guidance Letter (TEGL) 4-07.
3. **Background.** The United States Department of Labor (DOL) decided to streamline the grant planning instructions in order to achieve a more efficient grant application and review process for PY 2008. DOL has developed a list of Programmatic Assurances, as delineated in Attachment C, that will enable applicants to certify their conformance with standard grant requirements by check mark. As a result, the narrative requirements have been substantially reduced from prior PYs, thus relieving applicants of the unnecessary burden of restating standard grant requirements.
4. **New Approach for Narrative.** For PY 2008, DOL chose a targeted approach to narrative requirements. It will only require narratives from all applicants in certain critical subject areas that are universally essential for effective grant

RESCISSIONS:	EXPIRATION DATE: Continuing
---------------------	------------------------------------

operation and that can vary significantly from grantee to grantee (see Attachment B). The Employment and Training Administration (ETA) has critical policy objectives in some of these areas, and grantees are asked to address these objectives as well. ETA will also require individual narratives from any applicant that has special requests in one or more of the following areas: 1) a waiver to use up to an additional 10 percent of grant funds for additional training and supportive services; 2) a request for an increase in the amount available for administrative costs from 13.5 to 15 percent; 3) a request to impose a lower durational limit for participants than the statutory 48-month limit; 4) a request to utilize the on-the-job-experience training option; and 5) any request for cross-state border agreements to permit cross-state border enrollment of eligible participants. (See Attachment D)

5. Regional Innovation, Economic Competitiveness, and the SCSEP. ETA's policy and strategic priorities continue to reflect the vital role that regional economies play in innovation and economic growth. In regional economies across the country, employers are placing an increasing emphasis on hiring older workers; this focus will only increase in the future as employment opportunities expand and current workers retire. ETA continues to encourage applicants to support the WIRED framework by preparing SCSEP participants for employment opportunities in industries and occupations that are important in the regions in which they are providing SCSEP. Preparing SCSEP participants for these positions helps support the continued health of regional economies, while ensuring that participants have the skills they need to enter and remain in the labor market. There are several strategies that SCSEP grantees can utilize to help participants pursue these employment opportunities, including identifying key occupations for SCSEP participants in identified industries in the regions in which they are providing services and placing participants in these positions once they are ready to enter the labor market. The narrative instructions ask grantees to describe regions in which they will implement SCSEP, and identify specific ways in which their strategies will be aligned with key industries and occupations in their regions.

6. Grant Application Procedures. All SCSEP grant applicants must submit a grant application package in order to be funded. The Grant Officer will not approve a grant application for funding that fails to provide any of the required information outlined in this guidance. Attachments to this guidance provide detailed instructions.

A complete grant application package must contain the following:

- A narrative in accordance with Attachment B;

- Programmatic Assurances (Attachment C); and
- A signed SF-424 Form, Application for Federal Assistance and an SF-424A Form with a detailed budget narrative. (Attachment G)

If an applicant has a special request(s) as referenced in Section 4, an individual narrative(s) to support such request(s) must be submitted. (See Attachment D.)

Grantees should not include updated manuals and operating procedures in the application submission. SCSEP Federal Project Officers (FPOs) may request these under separate cover. (See Attachment I.)

The Grant Officer will incorporate the Programmatic Assurances in the grant agreement when the grant is returned to the applicant for signature.

7. **Grant Application Intergovernmental Reviews.** In accordance with Section 502(d) of the OAA as amended in 2006 (the 2006 OAA Amendments), applicants must share applications on an intrastate basis and provide appropriate Area Agencies on Aging (AAAs) with copies of the SF-424, Application for Federal Assistance, including a summary of the project locations and an explanation of the services that the applicant will provide in each state. In addition, state applicants should follow procedures established by Executive Order 12372, which implements the Single Point of Contact (SPOC) system, unless the state SPOC has waived this requirement. Applicants should include documentation supporting these requirements with the grant application.
8. **PY 2008 Program Allotments.** See Attachment H for funding levels and authorized positions.
9. **Method of Submission.** Applicants must submit hard copy applications via overnight delivery and must provide an original and one copy of each document in the grant application package. Applicants must also submit electronic copies of their applications to ETA.SCSEP2008GRANTS@DOL.GOV and to their SCSEP FPOs.
10. **Eligibility Review/Responsibility Review/Grant Application Review.** DOL will conduct a pre-award eligibility review, responsibility review, and grant application review as provided at Section 514 of the 2006 OAA Amendments and 20 CFR 641.430-440 of the current regulations. The Department will not designate applicants as grantees for PY 2008 if they:

- Fail to meet the eligibility tests of Section 514(c) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.430 of the current regulations; or
- Fail to meet the responsibility tests of Section 514(d) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.440 of the current regulations; or
- Fail to submit an application that meets the requirements of the statute and this TEGL.

11. Performance Improvement Plans (PIPs). In the interests of continuous improvement and to help support grantees' efforts to provide the highest level of service provision to participants, grantees will be asked to submit PIPs if ETA projects that they will not meet all of their performance goals and/or are projected to fall below a standard rate for data quality. PIPs will be required for these selected grantees for failure to meet one or more of six measures and data quality requirements, based on analysis to be conducted in May 2008. (See Attachment E.) PIPs will be submitted separately from this application and are due June 30, 2008, after DOL conducts the Quarter (Q) three analysis of all grantees performance and negotiates final goals for PY 2008. PIPs must be approved and incorporated into the PY 2008 grant agreement by September 30, 2008.

12. Schedule. Applicants must comply with the following timetable:

- Provide the SF-424 and SF-424A Grant Application forms and narrative to the State Office on Aging and the Area Agencies on Aging no later than the date of submission to the Department of Labor/ETA, Division of Adult Services; and
- The PY 2008 grant application, with the exception of any required PIP, must be submitted to the United States Department of Labor, Employment and Training Administration, Office of Workforce Investment, Division of Adult Services no later than May 16, 2008. However, applicants are encouraged to submit their applications as soon as possible.

Complete application packages must be transmitted by overnight delivery to:

Ms. Alexandra Kielty
 Division of Adult Services
 U.S. Department of Labor

200 Constitution Avenue, N.W.
Room S-4209
Washington, D.C. 20210

As indicated in Section 8 of this issuance, electronic copies of the complete PY 2008 grant application package must also be transmitted to the appropriate SCSEP FPO and to ETA.SCSEP2008GRANTS@DOL.GOV. PIPs, if required, must be submitted electronically to the appropriate SCSEP FPO and to ETA.SCSEP2008GRANTS@DOL.GOV. PIPs must be submitted no later than June 30, 2008.

13. Action Required. Applicants for PY 2008 SCSEP national and state SCSEP grants must submit applications by May 16, 2008. Applicants that are required to submit PIPs must submit those documents by June 30, 2008.

14. Inquiries. Questions may be directed to the appropriate SCSEP FPO.

15. Attachments.

Attachment A: Table of Contents

Attachment B: Narrative Instructions

Attachment C: Programmatic Assurances

Attachment D: Special Requests

Attachment E: Performance Improvement Plan Requirements

Attachment F: Budget Information Instructions

Attachment G: Standard Forms SF-424 and SF-424A

Attachment H: Authorized Positions and Funding

Attachment I: SCSEP Federal Project Officers

**ATTACHMENT A
TABLE OF CONTENTS**

ATTACHMENT B-NARRATIVE INSTRUCTIONS (Required for All Applicants)

1. Geographic Areas to be Served
2. Regional Economic Overview
3. Community Service Employment Assignments
4. Supportive Services
5. Placement and Retention Strategies
6. Collaboration and Leveraged Resources
7. Service to Minorities
8. Organizational Structure, Monitoring and Audits

ATTACHMENT C-PROGRAMMATIC ASSURANCES (Required for All Applicants)

ATTACHMENT D-SPECIAL REQUESTS (If Applicable)

1. Additional Funds for Training and Supportive Services
2. Increase in Administrative Cost Limitations
3. Reduced Maximum Participant Durational Limits
4. On-the-Job Experience Requirements
5. Cross-Border Agreements

ATTACHMENT E-PERFORMANCE IMPROVEMENT PLAN REQUIREMENTS
(Based on Performance Assessment)

1. Community Service
2. Entered Employment Rate
3. Retention
4. Average Earnings
5. Service Level
6. Most in Need
7. Data Collection and Reporting

ATTACHMENT F-BUDGET INFORMATION INSTRUCTIONS

ATTACHMENT G-STANDARD FORMS SF-424 AND SF-424A

ATTACHMENT H-AUTHORIZED POSITIONS AND FUNDING

1. Authorized Position and Funding for State and Territorial Grantees
2. Authorized Positions for Non-Minority National Grantees, by state
3. Funding for Non-Minority National Grantees, by state
4. Authorized Positions for Minority National Grantees, by state
5. Funding for Minority National Grantees, by state

ATTACHMENT I-SCSEP FEDERAL PROJECT OFFICERS

ATTACHMENT B NARRATIVE INSTRUCTIONS

This attachment contains detailed instructions for the completion of a grant narrative. PLEASE READ EACH SECTION OF THE NARRATIVE INSTRUCTIONS CAREFULLY. NO GRANT WILL BE RECOMMENDED FOR FUNDING THAT FAILS TO PROVIDE THE INFORMATION REQUIRED BY THIS GUIDANCE.

FORMAT

Applications must be submitted to the National Office in hard copy, with an e-copy to ETA.SCSEP2008GRANTS@DOL.GOV and the appropriate regional FPO. The text of the application must be double-spaced with one-inch margins at the top, bottom, right, and left sides. Pages must be numbered. DOL permits the use of graphs, maps, and tables, but these must be properly labeled. In addition to using the required section headings, DOL encourages applicants to use brief topic headings for paragraphs in the text. The narrative may not exceed 20 pages in length, excluding all attachments (including Geographic Areas to be Served).

CONTENT

Content guidelines for the narrative are discussed in the following sections. The content must be concise and relevant. This is consistent with DOL's targeted approach for PY 2008, limiting application requirements to those subject areas that are critical to each applicant.

NARRATIVE

This section requires information from the applicant about the activities of the grant and the methods and procedures that the applicant will use to implement grant operations.

Provide a description of each area, grant function, or activity, as appropriate. You must provide adequate descriptions for the reviewer to ascertain how you will implement the grant.

ALL APPLICANTS MUST PROVIDE A NARRATIVE FOR THE FOLLOWING SUBJECT AREAS:

- (1) **Geographic Areas to Be Served**. List the cities and counties where you will conduct the grant. Include the number of SCSEP authorized positions that you will establish in each jurisdiction. For those applicants with a project located in a city but also serving surrounding counties (or other jurisdictions), the authorized positions for the surrounding counties/jurisdictions must be listed as well. Please indicate where the Department has changed authorized positions from the prior year. Also include a list of how many slots are filled and the number that are vacant. This information must be submitted in an Excel spreadsheet as a separate attachment.

- (2) **Regional Economic Overview**. Use up-to-date information to provide an overview of the labor market and economic landscape of the regions in which you will implement your SCSEP grant. Your overview should identify industries that are growing in these regions, have high levels of total employment, or are otherwise important to the success of the economies of these regions, and labor market information for specific occupations in those industries that offer career opportunities for SCSEP participants. For those occupations that offer career opportunities for SCSEP participants, please identify the total number of current jobs as well as the total number of projected jobs. If you are a national grantee and serve states or multi-state areas with more than three regions or if you are a state grantee serving multiple regions, you only need to provide this information for three of the regions in your service area. These applicants are only asked to provide information for three regions in their application given the limited time available to prepare this document. However, applicants must complete this regional economic overview for each region in which they will implement their SCSEP grant, and must use this analysis to help guide them in their provision of SCSEP services. Supporting documentation, such as detailed data, can be submitted as a separate attachment.

- (3) **20 CFR 641.535(a)(4), Assignment to Community Service Employment Activities In Host Agencies**. Describe how participants will be assigned to community service employment activities and receive training that will prepare them for unsubsidized employment. Include such factors as:
 - (a) Types of community service employment activities that you will emphasize in assigning participants and why and how they were chosen, including their value to the community;

- (b) How you ensure that community service employment assignments are linked to participants' assessments and IEPs;
 - (c) Describe how you work with host agencies to develop community service employment assignments that provide participants with training in skills which they need to pursue employment opportunities; and
 - (d) Discuss how you ensure that community service employment assignments help prepare participants for employment opportunities in the regional economy.
- (4) **20 CFR 641.545, Supportive Services.** Describe the supportive services that you will offer to help participants obtain and retain an unsubsidized job. Identify the supplier(s) of these services. Identify the criteria for determining when participants get supportive services, including after obtaining unsubsidized employment.
- (5) **Placement and Retention Strategies.** Describe your strategies for placing participants into unsubsidized employment. Please describe the following:
- (a) Specific strategies for placing participants in industries and occupations in your regional economy, including industries and occupations that are important to the success of the regional economy;
 - (b) Occupations on which you will focus that have established career pathways, and a brief description of the key steps in those career pathways;
 - (c) Specific strategies that you will use to develop and maintain close relationships with employers; and
 - (d) Strategies for helping participants retain positions once they have entered the labor market.
- (6) **Collaboration and Leveraged Resources.** Describe how you will collaborate with other organizations to maximize opportunities for SCSEP participants to obtain workforce development, education, and supportive services and to help them move into unsubsidized employment. Identify key partners with whom you will collaborate, and the specific services and/or resources that these organizations offer

that you will utilize. Specifically describe your strategies for developing partnerships and the nature of your collaboration with Workforce Investment Boards and One-Stop Career Centers. Other partners could include vocational rehabilitation providers, basic education and literacy providers, and community colleges. As part of your description, estimate the total amount of resources that you will leverage from these organizations to maximize the impact of the SCSEP program.

(7) **Older Americans Act Section 515, Service to Minorities**. Each applicant must include a detailed description of its efforts to enroll minority individuals and to ensure that minority participants achieve outcomes similar to those achieved by non-minority participants. Applicants must also describe factors that have affected their enrollment of minorities and the outcomes of minorities, and if there has been any change in enrollment levels or outcomes during PY 2007, to what those changes are attributed.

(8) **Organizational Structure, Monitoring and Audits**.

(a) Describe your organizational structure:

- Identify the key staff involved in the grant, and briefly identify their primary responsibilities and the amount of time they are assigned to the grant;
- Include an organizational chart depicting the key staff that are involved in the grant (this can be included as an attachment); and
- Indicate if you have sub-recipients or local affiliates implementing the grant. If you do have sub-recipients or local affiliates implementing the grant, include a chart or table indicating who they are, where they are located, the number of authorized positions for which they are responsible, and if they have experience implementing SCSEP.

(b) Provide the dates of your most recent monitoring and audit reports.

ATTACHMENT C PROGRAMMATIC ASSURANCES

The programmatic assurances delineated below reflect standard grant requirements— i.e., those that are required by law or those that are consistent with sound program practices. The applicant certifies by check mark that its agency or organization will conform to the following assurances and will continue to conform to these assurances throughout the period of this grant:

Participant-Related Assurances

Recruitment and Selection of Participants

- The agency or organization has developed and implemented methods for recruiting and selecting participants that assure that the maximum number of eligible individuals have an opportunity to participate in the program.
- The income definitions and income inclusions and exclusions for determining SCSEP eligibility, as described in TEGL 12-06, are used to determine and document participant eligibility. TEGL 12-06 may be accessed on www.doleta.gov/seniors under Technical Assistance.
- The applicant has developed strategies to recruit applicants who have priority for service as defined at Older Americans Act (OAA) Section 518(b)(1)-(2). Priority is to be afforded to individuals who are 65 years of age or older or:
 - (a) Have a disability;
 - (b) Have limited English proficiency or low literacy skills;
 - (c) Reside in a rural area;
 - (d) Are veterans or spouses of veterans as defined in 20 CFR 641.520(a)(2);
 - (e) Have low employment prospects;
 - (f) Have failed to find employment after utilizing services provided through the One-Stop Delivery System; or
 - (g) Are homeless or are at risk for homelessness. OAA sec. 518(b)(1)-(2)

Assessment

- Assesses participants at least two times per 12 month period.
- Uses assessment information to determine the most appropriate community service assignments for participants.

Individual Employment Plan (IEP)

- Establishes an initial goal of unsubsidized employment for all participants.
- Updates the IEP at least as frequently as the assessments.

Community Service Employment Assignment (CSEA)

- Ensures that the initial CSEA is based on the assessment done at the time of enrollment.
- Uses the IEP as the basis for determining when, as appropriate, to rotate participants through assignments within a CSEA or to other CSEAs to acquire the skills necessary to obtain unsubsidized employment.
- Selects host agencies that are designated 501(c)(3) organizations or public agencies.
- Has procedures in place for assuring adequate supervision of participants at the host agencies.
- Has procedures in place to ensure safe and healthy working conditions.

Recertification of Participants

- Recertifies the income eligibility of each participant at least once every 12 months, or more frequently if circumstances warrant.
- Has a written policy setting forth actions to be taken to deal with those found to be ineligible (including notification of their right to appeal the finding).

Physical Examinations

- Offers physicals to participants upon program entry and each year thereafter as a benefit.
- Obtains a written waiver from each participant who declines to have a physical.

Orientation

- Provides orientations for its participants and host agencies which include information on:

Participant Orientation

- Project goals and objectives
- Community service employment assignments
- Training opportunities
- Available supportive services
- The availability of a free physical examination
- Participant rights and responsibilities
- Host Agencies

- Sub-recipients provide sufficient orientations, that may include the following information:
 - Grantee and local project roles, policies and procedures
 - SCSEP goals and objectives
 - Role of supervisors
 - Evaluation of participant progress
 - Provision of safe working environment
 - Annual monitoring and safety assessment
 - Documentation requirements
 - Termination policies
 - Grievance procedures

Participant Benefits

- Provides benefits that are required by State or Federal law (such as workers' compensation or unemployment insurance), and the costs of physical examinations.
- Has established written policies relating to compensation for scheduled work hours during which an applicant's or sub-recipient's business is closed for Federal holidays.
- Has established written policies relating to necessary sick leave that is not part of an accumulated sick leave program.
- Does not use grant funds to pay the cost of pension benefits, annual leave, accumulated sick leave, or bonuses.

Durational Limits

Average Participation of 27 Months

- Complies with an average participation cap for eligible individuals (in the aggregate) of 27 months.

Maximum Duration of Program Participation 48 Months

- Complies with the requirement that participants may participate in the program no longer than 48 months in the aggregate (whether or not consecutive) unless the participant receives a waiver of this requirement.
- Notifies participants of its policy pertaining to the maximum duration requirement at the time of enrollment.
- Allows participants a 48-month maximum lifetime participation in SCSEP unless it has applied for a waiver to establish a lesser maximum duration of program participation.

Termination Procedures

- Grantees will provide a reason for termination and inform participants of grievance policies. An IEP termination policy must be approved by DOL prior to implementation.

Written termination policies are in effect for:

- Provision of false information (immediate)
- Incorrect initial eligibility determination (30 days written notice)
- Income ineligibility determined at recertification (30 days written notice)
- Cause (immediate or corrective action, depending on infraction)
- If applicable and there are no extenuating circumstances that would hinder the participant from moving to unsubsidized employment, refusal to accept a reasonable number of job offers or referrals to unsubsidized employment consistent with the IEP

Over-enrollment

- Manages over-enrollment to minimize impact on participants and avoid layoffs.

Administrative Systems

- Communicates grant policy, data collection, and performance developments and directives to staff and sub-recipients and/or local project operators.
- Has developed a written monitoring tool and procedures for its SCSEP grant that lists items to be reviewed during monitoring visits, and provided this tool to sub-recipients and/or local project operators.
- Has developed a monitoring schedule, notified sub-grantees and/or local project operators of its monitoring plans, and monitors sub-grantees and/or local project operators on a regular basis.

- Provides training to increase sub-recipients' and/or local project operators skills, knowledge, and abilities.
- Prescribes corrective action and follow-up procedures for sub-recipients and/or local project operators to ensure that identified problems have been remedied, when appropriate.
- Monitors the financial systems and expenditures of sub-recipients and/or local project operators on a regular basis.
- Ensures that sub-recipients and/or local project operators receive adequate resources to effectively operate local projects.
- Has trained sub-recipients and/or local project operators on SCSEP financial requirements to help them effectively manage their own expenditures, and provides more general financial training as needed.
- Ensures that all financial reports are accurate and are submitted in a timely manner.

Sub-recipient Selection (if applicable)

- In areas where a substantial population of individuals with barriers to employment exists, a national grantee shall, in selecting sub-recipients, give special consideration to organizations (including former recipients of such national grants) with demonstrated expertise in serving individuals with barriers to employment, as defined in the statute.

Complaint Resolution

- Uses established written grievance procedures for complaint resolution for applicants, employees and participants.
- Provides applicants, employees and participants with a copy of such procedures.

Maintenance of Effort

- Does not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals not participating in the program.
- Does not displace currently employed workers (including partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits).
- Does not impair existing contracts or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed.

- Does not assign or continue to assign any eligible individual to perform the same work or substantially the same work as that performed by any other individual who is on layoff.

Procedures for Payroll and Payment of Workers' Compensation

- Makes all required payments for payroll and Workers' Compensation premiums on a timely basis.
- Ensures that host agencies do not pay Workers' Compensation costs for participants.

Maintenance of Files and Privacy Information

- Maintains participant files for three (3) years after the program year in which all follow-up activity for a participant has been completed.
- Participant records are securely stored and access is limited to appropriate staff to safeguard personal identifying information.
- Safeguards to preclude tampering with electronic media are established (e.g., Personal Identification Numbers (also known as "PINs")) for recordkeeping.
- Complies with, and ensures that authorized users under its grant comply with all SPARQ access and security rules.

Documentation

- Maintains documentation of waivers of physical examinations by participants.
- Maintains documentation of the provision of complaint procedures to participants.
- Maintains documentation of eligibility determinations and re-determinations.
- Maintains documentations of terminations and the reasons for such terminations.
- Maintains records of grievances and outcomes.

Data Collection and Reporting

- Ensures that accurate data are submitted timely for the Quarterly Progress Reports (QPRs) and the final QPR.
- Ensures that those capturing and recoding data are familiar with the latest instructions for data collection, including Department administrative issuances, such as Older Worker Bulletins, TEGs, the Data Collection Handbook and Internet postings.

- Legally obligates sub-recipients to turn over complete data files in the specified electronic format, as well as hard copy case files, to the grantee at the time that the sub-recipient ceases to administer SCSEP.
- Legally obligates any new sub-recipients to enter complete data related to any participants whom they acquire upon becoming sub-recipients.
- Non-Web Data Collection System users ensure that accurate data are uploaded to SPARQ in accordance with Department timelines and administrative guidance.

If the applicant has not checked a specific box(es) herein, information must be provided on a separate attachment indicating what specific steps it will take to conform with this standard grant requirement(s).

Signature of Authorized Representative

ATTACHMENT D SPECIAL REQUESTS

ANY APPLICANT THAT HAS SPECIAL REQUESTS IN ONE OR MORE OF THE FOLLOWING AREAS MUST SUBMIT SUCH REQUESTS AND ANY SUPPORTING DOCUMENTATION AS A SEPARATE ATTACHMENT(S) TO THEIR PY 2008 APPLICATION.

- (1) **Older Americans Act Section 502(c)(6)(C), Additional Funds for Participant Training and Supportive Services.** Any applicant that wishes to request such additional funds must provide the specific information listed in this section. In addition, any applicant that requests these additional funds for participant training and/or supportive services should not submit a separate budget narrative for these activities. Instead, their application's detailed budget narrative should identify the specific training and/or supportive service activities that they intend to provide to participants if their request is accepted. Costs associated with this request should also be included in their SF 424 and 424A. (See Attachment F.)

The 2006 Amendments permit an exception to the 75 percent minimum level of expenditures on participant wages and fringe benefits that allows grantees to request to use not less than 65 percent of program funds for wages, benefits, and other costs, so that up to an additional 10 percent of funds are available for training and supportive services for the direct benefit of participants. As required in Section 502(C)(6)(C)(IV), applicants interested in seeking this waiver must provide a work plan that includes the following:

- (a) A detailed description of the additional training and supportive services;
- (b) An explanation of how such activities will directly benefit participants, improve the effectiveness of the project and employment outcomes for individuals served;
- (c) A sequence and timeline for these activities;
- (d) If applicable, an explanation concerning whether any displacement of eligible individuals or elimination of positions for such individuals will occur, information on the number of such individuals to be displaced and of such positions to be eliminated; and
- (e) The performance measures that are expected to be improved by expenditure of additional funds and the amounts by which each

measure is expected to improve.

- (2) **20 CFR 641.870, Increase in Administrative Cost Limitations.** DOL may authorize an increase in the amount available for administrative costs to not more than 15 percent if it determines that it is necessary to carry out the project, and the applicant demonstrates that:
- (a) It is incurring major administrative cost increases in necessary program components; or
 - (b) The number of employment positions in the project or the number of eligible minority individuals participating in the project will decline if the amount available for paying the cost of administration is not increased; or
 - (c) The size of the project is so small that the amount of administrative expenses incurred to carry out the project necessarily exceeds 13.5 percent of the amount for such project.

General statements that costs have increased do not constitute adequate justification. The applicant must identify which costs have increased, why they have increased, and how these costs relate to program operations.

- (3) **OAA Sec. 518 (a)(3)(B)(i), Reduced Maximum Duration of Program Participation.** If an applicant wishes to impose a maximum duration of program participation of less than 48 months, it must request permission from the Department to do so in a separate attachment. Any such durational limit must be uniformly applied to all participants served by all of the applicant's local projects.
- (4) **On-the-Job Experience (OJE).** If an applicant wants to utilize On-the-Job Experience as an additional training option, it must meet the requirements delineated in Older Worker Bulletin 04-04. DOL must approve the On-the-Job Experience training option in the grant application before the grantee may exercise this option.
- (5) **20 CFR 641.500(b), Cross-Border Agreements.** State applicants may enter into agreements to permit cross-border enrollment of eligible participants. Such agreements must cover both state and national grantee slots and must be submitted for approval by the Department.

ATTACHMENT E PERFORMANCE IMPROVEMENT PLAN REQUIREMENTS

A Performance Improvement Plan (PIP) is required in the following instances:

- For five measures (community service, entered employment rate, retention, average earnings, and service level), a PIP is required for each measure in which the applicant is projected to achieve less than 100 percent of its PY 2007 goal based on the Quarter Three PY 2007 baseline analysis;
- For the most in need measure, because PY 2007 is a baseline year, a PIP is required if the baseline performance is below 100 percent of the nationwide baseline; and
- For data quality, a PIP is required for any grantee whose rejected record rate for the Quarter Three PY 2007 baseline analysis exceeds 2.5 percent of all records submitted.

The Department will conduct the analysis to determine which grantees must submit PIPs in May 2008 based on the Quarter Three PY 2007 baseline analysis. Applicants must submit PIPs to the Department by June 30, 2008. Federal Project Officers (FPOs) will then formally review and approve the PIPs, which will be incorporated into the PY 2008 grant agreements by September 30, 2008. Grantees that have produced improvement plans as a result of attending the PY 2007 Regional Technical Assistance sessions may update those plans with the approval of their FPO and submit them as PIPs.

Each PIP must start with a diagnosis of the current baseline performance and an explanation for the failure to obtain the expected level of performance. The plan must also describe in detail the action steps that the applicant will take to ensure that it meets its PY 2008 goal for the measure by addressing each of the barriers to good performance identified in the diagnosis section. If an applicant is required to submit a PIP for one or more measures, the applicant must indicate whether data issues are involved and, if so, how it will:

- Eliminate rejected records; and
- Ensure timely and accurate entry of all data into the SCSEP Performance and Results Quarterly Progress Report System (SPARQ) each quarter.

The applicant should address any and all of the following factors that are relevant to its performance on a given measure. For any PIP, grantees may reference specific provisions of their narrative in Attachment B or factors already discussed in a PIP for another measure without repeating the complete text of the

reference. Grantees must also explain how their improvement efforts for a given measure will not have negative consequences for performance on other measures.

Based on a diagnosis of performance, address the following factors that are relevant for each measure, below:

- (1) **Community Service**. Indicate what steps you will take to:
 - (a) Enroll a sufficient number of participants;
 - (b) Assign participants on average to 20 hours of community service per week;
 - (c) Reduce process time between assignments;
 - (d) Limit leaves of absence to those that are necessary and in accordance with grantee policies and ensure that leaves are of no longer duration than is appropriate to the circumstances;
 - (e) Enter leaves of absence into SPARQ; and
 - (f) Enter complete and accurate data on total paid hours into SPARQ each quarter.

- (2) **Entered Employment Rate**. Indicate what steps you will take to:
 - (a) Complete all Follow-up 1s at the start of the reporting quarter;
 - (b) Increase the percent of total exiters exiting for unsubsidized employment. This requires a detailed explanation of:
 - the applicant's approach to assessing the job readiness of participants and their barriers to employment;
 - the drafting and implementation of Individual Employment Plans (IEPs) that focus on helping the participant acquire the needed skills;
 - the initial community service employment assignment;
 - new IEP-driven community service employment assignments as participants acquire needed skills; and
 - the use of additional training, including On-the-Job Experience, to assist participants to become job-ready.
 - (c) Help participants find new jobs within the quarter after the exit quarter if their first job does not last into the quarter after the exit quarter;
 - (d) Track participants who were close to job ready but who exited for other reasons to help them obtain employment during the activity period;
 - (e) Provide active case management follow-up for participants throughout the entire 15-month follow-up period;
 - (f) Develop an employer relations plan that is tied to the regional economy and occupations in demand and that targets those local employers most likely to hire SCSEP participants;
 - (g) Recruit host agencies that can offer training assignments that reflect skills in demand in the regional economy;

- (h) Recruit host agencies that can offer a variety of training assignments that addresses the skill needs identified in participants' IEPs;
- (i) Recruit new host agencies that have the potential (budgets and turnover) to hire participants and establish an expectation that they will do so as their budgets permit;
- (j) Make appropriate use of the right of return or re-enrollment within 90 days; and
- (k) Address any other barriers that are affecting performance.

(3) **Retention.** Indicate what steps you will take to:

- (a) Complete all Follow-up 2s at the start of the reporting quarter;
- (b) Provide active case management follow-up for participants throughout the entire 15-month follow-up period;
- (c) Determine whether an employed participant needs supportive services and provide any needed services;
- (d) Ensure that initial placements are appropriate for the participant's skill level, interests, and special needs;
- (e) Help participants find new jobs within the second and third quarters after the exit quarter if their first job does not last into these quarters; and
- (f) Make appropriate use of the right of return or re-enrollment within 90 days.

(4) **Average Earnings.** Indicate what steps you will take to:

- (a) Complete all Follow-up 2s for all relevant employers at the start of the reporting quarter;
- (b) Provide active case management follow-up for participants throughout the entire 15-month follow-up period;
- (c) Determine whether an employed participant needs supportive services and provide any needed services;
- (d) Help participants find new jobs within the second and third quarters after the exit quarter if their first job does not last throughout these quarters;
- (e) Help participants find jobs with higher starting wages or negotiate future wage increases;
- (f) Encourage participants to find full-time work or work with sufficient hours to provide self-sufficiency; and
- (g) Track data on a regular basis to predict likely outcomes. Identify what specific data fields you will track and how you will do so.

(5) **Service Level.** Indicate what steps you will take to:

- (a) Maintain a robust exit rate that is IEP-driven;
- (b) Manage duration in program based on IEPs;
- (c) Develop and implement a written recruitment plan that does not rely on the applicant's traditional sources of recruitment. The recruitment plan must also be tied to the applicant's regional economic overview and specifically to the labor market analysis. New community partnerships and increased program visibility must be addressed. Relevant sections of this application may be specifically referenced and need not be repeated here if adequately covered elsewhere; and
- (d) Maintain a waiting list and reduce the time it takes to fill an open position.

(6) **Most in Need.** Indicate what steps you will take to:

- (a) Regularly determine when a participant has a new waiver factor;
- (b) Regularly review the characteristics of participants to identify where participants are not reflective of the local population or of SCSEP participants nationwide, which ever comparison group is more appropriate;
- (c) Develop and implement a written recruitment plan that focuses on recruiting participants with the priorities of service that will help the applicant meet its goal;
- (d) Maintain a waiting list of participants with barriers to employment; and
- (e) Ensure that participants with barriers to employment are given priority in enrollment.

(7) **Data Collection and Reporting.**

Any applicant that had a rejected record rate of more than 2.5 percent of all records submitted based on the Q3 PY 2007 analysis of baseline performance must submit a plan to reduce its rejection rate to 2.5 percent or less. The plan should address any and all of the following factors that are relevant to the data collection and reporting issue:

- (a) The steps the grantee will take to train grantee and sub-grantee staff in the proper use of the Data Collection Handbook, the SPARQ Users Guide, the Enrollment Data Quality Problems (EDQP) function and the Data Quality Report (DQR) to avoid and detect errors;

- (b) The data accuracy standard that the grantee requires of all of its sub-grantees;
- (c) The steps it is taking to ensure that all sub-grantees achieve that accuracy standard, and the consequences for a sub-grantee that fails to achieve the accuracy standard; and
- (d) For Non-Web Data Collection System (Non-WDCS) users that had a rejected record rate of more than 2.5 percent, the steps that they are taking at the grantee level to ensure quality control of the data submitted to SPARQ.

ATTACHMENT F BUDGET INFORMATION INSTRUCTIONS

The applicant must prepare the proposed budget using Standard Form (SF) 424 and 424A (available in Adobe Acrobat format <http://www.doleta.gov/sga/forms.cfm>).

Sections A, B, and C of the SF-424A must include budget estimates for the entire grant period. Consistent with the budget instructions for program year 2007, in sections A and B of the 424A applicants **must not** identify how costs are allocated among different functional areas, such as administration and participant wages and fringe benefits. However, applicants must continue to follow the program requirements regarding the expenditure and reporting of funds, including requirements regarding the proportion of funds to be spent in each functional area.

The following instructions are intended to clarify the process of completing the SF-424 grant application and the SF-424A budget form. The current authorizing legislation and regulations should be reviewed as well as OW Bulletin No. 00-20, Allocation of Indirect Costs. Sufficient funding for administrative costs must go to the local levels of program operation.

CLARIFYING INSTRUCTIONS FOR STANDARD FORM 424

If additional space is needed to complete an item, insert an asterisk and use an extra sheet of paper. For the most part, this form is self-explanatory. Grantees must complete all required items, which are identified with asterisks, as well as those items that are not required but are noted below.

Item 1. For type of submission, check "Application."

Item 2. For type of application, check "New."

Item 10. For name of federal agency, list "U.S. Department of Labor, Employment and Training Administration."

Item 12. The funding opportunity number is indicated in the Program Year 08 Funding Application TEGL.

Item 14. This item must be completed; grantees should list all areas where authorized positions are located.

Item 18. The Federal funding for Program Year 2008 for all applicants is listed in Attachment H.

CLARIFYING INSTRUCTIONS FOR STANDARD FORM 424-A

Section A - Budget Summary

Lines 1, Columns (a) and (b).

Under Column (a), enter "SCSEP."

Under Column (b) on Line 1, enter "17.235".

Line 1, Column (c) through (g). Leave Columns (c) and (d) blank. Enter in Columns (e) (Federal), and (f) (Non-Federal) the appropriate amount of funds needed to support the project for the grant period, and in column (g) enter the total.

Lines 2 - 4. Leave these lines blank.

Line 5. Show totals for Columns (e), (f), and (g). The non-federal share must be no less than 10 percent of the total cost of the project. The legislative requirement is found in section 502(c)(1) of the OAA Amendments. Rules regarding States and non-Federal funds are found in the administrative regulations, 29 CFR Part 97. Please indicate as a remark (on Line 23) the specific source(s) and amounts (if known) of any non-Federal funds and include this information in the detailed budget narrative.

Section B - Budget Categories

Consistent with the program year 2007 budget instructions, in section B of the SF-424A applicants **must not** identify how grant funds are budgeted by functional area (such as participant wages and fringe benefits), but instead should note the total amount of funds for each object class category (e.g. personnel, fringe benefits, travel). Section B should include costs for both grant funds and the non-Federal share provided, and costs should only appear in column 1 (and not in columns 2 - 4).

Lines 6a through 6h, Column 1. Show the estimated amount of funds for each direct object class category. All costs to be incurred under contracts or sub-grants should be reflected in line 6f (Contractual). For the purposes of this budget, costs associated with participant wages and fringe benefits should be categorized the following ways:

- When a participant has a community service employment assignment at the grantee's facilities and is considered an employee of the grantee, then participant wage costs should be listed in "Personnel" and fringe benefits in "Fringe Benefits"
- When a participant has a community service employment assignment at a host agency or sub-recipient's facilities, but is considered an employee of the grantee, then participant wage costs should be listed in "Personnel" and fringe benefits in "Fringe Benefits"
- When a participant has a community service employment assignment at a host agency or sub-recipient's facilities, and is considered an employee of the host-agency or sub-recipient, then participant wage and fringe benefit costs should be listed in "Contractual"

Line 6i, Column 1. Show the total of entries made for lines 6a through 6h.

Line 6j, Column 1. Show the amount of indirect costs. A copy of the current indirect cost rate agreement must be sent with the application. Applicants that do not have an indirect cost rate, but have more than one source of funds, are required to contact the Department of Labor's Division of Cost Determination to determine the process to follow to apply for an indirect cost rate.

Line 6k, Column 1. Enter the total of the amounts indicated on lines 6i and 6j. For all applications, the total amount in Column (1), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5.

Lines 6a through 6h, Column 5. Once column 1 is complete, complete the corresponding lines in column 5. Column 1 and column 5 should be completely consistent.

Line 7. Do not enter an estimate of program income expected to be generated from this grant. **Note:** Income generated by SCSEP projects must be used for SCSEP activities.

Section C – Source of Non-Federal Resources

Line 8. Enter amounts of non-Federal resources that will be used in the grant; do not break down non-Federal resources by functional area.

Column (a). Enter "SCSEP."

Column (b). Enter the amount of cash and/or in-kind contributions to be made by the applicant.

Column (c). Enter the State(s) contribution. Note: State grantees would note their contributions in column (b).

Column (d). Enter the amount of cash and/or in-kind contributions to be made from all other sources.

Column (e). Enter totals of Columns (b), (c), and (d). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Line 12. In each column enter the same figure entered in Line (8).

Section D - Forecasted Cash Needs

Make no entries.

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

Make no entries.

Section F - Other Budget Information

Line 21 - Direct Charges. In the space provided type "A detailed budget narrative is attached."

A detailed budget narrative is required with the grant application package. The detailed budget narrative should reflect the SF-424A, with information presented by line item and category. Applicants must provide detail for all line items, and should show costs to be incurred at the national, state, and local level. It is important that applicants indicate how specific costs are linked to the outcomes that the applicants hope to achieve through their grants. The detailed budget narrative should also indicate the specific kinds of non-Federal resources being used to support the grant, such as the provision of office space or the salaries of project staff, and the organization(s) providing them. When specifying the non-Federal resources being used to support the grant, applicants should indicate both cash and in-kind contributions. The detailed budget narrative should clearly differentiate between those costs that are supported with Federal funds and those costs that are supported with non-Federal resources. All applicants should have available for inspection the basis for their estimated costs by line item (including the detail for the "Other" line item).

Applicants requesting approval to use not less than 65 percent of grant funds for wages, benefits, and other costs, so that up to an additional 10 percent of grant

funds are available for participant training and/or supportive services, as specified in OAA 2006 Section 502(c)(6)(C), should not submit a separate budget narrative for these activities. Instead, their detailed budget narrative should identify the specific training and/or supportive service activities that they intend to provide to participants if their request is accepted. Applicants should indicate costs associated with these specific participant training and/or supportive service activities when providing detail for individual line items. In addition, applicants should also indicate in their budget narrative the total amount and percentage of grant funds that will be spent on this training and supportive service provision.

Applicants should not indicate which functional areas specific costs are associated with (i.e. administration, participant wages and fringe benefits, and other participant costs). Instead, applicants should simply provide a one line summary in their narrative of the total grant funds being spent in each functional area, or include a chart similar to the one below. If grantees include a chart similar to the one below, when they indicate costs they should indicate both total grant funds and the percentage of grant funds being expended on those costs.

Total Amount of Federal Grant	Administration Costs - Headquarters	Administration Costs - Local	Participant Wages and Fringe Benefits Costs	Other Participant Costs

The applicant may consult with its Federal Project Officer regarding the needed level of detail. ETA's Region 2 developed a helpful budget tool which was sent out to all grantees by e-mail in 2007 and will be transmitted again by e-mail after this TEGL is issued. Grantees are strongly encouraged to utilize this tool in developing their budget narratives. In categorizing costs and their applicability, all sponsors must follow OAA 2006 Section 502(c) and the Regulations at 20 CFR Part 641 Subpart H, sections 641.847 - 641.876. Please also see the discussion of administrative costs in the One-Stop Comprehensive Financial Management Guide at http://www.doleta.gov/sga/pdf/FinalTAG_August_02.pdf, pages II-5-3 to II-5-6.

Other considerations: Successful applicants are expected to attend Department - sponsored training and should prepare their budgets accordingly. For example, grantees should allocate funds to attend the meeting for SCSEP grantees to be held in conjunction with the Workforce Innovations conference in 2008.

Line 22 - Indirect Charges. Enter the type of indirect rate (provisional, predetermined, final, or fixed) that will be in effect during the grant period, and the nature and the amount of the base to which the rate is applied, and the total indirect charges. Include a copy of your agency's approved indirect cost rate agreement. It should cover the entire grant period. If not, state that a new one will be provided when available.

Applicants that do not have an indirect cost rate, but have more than one source of funds, are required to contact the Department of Labor's Division of Cost Determination to determine the process to follow to apply for an indirect cost rate.

Line 23 - Remarks. Provide any other explanations or comments deemed necessary.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 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 (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
		12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions:	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
a.	Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.		
b.	Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.		
c.	Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
d.	Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US)		
e.	Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>		<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>																								
20.			<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>																								
21.	<p>9. Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="203 401 867 947"> <tr> <td data-bbox="203 401 537 422">A. State Government</td> <td data-bbox="537 401 867 470">M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="203 422 537 443">B. County Government</td> <td data-bbox="537 470 867 539">N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="203 443 537 464">C. City or Township Government</td> <td data-bbox="537 539 867 583">O. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="203 464 537 485">D. Special District Government</td> <td data-bbox="537 583 867 604">P. Individual</td> </tr> <tr> <td data-bbox="203 485 537 506">E. Regional Organization</td> <td data-bbox="537 604 867 625">Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="203 506 537 527">F. U.S. Territory or Possession</td> <td data-bbox="537 625 867 646">R. Small Business</td> </tr> <tr> <td data-bbox="203 527 537 548">G. Independent School District</td> <td data-bbox="537 646 867 667">S. Hispanic-serving Institution</td> </tr> <tr> <td data-bbox="203 548 537 569">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="537 667 867 688">T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="203 569 537 590">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="537 688 867 709">U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="203 590 537 611">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="537 709 867 730">V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="203 611 537 632">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="537 730 867 751">W. Non-domestic (non-US) Entity</td> </tr> <tr> <td data-bbox="203 632 537 653">L. Public/Indian Housing Authority</td> <td data-bbox="537 751 867 772">X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)		<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)																										
B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)																										
C. City or Township Government	O. Private Institution of Higher Education																										
D. Special District Government	P. Individual																										
E. Regional Organization	Q. For-Profit Organization (Other than Small Business)																										
F. U.S. Territory or Possession	R. Small Business																										
G. Independent School District	S. Hispanic-serving Institution																										
H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)																										
I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)																										
J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions																										
K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity																										
L. Public/Indian Housing Authority	X. Other (specify)																										

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____
---	--	--

3. Date Received: _____	4. Applicant Identifier: _____
--------------------------------	---------------------------------------

5a. Federal Entity Identifier: _____	*5b. Federal Award Identifier: _____
---	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
---	---

8. APPLICANT INFORMATION:

*a. Legal Name: _____	
*b. Employer/Taxpayer Identification Number (EIN/TIN): _____	*c. Organizational DUNS: _____

d. Address:

*Street 1:	_____
Street 2:	_____
*City:	_____
County:	_____
*State:	_____
Province:	_____
*Country:	_____
*Zip / Postal Code	_____

e. Organizational Unit:

Department Name: _____	Division Name: _____
-------------------------------	-----------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____	*First Name: _____
Middle Name: _____	
*Last Name: _____	
Suffix: _____	

Title: _____

Organizational Affiliation: _____
--

*Telephone Number: _____	Fax Number: _____
---------------------------------	--------------------------

*Email: _____

Application for Federal Assistance SF-424

Version 02

***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:

13. Competition Identification Number:

Title:

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

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: _____	*b. Program/Project: _____	
17. Proposed Project:		
*a. Start Date: _____	*b. End Date: _____	
18. Estimated Funding (\$):		
*a. Federal _____		
*b. Applicant _____		
*c. State _____		
*d. Local _____		
*e. Other _____		
*f. Program Income _____		
*g. TOTAL _____		
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)</p> <p><input type="checkbox"/> ** I AGREE</p> <p>** 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</p>		
Authorized Representative:		
Prefix: _____	*First Name: _____	
Middle Name: _____		
*Last Name: _____		
Suffix: _____		
*Title: _____		
*Telephone Number: _____	Fax Number: _____	
* Email: _____		
*Signature of Authorized Representative: _____		*Date Signed: _____

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 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 (0348-0044), 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.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program

INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

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

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

BUDGET INFORMATION - Non-Construction Programs
SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00

SECTION B - BUDGET CATEGORIES

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	0.00
b. Fringe Benefits					0.00
c. Travel					0.00
d. Equipment					0.00
e. Supplies					0.00
f. Contractual					0.00
g. Construction					0.00
h. Other					0.00
i. Total Direct Charges (sum of 6a-6h)		0.00	0.00	0.00	0.00
j. Indirect Charges					0.00
k. TOTALS (sum of 6i and 6j)	\$	\$ 0.00	\$ 0.00	\$ 0.00	0.00

7. Program Income	\$	\$	\$	\$	0.00
-------------------	----	----	----	----	------

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	0.00
9.				0.00
10.				0.00
11.				0.00
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	13. Federal	\$ 0.00	\$	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

USDOL/ETA

**Senior Community Service Employment Program
PY 2008 Authorized Positions and Funding*
for State Agencies and Territories, by State**

States	Positions	Dollars
State Agencies		
Alabama	219	\$1,930,092
Alaska	253	2,227,683
Arizona	158	1,385,925
Arkansas	216	1,896,082
California	1,016	8,936,240
Colorado	120	1,054,323
Connecticut	130	1,139,350
Delaware	253	2,227,683
District of Col	69	603,685
Florida	699	6,147,385
Georgia	263	2,312,709
Hawaii	253	2,227,683
Idaho	63	554,622
Illinois	461	4,055,744
Indiana	310	2,729,337
Iowa	152	1,334,909
Kansas	121	1,062,826
Kentucky	225	1,981,107
Louisiana	200	1,760,039
Maine	73	646,198
Maryland	163	1,436,940
Massachusetts	258	2,270,196
Michigan	395	3,477,566
Minnesota	281	2,474,259
Mississippi	147	1,292,396
Missouri	293	2,576,290
Montana	74	654,701
Nebraska	91	799,245
Nevada	63	554,622
New Hampshire	63	554,622
New Jersey	335	2,941,902
New Mexico	67	586,680
New York	783	6,887,112
North Carolina	310	2,729,337
North Dakota	72	629,193
Ohio	517	4,548,895
Oklahoma	190	1,675,014
Oregon	174	1,530,470
Pennsylvania	634	5,577,710
Puerto Rico	162	1,428,438
Rhode Island	64	561,173
South Carolina	161	1,419,936
South Dakota	82	722,722
Tennessee	242	2,125,652
Texas	657	5,781,773
Utah	79	697,214
Vermont	66	578,177
Virginia	257	2,261,694
Washington	175	1,538,972
West Virginia	133	1,173,360
Wisconsin	304	2,669,818
Wyoming	63	554,622
State Agencies Total	12,609	\$110,924,323
Territories		
American Samoa	133	1,173,657
Guam	133	1,173,657
Northern Marianas	44	391,218
Virgin Islands	133	1,173,657
Territories Total	443	\$3,912,189

* Based on cost per position of \$8,794, with enacted minimum wage increase effective 7/24/08

U. S. Department of Labor / Employment & Training Administration
Senior Community Service Employment Program
PY 2008 Authorized Positions* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GIJ	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	0	0	0	253	0	0	0	0	0	0	0	0	606	0	0	859
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	154	0	164	0	0	134	0	0	0	0	0	0	0	0	0	452
Arkansas	238	0	0	0	454	0	0	152	0	0	0	0	0	0	0	844
California	473	0	529	0	409	0	0	303	0	0	0	1,320	497	0	0	3,531
Colorado	182	0	0	0	0	0	0	0	0	0	0	286	0	0	0	468
Connecticut	0	0	0	242	0	0	0	0	0	0	0	0	0	267	0	509
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	81	0	0	0	0	185	0	0	0	0	0	0	0	266
Florida	1,694	0	0	0	660	0	0	194	0	0	0	185	0	0	0	2,733
Georgia	263	0	0	0	583	0	0	181	0	0	0	0	0	0	0	1,027
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	0	223	0	0	0	0	0	0	0	0	0	0	223
Illinois	112	0	0	227	512	0	0	122	0	0	0	222	519	0	0	1,714
Indiana	304	0	0	0	361	267	0	0	0	0	0	0	281	0	0	1,213
Indiana	200	0	0	0	271	0	0	0	0	0	0	0	122	0	0	593
Iowa	0	0	0	0	0	0	0	0	0	0	0	457	0	0	0	457
Kansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kentucky	130	0	0	0	443	0	0	305	0	0	0	0	0	0	0	878
Kentucky	162	0	206	0	248	0	0	93	0	0	0	0	0	0	0	709
Louisiana	0	286	0	0	0	0	0	0	0	0	0	0	0	0	0	286
Maine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maryland	0	0	0	0	0	0	0	0	0	194	0	0	637	0	0	637
Massachusetts	0	255	0	0	0	0	0	0	0	194	0	0	500	0	0	949
Massachusetts	471	0	0	0	503	0	0	255	0	245	0	0	0	0	0	1,474
Michigan	0	0	0	0	496	0	0	0	0	0	200	0	380	0	0	1,076
Minnesota	0	0	0	0	171	0	0	132	0	0	0	0	268	0	0	571
Mississippi	340	0	0	0	774	0	0	0	0	0	0	0	0	0	0	1,114
Missouri	0	0	0	0	288	0	0	0	0	0	0	0	0	0	0	288
Montana	0	0	0	0	343	0	0	0	0	0	0	0	0	0	0	343
Nebraska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	227	0	0	0	0	0	0	0	0	0	0	0	0	0	0	227
New Hampshire	0	223	0	0	0	0	0	0	0	170	0	0	0	0	0	223
New Jersey	0	0	0	447	236	0	0	0	457	0	0	0	0	0	0	1,310
New Mexico	0	0	0	0	0	223	0	0	0	0	0	0	0	0	0	223
New York	649	0	0	487	519	0	0	0	432	250	0	0	641	0	0	2,978
North Carolina	0	0	0	0	0	0	0	344	209	0	0	0	659	0	0	1,212
North Dakota	0	0	0	0	278	0	0	0	0	0	0	0	0	0	0	278
Ohio	339	0	0	0	481	0	682	184	0	178	0	0	156	0	0	2,020
Oklahoma	326	0	0	0	231	0	0	0	0	0	0	0	0	0	0	557
Oregon	0	0	0	230	451	0	0	0	0	0	0	0	0	0	0	681
Pennsylvania	478	0	147	0	268	271	0	229	650	152	0	0	233	0	0	2,428
Puerto Rico	239	0	0	0	398	0	0	0	0	0	0	0	0	0	0	637
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	246	0	0	0	246
South Carolina	264	0	0	0	367	0	0	0	0	0	0	0	0	0	0	631
South Dakota	0	0	0	0	287	0	0	0	0	0	0	0	0	0	0	287
Tennessee	0	0	0	0	0	0	0	198	0	0	0	386	749	0	0	947
Texas	1,278	0	0	309	555	0	0	0	0	0	0	0	272	0	0	2,491
Utah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	254	309
Vermont	0	0	0	0	113	291	0	0	257	0	0	0	0	0	0	979
Virginia	318	0	0	0	0	0	0	0	0	0	0	0	0	0	0	601
Washington	339	0	0	0	0	262	0	0	0	0	0	0	0	0	0	601
West Virginia	0	0	0	0	127	0	0	394	0	0	0	0	0	0	0	521
Wisconsin	0	0	0	0	466	0	0	0	0	0	0	331	353	0	0	1,150
Wyoming	0	0	0	0	223	0	0	0	0	0	0	0	0	0	0	223
Total	9,180	764	1,127	2,195	11,739	1,448	682	1,797	3,479	1,189	200	3,433	6,873	267	254	44,627

* Based on cost per position of \$8,794 with enacted minimum wage increase effective 7/2/08

U. S. Department of Labor / Employment & Training Administration
Senior Community Service Employment Program
PY 2008 Authorized Funding* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GII	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	\$0	\$0	\$2,223,671	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,326,264	\$0	\$0	\$7,549,935
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	1,354,312	0	1,442,254	0	0	1,178,427	0	0	0	0	0	0	0	0	0	3,974,993
Arkansas	2,093,006	0	0	0	3,992,542	0	0	1,336,710	0	0	0	0	0	0	0	7,422,258
California	4,159,468	0	4,651,921	0	3,596,665	0	0	2,664,522	0	0	0	11,607,818	4,370,520	0	0	31,050,914
Colorado	1,602,103	0	0	0	1,602,103	0	0	0	0	0	0	2,517,591	0	0	0	4,119,694
Connecticut	0	0	2,128,643	0	0	0	0	0	0	0	0	0	0	2,348,545	0	4,477,188
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	712,780	0	0	0	0	1,627,955	0	0	0	0	0	0	0	2,340,735
Florida	14,899,031	0	0	5,804,817	0	0	0	1,706,265	0	0	0	1,627,108	0	0	0	24,037,221
Georgia	2,312,705	0	0	5,126,643	0	0	0	1,591,634	0	0	0	0	0	0	0	9,030,982
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	1,962,222	0	0	0	0	0	0	0	0	0	0	0	1,962,222
Illinois	985,021	0	0	1,996,426	4,502,951	0	0	1,072,969	0	0	0	1,952,451	4,564,515	0	0	15,074,333
Indiana	2,672,904	0	0	3,174,074	2,347,584	0	0	0	0	0	0	0	2,470,678	0	0	10,665,240
Iowa	1,759,768	0	0	2,384,485	0	0	0	0	0	0	0	0	1,073,458	0	0	5,217,711
Kansas	0	0	0	0	0	0	0	0	0	0	0	4,017,553	0	0	0	4,017,553
Kentucky	1,143,078	0	0	3,895,256	0	0	0	2,681,836	0	0	0	0	0	0	0	7,720,170
Louisiana	1,423,638	0	1,810,304	0	2,179,396	0	0	817,273	0	0	0	0	0	0	0	6,230,611
Maine	0	2,510,970	0	0	0	0	0	0	0	0	0	0	0	0	0	2,510,970
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Massachusetts	0	2,241,401	0	0	4,423,744	0	0	0	0	1,705,223	0	0	4,394,904	0	0	5,600,740
Michigan	4,142,313	0	0	0	4,363,086	0	0	2,242,654	0	2,154,706	0	0	0	0	0	8,341,528
Minnesota	0	0	0	0	4,503,944	0	0	1,160,939	0	0	1,759,309	0	3,342,687	0	0	12,963,417
Mississippi	0	0	0	0	1,503,944	0	0	0	0	0	0	0	2,357,058	0	0	5,021,941
Missouri	2,990,120	0	0	0	6,806,920	0	0	0	0	0	0	0	0	0	0	9,797,040
Montana	0	0	0	0	2,536,506	0	0	0	0	0	0	0	0	0	0	2,536,506
Nevada	0	0	0	0	3,013,164	0	0	0	0	0	0	0	0	0	0	3,013,164
Nebraska	2,000,265	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,000,265
Nevada	0	1,962,222	0	0	0	0	0	0	0	0	0	0	0	0	0	1,962,222
New Hampshire	0	0	3,929,647	0	2,074,713	0	0	4,017,559	0	1,494,497	0	0	0	0	0	11,516,416
New Jersey	0	0	0	0	1,962,222	0	0	0	0	0	0	0	0	0	0	1,962,222
New Mexico	5,707,778	0	4,283,032	0	4,564,463	0	0	3,799,322	0	2,198,682	0	0	5,637,420	0	0	26,190,697
New York	0	0	0	0	3,024,682	0	0	1,837,670	0	0	0	0	5,794,376	0	0	10,656,728
North Carolina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Dakota	0	0	0	0	2,442,877	0	0	0	0	0	0	0	0	0	0	2,442,877
Ohio	2,981,195	0	0	0	4,229,955	0	5,997,566	1,618,112	0	1,565,347	0	0	1,371,877	0	0	17,764,052
Ohio	2,864,506	0	0	2,023,825	3,968,457	0	0	0	0	0	0	0	0	0	0	4,894,264
Oklahoma	0	0	0	0	2,029,758	0	0	0	0	0	0	0	0	0	0	2,029,758
Oregon	0	0	0	0	2,023,825	0	0	0	0	0	0	0	0	0	0	2,023,825
Pennsylvania	4,204,356	0	1,292,971	0	2,357,254	2,383,641	0	2,014,221	5,717,220	1,336,950	0	0	2,049,403	0	0	21,356,016
Puerto Rico	2,101,377	0	0	0	3,499,363	0	0	0	0	0	0	0	0	0	0	5,600,740
Rhode Island	0	0	0	0	3,227,780	0	0	0	0	0	0	0	0	0	0	3,227,780
South Carolina	2,321,890	0	0	0	2,527,994	0	0	0	0	0	0	0	0	0	0	5,549,670
South Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	11,240,490	0	0	0	4,881,434	0	0	1,740,498	0	0	0	0	6,584,007	0	0	8,324,505
Texas	0	0	2,715,253	0	0	0	0	0	0	0	0	3,395,015	2,392,342	0	0	21,909,281
Utah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Virginia	2,795,214	0	0	993,268	2,557,885	0	0	2,259,026	0	0	0	0	0	0	2,230,082	8,605,393
Washington	2,981,511	0	0	0	2,304,294	0	0	0	0	0	0	0	0	0	0	5,285,805
West Virginia	0	0	0	0	1,116,266	0	0	3,463,063	0	0	0	0	0	0	0	4,579,329
Wisconsin	0	0	0	0	4,097,549	0	0	0	0	0	0	2,910,490	3,103,937	0	0	10,111,976
Wyoming	0	0	0	0	1,962,222	0	0	0	0	0	0	0	0	0	0	1,962,222
Total	80,736,049	6,714,593	19,300,497	103,239,768	12,734,053	5,997,566	15,804,507	30,589,623	10,455,405	1,759,309	30,190,014	60,434,186	2,230,082	2,348,545	2,230,082	392,444,427

* Based on cost per position of \$8,794, with enacted minimum wage increase effective 7/1/08

U. S. Department of Labor / Employment & Training Administration
Senior Community Service Employment Program
PY 2008 Authorized Positions* for Minority National Sponsors, by State

State	IID	NAPCA	NICOA	Total
Alabama	0	0	0	0
Alaska	0	0	0	0
Arizona	0	0	174	174
Arkansas	73	0	0	73
California	0	347	87	434
Colorado	0	0	0	0
Connecticut	0	0	0	0
Delaware	0	0	0	0
District of Col	0	0	0	0
Florida	0	0	0	0
Georgia	0	0	0	0
Hawaii	0	0	0	0
Idaho	0	0	0	0
Illinois	0	87	0	87
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	0	0	0	0
Kentucky	0	0	0	0
Louisiana	95	0	0	95
Maine	0	0	0	0
Maryland	0	0	0	0
Massachusetts	0	62	0	62
Michigan	0	0	0	0
Minnesota	0	0	27	27
Mississippi	34	0	0	34
Missouri	0	0	0	0
Montana	0	0	0	0
Nebraska	0	0	0	0
Nevada	0	0	0	0
New Hampshire	0	0	0	0
New Jersey	0	0	0	0
New Mexico	0	0	63	63
New York	0	83	0	83
North Carolina	0	0	0	0
North Dakota	0	0	0	0
Ohio	0	0	0	0
Oklahoma	0	0	183	183
Oregon	0	0	0	0
Pennsylvania	0	78	0	78
Puerto Rico	0	0	0	0
Rhode Island	0	0	0	0
South Carolina	0	0	0	0
South Dakota	0	0	41	41
Tennessee	0	0	0	0
Texas	0	79	0	79
Utah	0	0	0	0
Vermont	0	0	0	0
Virginia	0	0	0	0
Washington	0	81	0	81
West Virginia	0	0	0	0
Wisconsin	0	0	37	37
Wyoming	0	0	0	0
Total	202	817	612	1,631

* Based on cost per position of \$8,794, with enacted minimum wage increase effective 7/24/08

U. S. Department of Labor / Employment & Training Administration
Senior Community Service Employment Program
PY 2008 Authorized Funding* for Minority National Sponsors, by State

State	IID	NAPCA	NICOA	Total
Alabama	\$0	\$0	\$0	\$0
Alaska	0	0	0	0
Arizona	0	0	1,530,287	1,530,287
Arkansas	642,017	0	0	642,017
California	0	3,051,778	765,143	3,816,921
Colorado	0	0	0	0
Connecticut	0	0	0	0
Delaware	0	0	0	0
District of Col	0	0	0	0
Florida	0	0	0	0
Georgia	0	0	0	0
Hawaii	0	0	0	0
Idaho	0	0	0	0
Illinois	0	765,143	0	765,143
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	0	0	0	0
Kentucky	0	0	0	0
Louisiana	835,501	0	0	835,501
Maine	0	0	0	0
Maryland	0	0	0	0
Massachusetts	0	545,275	0	545,275
Michigan	0	0	0	0
Minnesota	0	0	237,458	237,458
Mississippi	299,022	0	0	299,022
Missouri	0	0	0	0
Montana	0	0	0	0
Nebraska	0	0	0	0
Nevada	0	0	0	0
New Hampshire	0	0	0	0
New Jersey	0	0	0	0
New Mexico	0	0	554,069	554,069
New York	0	729,964	0	729,964
North Carolina	0	0	0	0
North Dakota	0	0	0	0
Ohio	0	0	0	0
Oklahoma	0	0	1,609,439	1,609,439
Oregon	0	0	0	0
Pennsylvania	0	685,991	0	685,991
Puerto Rico	0	0	0	0
Rhode Island	0	0	0	0
South Carolina	0	0	0	0
South Dakota	0	0	360,585	360,585
Tennessee	0	0	0	0
Texas	0	694,785	0	694,785
Utah	0	0	0	0
Vermont	0	0	0	0
Virginia	0	0	0	0
Washington	0	712,375	0	712,375
West Virginia	0	0	0	0
Wisconsin	0	0	325,406	325,406
Wyoming	0	0	0	0
Total	1,776,540	7,185,311	5,382,387	14,344,238

* Based on cost per position of \$8,794, with enacted minimum wage increase effective 7/24/08

ATTACHMENT I
SCSEP GRANANTEES/REGIONAL FEDERAL PROJECT OFFICER ASSIGNMENT
PROGRAM YEAR 2007

ALABAMA (3)

FPO: Charlotte Norton
Phone: (404) 302-5340
E-mail:
norton.charlotte@dol.gov

ALASKA (6)

FPO: Carol Padovan
Phone: (415) 625-7944
E-mail:
padovan.carol@dol.gov

AMERICAN SAMOA (6)

FPO: John Jacobs
Phone: (415) 625-7940
E-mail: jacobs.john@dol.gov

ARIZONA (6)

FPO: Carol Padovan
Phone: (415) 625-7946
E-mail:
padovan.carol@dol.gov

ARKANSAS (4)

FPO: Kajuana Donahue
Phone: (972) 850-4613
E-mail:
donahue.kajuana@dol.gov

CALIFORNIA (6)

FPO: Ingrid Nyberg
Phone: (415) 625-7947
E-mail:
nyberg.ingrid@dol.gov

COLORADO (4)

FPO: Bill Martin
Phone: (972) 850-4635
E-mail:
martin.bill@dol.gov

CONNECTICUT (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

DELAWARE (2)

FPO: Chantal Watler
Phone: (215) 861-5224
E-mail:
watler.chantal@dol.gov

DISTRICT OF COLUMBIA (2)

FPO: Chantal Watler
Phone: (215) 861-5224
E-mail:
watler.chantal@dol.gov

FLORIDA (3)

FPO: Charlotte Norton
Phone: (404) 302-5340
E-mail:
norton.charlotte@dol.gov

GEORGIA (3)

FPO: Charlotte Norton
Phone: (404) 302-5340
E-mail:
norton.charlotte@dol.gov

GUAM (6)

FPO: John Jacobs
Phone: (415) 625-7940
E-mail: jacobs.john@dol.gov

HAWAII (6)

FPO: Ingrid Nyberg
Phone: (415) 625-7947
E-mail:
nyberg.ingrid@dol.gov

IDAHO (6)

FPO: Carol Padovan
Phone: (415) 625-7944
E-mail:
padovan.carol@dol.gov

ILLINOIS (5)

FPO: Linda Ortolano
Phone: (312) 596-5533
E-mail:
ortolano.linda@dol.gov

INDIANA (5)

FPO: Celeste Moerle
Phone: (312) 596-5422
E-mail:
moerle.celeste@dol.gov

IOWA (5)

FPO: Rochelle Bradley
Phone: (312) 596-5530
E-mail:
bradley.rochelle@dol.gov

KANSAS (5)

FPO: Philip Moreland
Phone: (312) 596-5421
E-mail:
moreland.philip@dol.gov

KENTUCKY (3)

FPO: Charlotte Norton
Phone: (404) 302-5340
E-mail:
norton.charlotte@dol.gov

LOUISIANA (4)

FPO: Marilyn Brandenburg
Phone: (972) 850-4617
E-mail:
brandenburg.marilyn@dol.gov

MAINE (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

MARYLAND (2)

FPO: Chantal Watler
Phone: (215) 861-5224
E-mail:
watler.chantal@dol.gov

MASSACHUSETTS (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

MICHIGAN (5)

FPO: Marium Baker
Phone: (312) 596-5526
E-mail:
baker.marium@dol.gov

MINNESOTA (5)

FPO: James Sawers
Phone: (312) 596-5512
E-mail:
sawers.james@dol.gov

MISSISSIPPI (3)

FPO: Charlotte Norton
Phone: (404) 302-5340
E-mail:
norton.charlotte@dol.gov

ATTACHMENT I
SCSEP GRANTEES/REGIONAL FEDERAL PROJECT OFFICER ASSIGNMENT
PROGRAM YEAR 2007

MISSOURI (5)

FPO: Cheryl Svee
Phone: (312) 596-5459
E-mail: svee.cheryl@dol.gov

MONTANA (4)

FPO: Kajuana Donahue
Phone: (972) 850-4613
E-mail:
donahue.kajuana@dol.gov

NEBRASKA (5)

FPO: Rebekah Woolley
Phone: (312) 596-5513
E-mail:
woolley.rebekah@dol.gov

NEVADA (6)

FPO: Carol Padovan
Phone: (415) 625-7944
E-mail:
padovan.carol@dol.gov

NEW HAMPSHIRE (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

NEW JERSEY (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

NEW MEXICO (4)

FPO: Roseana Smith
Phone: (972) 850-4615
E-mail:
smith.roseana@dol.gov

NEW YORK (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

NORTH CAROLINA (3)

FPO: Charlotte Norton
Phone: (404) 302-5340
E-mail:
norton.charlotte@dol.gov

NORTH DAKOTA (4)

FPO: Jesus Morales
Phone: (972) 850-4616

E-mail: morales.jesus@dol.gov

NORTHERN MARIANA ISLANDS (6)

FPO: John Jacobs
Phone: (415) 625-7940
E-mail: jacobs.john@dol.gov

OHIO (5)

FPO: Corey Bulluck
Phone: (312) 596-5532
E-mail:
bulluck.corey@dol.gov

OKLAHOMA (4)

FPO: Rebecca Sarmiento
Phone: (972) 850-4621
E-mail:
sarmiento.rebecca@dol.gov

OREGON (6)

FPO: Carol Padovan
Phone: (415) 625-7946
E-mail:
padovan.carol@dol.gov

PENNSYLVANIA (2)

FPO: Elaine Allen
Phone: (215) 861-5293
E-mail: allen.elaine@dol.gov

PUERTO RICO (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

RHODE ISLAND (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

SOUTH CAROLINA (3)

FPO: Charlotte Norton
Phone: (404) 302-5340
E-mail:
norton.charlotte@dol.gov

SOUTH DAKOTA (4)

FPO: Cynthia Green
Phone: (972) 850-4619
E-mail:
green.cynthia@dol.gov

TENNESSEE (3)

FPO: Charlotte Norton

Phone: (404) 302-5340

E-mail:
norton.charlotte@dol.gov

TEXAS (4)

FPO: Rebecca Sarmiento
Phone: (972) 850-4621
E-mail:
sarmiento.rebecca@dol.gov

UTAH (4)

FPO: Marilyn Brandenburg
Phone: (972) 850-4617
E-mail:
brandenburg.marilyn@dol.gov

VERMONT (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

VIRGIN ISLANDS (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

VIRGINIA (2)

FPO: Elaine Allen
Phone: (215) 861-5293
E-mail: allen.elaine@dol.gov

WASHINGTON (6)

FPO: Denise Dombek
Phone: (415) 625-7945
E-mail:
dombek.denise@dol.gov

WEST VIRGINIA (2)

FPO: Elaine Allen
Phone: (215) 861-5293
E-mail: allen.elaine@dol.gov

WISCONSIN (5)

FPO: Catherine Brooks
Phone: (312) 596-5531
E-mail:
brooks.catherine@dol.gov

WYOMING (4)

FPO: Cynthia Green
Phone: (972) 850-4619
E-mail:
green.cynthia@dol.gov

ATTACHMENT I
SCSEP GRANANTEES/REGIONAL FEDERAL PROJECT OFFICER ASSIGNMENT
PROGRAM YEAR 2007

AARP Foundation Programs (AARP) (2)

FPO: Elaine Allen
Phone: (215) 861-5293
E-mail: allen.elaine@dol.gov

Asociacion Nacional Pro Personas Mayores (ANPPM) (6)

FPO: Sandra Waterhouse
Phone: (415) 625-7959
E-mail: waterhouse.sandra@dol.gov

Easter Seals (ES) (2)

FPO: Chantal Watler
Phone: (215) 861-5224
E-mail: watler.chantal@dol.gov

Experience Works (EW) (2)

FPO: Chantal Watler
Phone: (215) 861-5224
E-mail: watler.chantal@dol.gov

Goodwill Industries International, Inc. (GII) (2)

FPO: Chantal Watler
Phone: (215) 861-5224
E-mail: watler.chantal@dol.gov

Institute for Indian Development (IID) (4)

FPO: Cynthia Joseph
Phone: (972) 850-4645
E-mail: joseph.cynthia@dol.gov

Mature Services, Inc. (MS) (5)

FPO: Celeste Moerle
Phone: (312) 596-5422
E-mail: moerle.celeste@dol.gov

National Able Network, Inc. (NAN) (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

National Asian Pacific Center on Aging (NAPCA) (6)

FPO: Karen Connor
Phone: (415) 625-7962
E-mail: connor.karen@dol.gov

National Caucus and Center on Black Aged, Inc. (NCBA) (2)

FPO: Chantal Watler
Phone: (215) 861-5224
E-mail: watler.chantal@dol.gov

National Council on the Aging, Inc. (NCOA) (2)

FPO: Elaine Allen
Phone: (215) 861-5293
E-mail: allen.elaine@dol.gov

National Indian Council on the Aging, Inc. (NICOA) (4)

FPO: Brian Hart
Phone: (972) 850-4648
E-mail: hart.brian@dol.gov

National Urban League (NUL) (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

Quality Career Services, Inc (QCS) (5)

FPO: Celeste Moerle
Phone: (312) 596-5422
E-mail: moerle.celeste@dol.gov

Senior Service America, Inc (SSAI) (2)

FPO: Chantal Watler
Phone: (215) 861-5224
E-mail: watler.chantal@dol.gov

SER-Jobs for Progress National, Inc. (SER) (4)

FPO: Patricia Evans
Phone: (972) 850-4644
E-mail: evans.patricia@dol.gov

The Workplace, Inc. (TWP) (1)

FPO: Keeva Davis
Phone: (617) 788-0141
E-mail: davis.keeva@dol.gov

Vermont Associates for Training and Development, Inc. (VATD) (1)

FPO: Keeva Davis
Phone: (617) 788-
E-mail: davis.keeva@dol.gov