
Forms Appendix

Application for Federal Assistance (SF 424 Form)

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Civil Rights Information

Accounting System and Financial Capability Questionnaire
(Complete this form if you are a new non-profit organization who has not received Office of Justice Programs funds in the past.)

Application Checklist

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
Address (give city, county, state, and zip code):	Name and telephone number of the person to be contacted on matters involving this application (give area code)

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> - </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	9. NAME OF FEDERAL AGENCY:
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div> TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):	

13. PROPOSED PROJECT: Start Date Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant \$.00	
c. State \$.00	
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed

Instructions for Completion of the Application for Federal Assistance (SF 424)

The Application for Federal Assistance is a standard form used by most Federal agencies for application for Federal assistance. It contains 18 different items, all of which must be completed in order for your application to be reviewed. The Office for Victims of Crime cannot accept the application without a completed and signed SF 424.

- Item 1** **Type of Submission:** OVC discretionary grant funds cannot be used for construction or building purposes. Check the “Non-Construction” box in the application section.
- Item 2** **Date Submitted:** Indicate the date you sent the application to OVC. The “Application Identifier” is the number assigned by your jurisdiction, if any, to track applications. If your jurisdiction does not assign an identifier number, leave this space blank.
- Item 3** **Date Received by State:** Leave blank. OVC applicants are exempted from the requirement to submit applications to a State Single Point of Contact.
- Item 4** **Date Received by Federal Agency:** This item will be completed by OJP.
- Item 5** **Applicant Information:** The “Legal Name” is the unit of government or the parent organization. For example, the primary or parent organization of a law enforcement agency is the name of the city or township. Thus, the city or township should be entered into the Legal Name box and the name of the law enforcement or other agency should be entered into the Organizational Unit box. One person should be designated as the contact for the proposed project, and that person’s telephone number should also be included. It is not unusual for the name of the contact person to differ from the authorized representative of your agency in item 18 below.
- Item 6** **Employer Identification Number:** Each employer receives an employer identification number from the Internal Revenue Service. Generally, this number can be easily obtained from your agency’s accountant or comptroller.
- Item 7** **Type of Applicant:** Enter the appropriate letter in the space. If the applicant is representing a consortium of agencies, specify by checking Block N and entering “consortium.”
- Item 8** **Type of Application:** Check “new.”
- Item 9** **Name of Federal Agency:** Type in “Office for Victims of Crime.”
- Item 10** **Catalog of Federal Domestic Assistance Number:** For OVC discretionary grants, the number is 16.582, and the title is Crime Victim

Assistance/Discretionary Grants. The number for the Children's Justice Act Discretionary Grant Program for Native Americans is 16.583.

- Item 11** **Descriptive Title of Applicant's Project:** Type in: (1) the title of the program as it appears in the solicitation or announcement, and (2) the name of your cognizant Federal agency. The cognizant Federal agency is generally the Federal agency from which the applicant agency receives the most Federal dollars.
- Item 12** **Areas Affected by Project:** Identify the geographic area(s) encompassed by the project. Indicate "Statewide" or "National," if applicable.
- Item 13** **Proposed Project Dates:** Fill in the begin and end dates of the project. These dates may be adjusted by the OVC when the award is made. Most projects under this solicitation will begin on October 1, 1999.
- Item 14** **Congressional Districts:** Fill in the number of the congressional district in which the project will be located as well as the congressional district(s) the project will serve. Indicate "Statewide" or "National," if applicable.
- Item 15** **Estimated Funding:** On line "a," type in the amount of Federal funds requested, not to exceed the dollar amount allocated in the program announcement. Indicate any other resources that will be available to the project and the source of those funds on lines "b through f," as appropriate.
- Item 16** **State Executive Order 12372:** OVC applicants are exempted from the requirement to submit applications to a State Single Point of Contact. Please mark the appropriate box in item 16. The answer is, **No, program is not covered by E.O. 12372** .
- Item 17** **Delinquent Federal Debt:** This question applies to the applicant organization. Categories of debt include delinquent audit disallowances, loans, and taxes.
- Item 18** **Authorized Representative:** Type the name of the person legally authorized to enter into contracts on behalf of your agency. The signature on the original application must be signed in blue ink and/or stamped as "original" to help distinguish the original from the photocopies.

Budget Detail Worksheet

Purpose: The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

A. Personnel - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position	Computation	Cost
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TOTAL _____

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

Name/Position	Computation	Cost
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TOTAL _____

Total Personnel & Fringe Benefits _____

C. Travel - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location	Item	Computation	Cost
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TOTAL _____

D. Equipment - List non-expendable items that are to be purchased. (Note: Organization's own capitalization policy for classification of equipment should be used). Expendable items should be included either in the "Supplies" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Cost
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TOTAL _____

E. Supplies - List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Supply Items	Computation	Cost
		TOTAL _____

F. Construction - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable, Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Cost
		TOTAL _____

G. Consultants/Contracts - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

Consultant Fees: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OJP.

Name of Consultant	Service Provided	Computation	Cost
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Subtotal _____

Consultant Expenses: List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging etc.).

Item	Location	Computation	Cost
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Subtotal _____

Contracts: Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Item	Cost
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Subtotal _____

TOTAL _____

H. Other Costs - List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For

example, provide the square footage and the cost per square foot for rent, and provide a monthly rental cost and how many months to rent.

Description	Computation	Cost
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TOTAL _____

I. Indirect Costs - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

Description	Computation	Cost
--------------------	--------------------	-------------

TOTAL _____

Budget Summary - When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

Budget Category	Amount
A. Personnel	_____
B. Fringe Benefits	_____
C. Travel	_____
D. Equipment	_____
E. Supplies	_____
F. Construction	_____
G. Consultants/Contracts	_____
H. Other	_____
Total Direct Costs	_____
I. Indirect Costs	_____
TOTAL PROJECT COSTS	_____
Federal Request	_____
Non-Federal Amount	_____

*Sample Budget Detail
Worksheet*

Budget Detail Worksheet

Purpose: The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

(Example assumes a one year budget period and 25% cash match requirement)

A. Personnel - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position	Computation	Cost
John Smith, Investigator	$(\$50,000 \times 100\%)$	\$ 50,000
2 Investigators	$(\$50,000 \times 100\% \times 2)$	\$100,000
Secretary	$(\$30,000 \times 50\%)$	<u>\$ 15,000</u>
		\$165,000
Cost of living increase	$(\$165,000 \times 2\% \times .5\text{yr.})$	\$ 1,650
Overtime per investigator	$(\$37.50/\text{hr} \times 100 \text{ hrs.} \times 3)$	\$ 11,250

The three investigators will be assigned exclusively to homicide investigations. A 2% cost of living adjustment is scheduled for all full-time personnel 6-months prior to the end of the grant. Overtime will be needed during some investigations. A half-time secretary will prepare reports and provide other support to the unit.

TOTAL \$177,900

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

Name/Position	Computation	Cost
Employer's FICA Retirement	(\$177,900 x 7.65%) *(\$166,650 x 6%)	\$13,609 \$ 9,999
Uniform Allowance Health Insurance	(\$50 mo. x 12 mo. x 3) *(\$166,650 x 12%)	\$ 1,800 \$19,998
Workman's Compensation Unemployment Compensation	(\$177,900 x 1%) (\$177,900 x 1%)	\$ 1,779 \$ 1,779
* (\$177,900 less \$11,250)	TOTAL	<u>\$ 48,964</u>
Total Personnel & Fringe Benefits		<u>\$226,864</u>

C. Travel - Itemize travel expenses of project personnel by purpose (e.g., staff to training field interviews advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

<u>Purpose of Travel</u>	<u>Location</u>	<u>Item</u>	<u>Computation</u>	<u>Cost</u>
Training	Boston	Airfare	(\$150 x 2 people x 2 trips)	\$ 600
		Hotel	(\$75/night x 2 nights x 2 people x 2 trips)	\$ 600
		Meals	(\$35/day x 3 days x 2 people x 2 trips)	\$ 420
Investigations	New York City	Airfare	(\$600 average x 7)	\$4,200
		Hotel & Meals	(\$100/day average x 7 x 3 days)	\$2,100

Two of the investigators will attend training on forensic evidence gathering in Boston in October and January. The investigators may take up to seven trips to New York City to follow up investigative leads. Travel estimates are based upon applicant's formal written travel policy.

TOTAL \$7.920

D. Equipment - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Expendable items should be included either in the "Supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Cost
3 - 486 Computer w/CD ROM	(\$2,000 x 3)	\$6,000
Video Camera		\$1,000

The computers will be used by the investigators to analyze case and intelligence information. The camera will be used for investigative and crime scene work.

TOTAL **\$7.000**

E. Supplies - List items by type (office supplies, postage, training materials, copying paper, and expendable items costing less than \$5,000, such as books, hand held tape recorders and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Generally, supplies include any materials that are expendable or consumed during the course of the project.

Supply Items	Computation	Cost
Office Supplies	(\$50/mo x 12 mo)	\$ 600
Postage	(\$20/mo x 12 mo)	\$ 240
Training Materials	(\$2/set x 500 sets)	\$1,000
Office supplies and postage are needed for general operation of the program. Training materials will be developed and used by the investigators to train patrol officers how to preserve crime scene evidence.		
TOTAL		<u>\$1,840</u>

F. Construction - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category,

Purpose	Description of Work	Cost
Renovation	Add walls	\$5,000
	Build work tables	\$3,000
	Build evidence storage units	\$2,000
TOTAL		<u>\$10,000</u>

The renovations are needed to upgrade the forensic lab used to analyze evidence for homicide cases.

G. Consultants/Contracts - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

Consultant Fees: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$250 per day require additional justification and prior approval from OJP.

Name of Consultant	Service Provided	Computation	Cost
John Doe	Forensic Specialist	(\$150/day x 30 days	\$4,500

John Doe, Forensic Specialist, will be hired, as needed, to assist with the analysis of evidence in homicide cases.

Subtotal \$4,500

Consultant Expenses: List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.)

Item	Location	Computation	Cost
Airfare	Miami	\$400 x 6 trips	\$2,400
Hotel and Meals		(\$100/day x 30 days)	\$3,696

Joe Doe is expected to make up to 6 trips to Miami to consult en homicide cases.

Subtotal \$5,400

Contracts: Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Item	Cost
Intelligence System Development	\$102,000

The State University will design an intelligence system to be used in homicide investigations. A sole source justification is attached. Procurement Policy is based on the Federal Acquisition Regulation.

Subtotal \$102,000

TOTAL **\$111,900**

H. Other Costs - List items (e.g., rent, reproduction, telephone, janitorial or security services, and

investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, and provide a monthly rental cost and how many months to rent.

Description	Computation	Cost
Rent	(700 sq. ft. x \$15/sq. Ft.) (\$875 mo. x 12 mo.)	\$10,500

This rent will pay for space for the new homicide unit. No space is currently available in city owned buildings.

Telephone	(\$100/mo. x 12)	\$ 1,200
Printing/Reproduction	(\$150/mo. x 12)	\$ 1,800

TOTAL \$13,500

I. Indirect Costs - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

Description	Computation	Cost
10% of personnel and fringe benefits	(\$226,864 x 10%)	\$22,686

The indirect cost rate was approved by the Department of Transportation, the applicant's cognizant Federal agency on January 1, 1994. (A copy of the fully executed, negotiated agreement is attached.)

TOTAL \$22,686

Budget Summary - When you have completed the budget worksheet, transfer the totals for each

category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

Budget Category	Amount
A. Personnel	<u>\$177,900</u>
B. Fringe Benefits	<u>\$ 48,964</u>
C. Travel	<u>\$ 7,920</u>
D. Equipment	<u>\$ 7,000</u>
E. Supplies	<u>\$ 1,840</u>
F. Construction	<u>\$ 10,000</u>
G. Consultants/Contracts	<u>\$111,900</u>
H. Other	<u>\$ 13,500</u>
Total Direct Costs	<u>\$379,024</u>
I. Indirect Costs	<u>\$ 22,686</u>
TOTAL PROJECT COSTS	<u>\$401,710</u>

Federal Request **\$301,283**

Non-Federal Amount **\$100,427**

ASSURANCES

The Applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements—28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project. Also the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.)
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or give the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency or the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal Sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed in the Environmental protection Agency's (EPA-list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that had been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal financial assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et seq.) by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply, and assure the compliance of all its subgrantees and contractors, with the applicable provisions of Title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, the Juvenile Justice and Delinquency Prevention Act, or the Victims of Crime Act, as appropriate; the provisions of the current edition of the Office of Justice Programs Financial and Administrative Guide for Grants, M7100.1; and all other applicable Federal laws, orders, circulars, or regulations.
12. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 20, Criminal Justice Information Systems; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Intergovernmental Review of Department of Justice Programs and Activities; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
13. It will comply, and all its contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans With Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.
14. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.
15. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
16. It will comply with the provisions of the Coastal Barrier Resources Act (P.L. 97-348) dated October 19, 1982 (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

Signature

Date



CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

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

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a

public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about—

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check if the State has elected to complete OJP Form 4061/7.

**DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67; Sections 67.615 and 67.620—

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

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

1. Grantee Name and Address:

2. Application Number and/or Project Name

3. Grantee IRS/Vendor Number

4. Typed Name and Title of Authorized Representative

5. Signature

6. Date

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. Initial award <input type="checkbox"/> c. post award</p>	<p>3. Report type:</p> <p><input type="checkbox"/> a. Initial filing <input type="checkbox"/> b. material change</p> <p>For Material Change Only: year _____ Quarter _____ date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee</p> <p style="padding-left: 40px;">Tier _____, <i>if known</i></p> <p>Congressional District, if known:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, if known:</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CDFA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI)</p>	<p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI)</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of the fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____ Date: _____</p>	
<p>Federal Use Only:</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

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

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

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

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI)>
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046); Washington, D.C. 20503.

(Detach and Submit with Application)
SINGLE AUDIT ACT INFORMATION

Application must provide the following information as required by OMB Circular No. A-128 "Audit of State and Local Governments". (Single Audit of 1984, P.L. 98-502).

Period of Fiscal Year _____

(Example: 7/1-6/30/96 or 10/30/95-9/30/96)

Name and Address of designated Cognizant Federal Agency

(Example: HHS, DOL, HUD, DOJ, Agriculture)

Name

Address

City, State, and Zip Code

(Detach and Submit with Application

CIVIL RIGHTS INFORMATION

List below the name, title, address, and telephone number of the civil rights contact person who has lead responsibility for ensuring that all applicable civil rights requirements are met and who acts as liaison in civil rights matters with the Office of Civil Rights for the Office of Justice Programs.

Name

Title

Address

City, State, and Zip Code

Telephone Number



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE

SECTION A: PURPOSE

The financial responsibility of grantees must be such that the grantee can properly discharge the public trust which accompanies the authority to expend public funds. Adequate accounting systems should meet the following criteria as outlined in the OJP guideline manual entitled, "Financial and Administrative Guide for Grants."

- (1) Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure of funds for each grant, for each action program covered by a State's grants and for each subgrant awarded by the State.
- (2) Entries in accounting records should refer to subsidiary records and/or documentation which support the entry and which can be readily located.
- (3) The accounting system should provide accurate and current financial reporting information.
- (4) The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

SECTION B: GENERAL

1. If your firm publishes a general information pamphlet setting forth the history, purpose and organizational structure of your business, please provide this office with a copy; otherwise, complete the following items:

a. When was the organization founded/incorporated? <i>(month, day, year)</i>	b. Principal Officers	Titles
c. Employer Identification Number:		
d. Number of Employees Full Time: Part Time:		
2. Is the firm affiliated with any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", provide details:		3. Total Sales/Revenues in most recent accounting period. <i>(12 months)</i> \$

SECTION C: ACCOUNTING SYSTEM

1. Has any Government Agency rendered an official written opinion concerning the adequacy of the accounting system for the collection, identification and allocation of costs under Federal contracts/grants? YES NO

a. If yes, provide name and address of Agency performing review:	b. Attach a copy of the latest review and any subsequent correspondence, clearance documents, etc.
Note: If review occurred within the past three years, omit questions 2-9 of this Section and Section D.	

2. Which of the following best describes the accounting system? <input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Combination
3. Does the organization use a double-entry system in accounting for program funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
4. Does the accounting system identify the receipt and expenditures of program funds separately for each contract/grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
5. Does the accounting system provide for the recording of expenditures for each grant/contract by the component project and budget cost categories shown in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
6. Are time distribution records maintained for an employee when his/her effort can be specifically identified to a particular cost objective? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7. If the organization proposes an overhead rate, does the accounting system provide for the segregation of direct and indirect expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
8. Does the accounting/financial system include budgetary controls to preclude incurring obligations in excess of:
a. Total funds available for a grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
b. Total funds available for a budget cost category (e.g. Personnel, Travel, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
9. Is the firm generally familiar with the existing regulations and guidelines containing the cost principles and procedures for the determination and allowance of costs in connection with Federal contracts/grants? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

SECTION D: FUND CONTROL

1. Is a separate bank account maintained for grant/contract funds? Yes No Not Sure
2. If Federal grant/contract funds are commingled with organization funds, can the Federal grant funds and related costs and expenses be readily identified? Yes No Not Sure
3. Are the officials of the firm bonded? Yes No Not Sure

SECTION E: FINANCIAL STATEMENTS

1. Did an independent certified public accountant (CPA) ever examine the financial statements? Yes No
2. If an independent CPA review was performed please provide this office with a copy of their latest report and any management letters issued. Enclosed N/A
3. If an independent CPA was engaged to perform a review and no report was issued, please provide details and an explanation below:
4. If an independent CPA has never examined your financial statements, please develop and provide this office with a copy of the following financial statements:
 a. A detailed "Balance Sheet" for the most current and previous year; and
 b. A detailed "Income Statement" for the most current and previous year.

SECTION F: ADDITIONAL INFORMATION

1. Use this space for any additional information (*indicate section and item numbers if a continuation*)

SECTION G: APPLICANT CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge.

- | | |
|--------------|---|
| 1. Signature | b. Firm Name, Address, and Telephone Number |
| a. Title | c. Application Identifier Number |

SECTION H: CPA CERTIFICATION

The purpose of the CPA certification is to assure the Federal agency that the recipient can establish fiscal controls and accounting procedures which assure that Federal and State/local funds available for the conduct of the grant programs and projects are disbursed and accounted for properly.

- | | |
|--------------|---|
| 1. Signature | b. Firm Name, Address, and Telephone Number |
| a. Title | |

Application Checklist

Use this checklist to ensure that your application is complete. Failure to include any of the following items may result in disqualification. All forms, assurances, and lists of contacts are provided in the pages that follow.

- G Complete and sign the Standard Form (SF) 424, Application for Federal Assistance.
- G See item 10 on the SF 424. The catalog of Federal Domestic Assistance number is 16.582 for the Victims of Crime Discretionary Grant Program and 16.583 for the Children's Justice Act Partnerships for Indian Communities Program.
- G Complete the Budget Detail Work Sheet (including any necessary narrative).
- G Sign the Assurances.
- G Attach the Civil Rights Information sheets.
- G Complete and sign the Certifications Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements.
- G Include the list of Federal efforts if applicable.
- G Include the program abstract.
- G Check to see that the program narrative addresses the items requested in "Instructions for Application Narrative."
- G If you have not received Federal funds in the past, fill out the OJP Form 7120, Accounting System and Financial Capability Questionnaire.
- G Print the application on 8 ½ inch x 11 inch paper on one side of the paper.
- G Limit the program narrative section to 30 double-spaced pages in no less than 12-point type. The 30 page limit does not include the abstract, forms, and appendices.
- G Include position descriptions, staff qualifications, and individual resumes as appendices or attachments to the program narrative.
- G Submit the completed grant application with original signatures and **two additional** copies. Please do not bind, coil bind, or staple the applications.
- G Submit all applications (to arrive) by the deadline date.
- G Mail or hand-deliver the application package to: Office for Victims of Crime Mail Room
810 7th Street, NW.
Room 8201
Washington, D.C. 20531-0001
- G Or, Federal Express application package to: Office for Victims of Crime Mail Room
810 7th Street, NW.
Room 8201
Washington, D.C. 20001

Note: Federal Express uses a different zip code.