

Grant and Cooperative Agreement

CHOOSE ONE:

☐ COOPERATIVE AGREEMENT

☒ GRANT

CHOOSE ONE:

☐ EDUCATION

☐ FACILITIES

☐ RESEARCH

☐ SDCR

☐ TRAINING

1. GRANT/COOPERATIVE AGREEMENT NUMBER

D13AP00035

2. SUPPLEMENT NUMBER

3. EFFECTIVE DATE

05/14/2013

4. COMPLETION DATE

5. ISSUED TO

NAME/ADDRESS OF RECIPIENT (No., Street, City/County, State, Zip)
GOVERNMENT OF GUAM- DEPARTMENT OF A
Attn: ATTN GOVERNMENT POC
MANUEL F.L. GUERRERO BUILDING
HAGATNA GU 96910-0212

6. ISSUED BY

DOI, Office of Insular Affairs, OIA

Mailing Address: 1849 C St. NW

Mail Stop 2429

Washington DC 20240

7. TAXPAYER IDENTIFICATION NO. (TIN)

9. PRINCIPAL INVESTIGATOR/ORGANIZATION'S PROJECT OR
PROGRAM MGR. (Name & Phone)

8. COMMERCIAL & GOVERNMENT ENTITY (CAGE) NO.

10. RESEARCH, PROJECT OR PROGRAM TITLE

CIP-GUAM-2013-3

11. PURPOSE

Set-a-side funding for maintenance of prioritized CIP projects

12. PERIOD OF PERFORMANCE (Approximately)

05/01/2013 through 04/30/2018

13A.	AWARD HISTORY	13B.	FUNDING HISTORY
PREVIOUS	\$0.00	PREVIOUS	\$0.00
THIS ACTION	\$545,000.00	THIS ACTION	\$545,000.00
CASH SHARE	\$0.00	TOTAL	\$545,000.00
NON-CASH SHARE	\$0.00		
RECIPIENT SHARE	\$0.00		
TOTAL	\$545,000.00		

14. ACCOUNTING AND APPROPRIATION DATA

01

PURCHASE REQUEST NO.	JOB ORDER NO.	AMOUNT	STATUS
0020022619			

15. POINTS OF CONTACT

	NAME	MAIL STOP	TELEPHONE	E-MAIL ADDRESS
TECHNICAL OFFICER				
NEGOTIATOR				
ADMINISTRATOR				
PAYMENTS				

16. THIS AWARD IS MADE UNDER THE AUTHORITY OF:

Public Law 104-134

17. APPLICABLE STATEMENT(S), IF CHECKED:

☐ NO CHANGE IS MADE TO EXISTING PROVISIONS

☐ FDP TERMS AND CONDITIONS AND THE AGENCY-SPECIFIC REQUIREMENTS APPLY TO THIS GRANT

18. APPLICABLE ENCLOSURE(S), IF CHECKED:

☒ PROVISIONS ☒ SPECIAL CONDITIONS

☐ REQUIRED PUBLICATIONS AND REPORTS

UNITED STATES OF AMERICA

COOPERATIVE AGREEMENT RECIPIENT

CONTRACTING/GRANT OFFICER

Annette Stewart

DATE

AUTHORIZED REPRESENTATIVE

DATE

Grant and Cooperative Agreement

ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QUANTITY (C)	UNIT (D)	ESTIMATED COST	
				UNIT PRICE (E)	AMOUNT (F)
00010	CFDA Number: 15.875 DUNS Number: 778904292+0000 Set-a-side funding for maintenance of prioritized CIP projects. GOVERNMENT OF GUAM-CIP-GUAM-2013-3. INFRASTRUCTURE MAINTENANCE PROJECTS Delivery: 05/08/2013 Delivery Location Code: 0008351517 DOI OFFICE OF THE SECRETARY 7401 W Mansfield Ave Denver CO 80235-2212 US Account Assignment: K G/L Account: 6900.D0000 Business Area: D000 Commitment Item: 411G00 Cost Center: DI7DC000GU Functional Area: DNM600004.1I0000 Fund: 13XD0412TM Fund Center: DI7DC000GU Project/WBS: DN.60X08 PR Acct Assign Line: 01 Period of Performance: 05/01/2013 to 04/30/2018				
	GOVERNMENT OF GUAM-CIP-GUAM-2013-3 Obligated Amount: \$545,000.00 IT Approval Num: N The total amount of award: \$545,000.00. The obligation for this award is \$545,000.00.				545,000.00

U.S. Department of the Interior – Office of Insular Affairs

GRANT TERMS & CONDITIONS

1. This grant is offered subject to the following requirements (to the extent that they apply to the grantee): 43 CFR 12 “Administrative and Audit Requirements and Cost Principles for Assistance Programs” including all applicable procurement regulations; OMB Circulars A-87, A-21 and A-122 on cost principles; OMB Circulars A-102 and A-110; OMB Circular A-133 on audits; the “Grant Terms and Conditions” attached hereto; and Congressional directives and guidance for the use or reprogramming of appropriated funds.
2. The grantee is responsible for compliance with the provisions of all laws and regulations governing the use of Federal grant funds. In those instances in which the grantee is not in compliance with applicable laws or regulations and does not believe it can comply, notification should be provided to OIA identifying the problem areas. Technical assistance will be provided to correct the deficient area.
3. Grant funds are not to be used for any purpose other than that for which they are offered without prior approval from the Office of Insular Affairs (OIA).
4. Prior to the start of any activity, the grantee will prepare documentation necessary to comply with the National Environmental Policy Act (NEPA) and all applicable environmental laws and regulations and submit them to OIA for review and approval. If an Environmental Assessment (EA) is required, the grantee and/or its agent will prepare a proposed EA for independent review by OIA. If it is determined that an Environmental Impact Statement (EIS) is required, the grantee shall prepare an EIS in accordance with 40 CFR 1506.2 and 1506.5. **Costs may not be incurred and work may not commence on the project until OIA has issued an Authorization to Proceed (ATP).** The grantee may, however, incur costs associated with obtaining all the required environmental documentation.
5. The OIA seal should be displayed on all construction signage that is intended to identify the project and funders, as appropriate. The seal must remain intact and unchanged and may only be displayed using either the standard color scheme or a single color that complements the background where it appears. The OIA grant manager should be contacted for an electronic version of the seal if needed.
6. Scope of Work Requirements
 - a. Prior to the commencement of the funded project(s), the grantee shall present to OIA a narrative scope of work that shall include a description of the work to be performed and a detailed project budget. If a construction activity is proposed, the scope of work shall include a description of the work to be performed, a proposed planning, engineering, design and construction schedule, and a detailed project budget, including a breakdown of costs (in-house and contracts) for planning, engineering and design, real estate costs, supervision and administration, construction, and construction management and inspection. The scope of work should be submitted in conjunction with the required

environmental documentation. **Costs may not be incurred until an ATP has been received from OIA.**

- b. Costs associated with the administration of OIA grant projects and programs are to be charged against the grant funds only as approved in the project budget. Outside expertise, including engineering expertise, may be procured and charged against the grant if it is included in the project budget and approved by OIA.
- c. For construction activities, the scope of work and project budget presented to OIA must bear the signature of a licensed or registered architect or engineer.
- d. For construction activities on new sites, the grantee shall present evidence to OIA that the grantee has clear title, a leasehold agreement, or other legal authority for use of the land upon which new capital improvement projects are to be constructed.
- e. Any substantial change in the scope of work or project budget must be submitted to the Grant Manager. The project revisions shall not be implemented until the OIA Grant Manager sends written approval to grantee. If a construction activity is involved and the grantee proposes a substantial change to the scope of work or if significant new circumstances or information emerge, OIA will determine whether supplemental environmental documentation must be prepared to comply with NEPA and all other environmental laws and regulations. This determination must be made prior to OIA approval of any project revisions.
- f. The OIA Grant Manager must be informed in writing of any changes to the proposed planning, engineering, design and construction schedule that are likely to cause substantial delays to the project's completion.

7. Drawdown Requirements

- a. Grant recipients located in the U.S. Territories must enroll with, and utilize, the U.S. Treasury's Automated Standard for Payment Applications (ASAP) system to request payments under a grant. Please contact the OIA grant manager for the enrollment forms and guidance, as necessary.
- b. A completed SF-270 Request for Advance or Reimbursement must be submitted to the OIA grant manager prior to the payment request being submitted in ASAP. The SF-270 shall specify the OIA Grant Number, bank account numbers, and American Banking Association (ABA) routing numbers for the electronic transfer of funds.
- c. With the submission of your first SF-270, please provide the following information which will assist with the processing of grant payment requests:
 - i. Bank Name and Address
 - ii. Bank Account Number
 - iii. ABA Number
 - iv. DUNS Number

- v. EIN Number
- vi. ASAP Recipient ID (if applicable)

8. Reporting Requirements

- a. A SF-425 Federal Financial Report and a narrative project status report will be submitted semi-annually for the periods beginning January 1 and ending June 30, and beginning July 1 and ending December 31.
- b. Reports are due within 30 days of the end of the period. Final reports are due 90 days after the expiration or termination of the award.
- c. All required reports must be submitted to the OIA grant manager listed below.

9. Central Contractor Registration and Universal Identifier Requirement

- a. Requirement for Central Contractor Registration (CCR)
 - i. Central Contractor Registration (CCR) means the Federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the new System for Award Management (SAM) web site (at <http://www.sam.gov>).
 - ii. Unless you are exempted from this requirement under 2 CFR 25.110, you as the recipient must maintain the currency of your information in the CCR until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.
- b. Requirement for Data Universal Numbering System (DUNS) Numbers
 - i. Data Universal Numbering System (DUNS) number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>).

10. Contact Information

- a. Recipient Project Manager:

Arthur R. Mariano
Budget & Management Analyst IV
Bureau of Budget & Management Research
Office of the Governor
P.O. Box 2950
Hagatna, Guam 96932

Phone: (671) 475 - 9410
Fax: (671) 472-2825
Email: art.mariano@bbmr.guam.gov:

b. OIA grant manager:

Keith Aughenbaugh
Grants Management Specialist
U.S. Department of the Interior
Office of Insular Affairs
1849 C Street NW MS 2429
Washington, D.C. 20240
Phone: 202-208-7071
Fax: 202-208-7585
Email: keith_aughenbaugh@ios.doi.gov

11. Failure to comply with program objectives, terms and conditions of the grant award, and reporting requirements may result in the withholding of funds and/or termination of the grant.



United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, DC 20240

DEC 13 2012

The Honorable Eddie Baza Calvo
Governor of Guam
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

Dear Governor Calvo:

Thank you for the August 31, 2012 submission of the Government of Guam's revised Capital Improvement Project (CIP) proposal for fiscal year 2013.

I have approved the requested projects totaling \$6,128,000. The project grant awards will be issued once this year's Department of Interior appropriation is passed and becomes law.

Please have your office contact Keith Aughenbaugh at keith_aughenbaugh@ios.doi.gov or by telephone at (202) 208-7071 should you have any questions or concerns.

I look forward to working with you on these important infrastructure projects.

Sincerely,

Nikolao Pula
Director
Office of Insular Affairs

EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

AUG 31 2012

Honorable Anthony M. Babauta
Assistant Secretary of the Interior for Insular Areas
Office of Insular Affairs
U.S. Department of the Interior
1849 C Street, N.W.
Washington, DC 20240

Hafa Adai Mr. Babauta!

Transmitted herewith is the Government of Guam's revised Capital Improvement Project (CIP) proposal for Fiscal Year 2013. Our amended proposal takes into consideration recommendations made in your March 8, 2012 memorandum to Governor Calvo.

In our proposal, we are requesting \$4,608,000 be allocated to the Department of Public Works (DPW) for, among other things, procurement of new buses and critically needed heavy equipment. As was pointed out by Director Joanne Brown in your recent visit to the department, there is a serious need to procure new buses to augment their aging fleet. The amount for buses requested herein, together with \$1.28M approved from the FY12 CIP grant and \$2,545,000 in our FY14 CIP proposal brings the total committed to DPW for busing alone to approximately \$6M.

Additionally, we are requesting \$1M for the Department of Parks & Recreation for island-wide restroom repairs and upgrades and \$520K for the Mayors' Council of Guam (MCOG) for community facility renovations and repairs. We are pleased to note that these funds, coupled with the MCOG's FY12 IA grant (\$500K) and the \$1.47M in our FY14 CIP proposal, brings the total committed to island-wide community and recreational facility improvements to \$3.5M.

We respectfully request favorable consideration of the Government of Guam's submission. Should you have any questions or require further information, please contact Mr. John Rios, Director, or Mr. Arthur Mariano, DOI IA & CIP Project Coordinator, Bureau of Budget & Management Research, at (671) 475-9412/0.

Sinseru yan Maga'het

RAY TENORIO
I Muga' Låhen Guåhan Para Pago
Acting Governor of Guam

Attachments

Department of Interior, Office of Insular Affairs
FY2013 CIP Grant
Proposed Projects (Amended 8-30-2012)

RECIPIENT DEPT. / AGENCY	PROPOSED GRANT PROJECT	FUNDING LEVEL:	REFERENCE
DEPARTMENT OF PUBLIC WORKS			
	School Bus Procurement (12) & Preventive Maintenance	\$2,063,000	
	Heavy Equipment Procurement & Preventive Maintenance	\$2,000,000	
	Infrastructure Maintenance Projects (Original proposal)	<u>\$545,000</u>	
		\$4,608,000	Attachment #1
DEPARTMENT OF PARKS & RECREATION			
	Island-wide Restroom Repairs & Upgrades	\$1,000,000	Attachment #2
MAYORS' COUNCIL OF GUAM			
	Community Facility Renovations & Repairs	\$520,000	Attachment #3
GRAND TOTAL - FY2013 CIP GRANT PROJECTS (AMENDED)		<u><u>\$6,128,000</u></u>	

Project Title: Government of Guam Maintenance Projects

Primary Contact:

Name: Joanne S. Brown
Title: Director
Agency: Department of Public Works
Address: 542 North Marine Corps Drive
Tamuning, Guam 96913
Telephone Number: (671) 647-3131/3232
Facsimile: (671) 649-6178
Email Address: joanne.brown@dpw.guam.gov

Alternate Contact:

Name: Carl Dominguez
Title: Deputy Director
Agency: Department of Public Works
Address: 542 North Marine Corps Drive
Tamuning, Guam 96913
Telephone Number: (671) 647-3131/3232
Facsimile: (671) 649-6178
Email Address: carl.dominguez@dpw.guam.gov

Project Justification:

Pursuant to recommendations made by the Department of the Interior, the Government of Guam is hereby requesting to set-aside approximately \$545,000 of its FY2013 CIP funds to create a "Maintenance Set-Aside Fund." This amount, which equates to approximately eight percent (8%) of the maximum FY2013 CIP funding level anticipated (\$6,545,000) will be used for priority CIP projects identified by our Department of Public Works.

Cost Estimates & Timelines:

<u>PROJECT DESCRIPTION & LOCATION</u>	<u>COST:</u>	<u>TIME FRAME:</u>
• Ricardo J. Bordallo Governor's Complex (Anigua):		
○ Emergency Generator replacement	\$100,000	6 months
○ Structural repairs / renovations	\$145,000	12 months
• Government House (Agana Heights):		
○ Emergency Generator replacement	\$125,000	6 months
○ Roof repairs	\$50,000	12 months
• Department of Public Works (Tamuning):		
○ Emergency Generator repair	\$25,000	4 months
○ Building "A" repairs	\$50,000	12 months
○ Building "B" repairs	<u>\$50,000</u>	12 months
Grand Total:	\$545,000	

Application for Federal Assistance SF-424

* 1. Type of Submission

- ☐ Preapplication
☐ Application
☐ Changed/Corrected Application

* 2 Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s)

* Other (Specify)

* 3 Date Received:

10/01/2012

4. Applicant Identifier:

5a. Federal Entity Identifier:

DOI-OA

* 5b. Federal Award Identifier:

N/A

State Use Only:

6. Date Received by State:

10/01/2012

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Government of Guam

* b. Employer/Taxpayer Identification Number (EIN/TIN):

980018947

* c. Organizational DUNS:

778904292

d. Address:

* Street1:

P.O. Box 2950

Street2:

* City:

Hagatna

County:

* State:

Guam

Province:

* Country:

U.S.A.

* Zip / Postal Code:

96932

e. Organizational Unit:

Department Name:

Office of the Governor of Guam

Division Name:

N/A

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

Prefix:

Mr.

* First Name:

Raymond

Middle Name:

S.

* Last Name:

Tenorio

Suffix:

Title:

Acting Governor of Guam

Organizational Affiliation:

Government of Guam

* Telephone Number:

(671) 472-9380

Fax Number:

(671) 477-2007

* Email:

ltgovernor@guam.gov

Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:**

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:**

* Other (specify)

U.S. Territory or Possession

*** 10. Name of Federal Agency:**

U.S. Department of the Interior, Office of Insular Affairs

11. Catalog of Federal Domestic Assistance Number:

15875

CFDA Title:

Economic, Social and Political Development of the Territories

*** 12. Funding Opportunity Number:**

N/A

*** Title:**

N/A

13. Competition Identification Number:

N/A

Title:

N/A

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

Island of Guam

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

FY2013 CIP Projects (Revised 8-30-12) for the following departments / agencies: DPW (\$4,608,000), Department of Parks & Recreation (\$1M) & Mayors' Council of Guam (\$520K)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="6,128,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="6,128,000.00"/>

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

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

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

☐ Yes
 ☒ No

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)

☒ ** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email:
 * Signature of Authorized Representative 
 * Date Signed:

Authorized for Local Reproduction

 Standard Form 424 (Revised 10/2005)
 Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

N/A

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. • 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. • 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. 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.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	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.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.	13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	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.
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.	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.
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, 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 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. • 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.
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:		
	a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
	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.	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.

	<p>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.</p>	19.	<p>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 State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.</p>																								
	<p>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).</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. If yes, include an explanation on the continuation sheet.</p>																								
	<p>e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, (if applicable) that will undertake the assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application (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>	21.	<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. 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>																								
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td>A. State Government</td> <td>M. Nonprofit</td> </tr> <tr> <td>B. County Government</td> <td>N. Nonprofit</td> </tr> <tr> <td>C. City or Township Government</td> <td>O. Private Institution of Higher Education</td> </tr> <tr> <td>D. Special District Government</td> <td>P. Individual</td> </tr> <tr> <td>E. Regional Organization</td> <td>Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td>F. U.S. Territory or Possession</td> <td>R. Small Business</td> </tr> <tr> <td>G. Independent School District</td> <td>S. Hispanic-serving Institution</td> </tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td> <td>T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td> <td>U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td>V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td> <td>W. Non-domestic (non-US) Entity</td> </tr> <tr> <td>L. Public/Indian Housing Authority</td> <td>X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit	B. County Government	N. Nonprofit	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)		
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BUDGET INFORMATION - Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ 0.00	\$.00	\$ 0.00
2. Land, structures, rights-of-way, appraisals, etc.	\$ 0.00	\$.00	\$ 0.00
3. Relocation expenses and payments	\$ 0.00	\$.00	\$ 0.00
4. Architectural and engineering fees	\$ 0.00	\$.00	\$ 0.00
5. Other architectural and engineering fees	\$.00	\$.00	\$ 0.00
6. Project inspection fees	\$ 0.00	\$.00	\$ 0.00
7. Site work	\$.00	\$.00	\$ 0.00
8. Demolition and removal	\$.00	\$.00	\$ 0.00
9. Construction	\$ 1,065,000.00	\$.00	\$ 1,065,000.00
10. Equipment	\$ 0.00	\$.00	\$ 0.00
11. Miscellaneous	\$ 5,063,000.00	\$.00	\$ 5,063,000.00
12. SUBTOTAL (sum of lines 1-11)	\$ 6,128,000.00	\$ 0.00	\$ 6,128,000.00
13. Contingencies	\$ 0.00	\$.00	\$ 0.00
14. SUBTOTAL	\$ 6,128,000.00	\$ 0.00	\$ 6,128,000.00
15. Project (program) income	\$ 0.00	\$.00	\$ 0.00
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ 6,128,000.00	\$ 0.00	\$ 6,128,000.00
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.	Enter eligible costs from line 16c Multiply X 100.00 %		
			\$ 6,128,000.00

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