Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents
Application Submission Guidance

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

- This document provides guidance on some, but not all elements of the application. Applicants must still submit **all** required information on those elements not covered or commented on in this document.

- For technical questions on the application process through the grants.gov website (e.g., uploading documents), please contact **800-518-4726 or support@grants.gov.** Note: Please ask for a ticket number when speaking with a Grants.gov representative. The ticket number is not needed for the application, but it may be necessary should you need additional assistance in submitting your application.

- For programmatic questions on the Initiative, please email **NFInitiative2012@cms.hhs.gov**. Note: Programmatic questions received after May 31, 2012 are not guaranteed a response.

- All applications must be submitted electronically and be received through Grants.gov by 3:00 pm Eastern Time on June 14, 2012.

- To submit an application via Grants.gov, all applications must have the following information:

    - Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply.
    - Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: http://www.dnb.com/ or call 1-866-705-5711. This number should be entered in the block 8c (on the Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8d should be exactly as given for the DUNS number.
    - Registration in the Central Contractor Registration (CCR) database at http://www.ccr.gov/.

- Authorized Organizational Representative. The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password. Please visit: http://grants.gov/applicants/get_registered.jsp. AORs must wait at least one business day after registration in CCR before entering their profiles in Grants.gov. When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz point-of-contact (POC) will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz point of contact (E-Biz POC) with the AOR copied on the correspondence. The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications. The AOR and the DUNS must match. If your organization has more than one DUNS number, be sure you have the correct AOR for your application.

- Please note the time needed to obtain the above information is substantial, and applicants should therefore begin the processes immediately to ensure information is received in advance of application deadlines.

- For more information about the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents, please see the modified funding opportunity announcement at: http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/NFInitiativeFOAModified042712.pdf.

Save & Submit | Save | Print | Cancel | Check Package for Errors

GRANTS.GOV

Grant Application Package

Opportunity Title:	Initiative to Reduce Avoidable Hospitalizations among N
Offering Agency:	Centers for Medicare & Medicaid Services
CFDA Number:	93.621
CFDA Description:	Affordable Care Act Initiative to Reduce Avoidable Hosp
Opportunity Number:	CMS-1E1-12-002
Competition ID:	CMS-1E1-12-002-014033
Opportunity Open Date:	03/15/2012
Opportunity Close Date:	06/14/2012
Agency Contact:	Mary Greene Grants Management Officer E-mail: OAGMGrantsBaltimore@cms.hhs.gov

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

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

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

* **Application Filing Name:**

Mandatory Documents

Application for Federal Assistance (SF-424)
Other Attachments Form
Project/Performance Site Location(s)
Project Abstract Summary
Disclosure of Lobbying Activities (SF-LLL)
Project Narrative Attachment Form
Budget Narrative Attachment Form

Move Form to Complete =>

Move Form to Delete <=

Mandatory Documents for Submission

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

Optional Documents

Move Form to Submission List =>

Move Form to Delete <=

Optional Documents for Submission

Open Form

Instructions

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

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

2 **Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3 **Click the "Save & Submit" button to submit your application to Grants.gov.**

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

View Burden Statement

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☐ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: Completed by Grants.gov upon submission.

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:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country: UNITED STATES

* 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:

Item 4: Enter Notice of Intent to Apply (NOIA) confirmation number.

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

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

Application for Federal Assistance SF-424

* **9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Centers for Medicare & Medicaid Services

11. Catalog of Federal Domestic Assistance Number:

93.621

CFDA Title:

Affordable Care Act Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

* **12. Funding Opportunity Number:**

CMS-1E1-12-002

* Title:

Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

Item 14: No entries or attachments are required in this section.

Item 15: Enter "Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents".

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

Add Attachment | Delete Attachment | View Attachment

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

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

There are no required attachments for this section.

Item 16.b: No information is required.

No attachments are required for this section.

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.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date:

Item 17.a: 08/25/2012

* b. End Date:

Item 17.b: 08/24/2016

18. Estimated Funding ($):

* a. Federal

b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

Item 18: "Estimated Funding" shall contain the amount of Federal funding requested for the FIRST FUNDING PERIOD (first 12 months) of the project only.

*** 19. Is Application Subject to Review By State Under Executive Or**

☐ a. This application was made available to the State under the Ex

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

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

☐ Yes ☐ No

If "Yes", provide explanation and attach

Add Attac

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

21. *By signing this application, I certify (1) to the statements contain herein are true, complete and accurate to the best of my knowledg comply with any resulting terms if I accept an award. I am aware that a 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: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Upload the required Cover Letter in this field*.

Other Attachment File(s)

* Mandatory Other Attachment Filename:

Add Mandatory Other Attachment | Delete Mandatory Other Attachment | View Mandatory Other Attachment

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

Add Optional Other Attachment | Delete Optional Other Attachment | View Optional Other Attachment

Upload the following items to this section if applicable:

- Indirect cost rate agreement
- Facility and/or State resident satisfaction surveys

*Applicants may, at their discretion, combine and include all documents (e.g., cover letter, project narrative, budget narrative, and all appendices) in a single PDF file rather than attaching each document as a separate file.

Complete the required fields in this form for the prime applicant only (not for the partnering nursing facilities). No attachments are required.

View Burden Statement

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

Project/Performance Site Location(s)

Project/Performance Site Primary Location

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

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

Delete Entry Next Site

Additional Location(s) Add Attachment Delete Attachment View Attachment

View Burden Statement

OMB Number: 0980-0204
Expiration Date: 08/31/2012

Project Abstract Summary

Program Announcement (CFDA)

93.621

Program Announcement (Funding Opportunity Number)

CMS-1E1-12-002

Closing Date

06/14/2012

Applicant Name

Length of Proposed Project

Enter "48" (months)

Application Control No.

Federal Share Requested (for each year)

Federal Share 1st Year	Federal Share 2nd Year	Federal Share 3rd Year
$	$	$
Federal Share 4th Year	**Federal Share 5th Year**	
$	$	

Non-Federal Share Requested (for each year)

Non-Federal Share 1st Year	Non-Federal Share 2nd Year	Non-Federal Share 3rd Year
$	$	$
Non-Federal Share 4th Year	**Non-Federal Share 5th Year**	
$	$	

Project Title

Project Abstract Summary

Project Summary

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

Complete this form for lobbying activities by prime applicant and any subapplicants (or subcontractors).

For organizations and subapplicants with no lobbying activities, see below^.

Close Form

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

Review Public Burden Disclosure Statement

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing

^Item 4: Enter applicant's name, street address, and city.

4. Name and Address of Reporting Entity:
- [x] Prime
- [ ] SubAwardee

** Name*

** Street 1* *Street 2*

** City* *State* *Zip*

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

^Item 6: Enter "CMS"

6. * Federal Department/Agency:

7. * Federal Program Name/Description:
Affordable Care Act Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

CFDA Number, *if applicable:* 93.621

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*
$

10. a. Name and Address of Lobbying Registrant:

Prefix ** First Name* *Middle Name*

** Last Name* *Suffix*

Street 1 *Street 2*

** City* *State*

^Items 10.a and 10.b: Enter "Not applicable" in all required (i.e., yellow) fields.

b. Individual Performing Services (including address if different from No. 10a)

Prefix ** First Name* *Middle Name*

** Last Name* *Suffix*

** Street 1* *Street 2*

** City* *State*

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

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying acti reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required purs 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.

*** Signature:** Completed on submission to Grants.gov

***Name:** *Prefix* ** First Name* *Middle Name*

** Last Name* *Suffix*

Title: **Telephone No.:** **Date:** Completed on submission to Grants.gov

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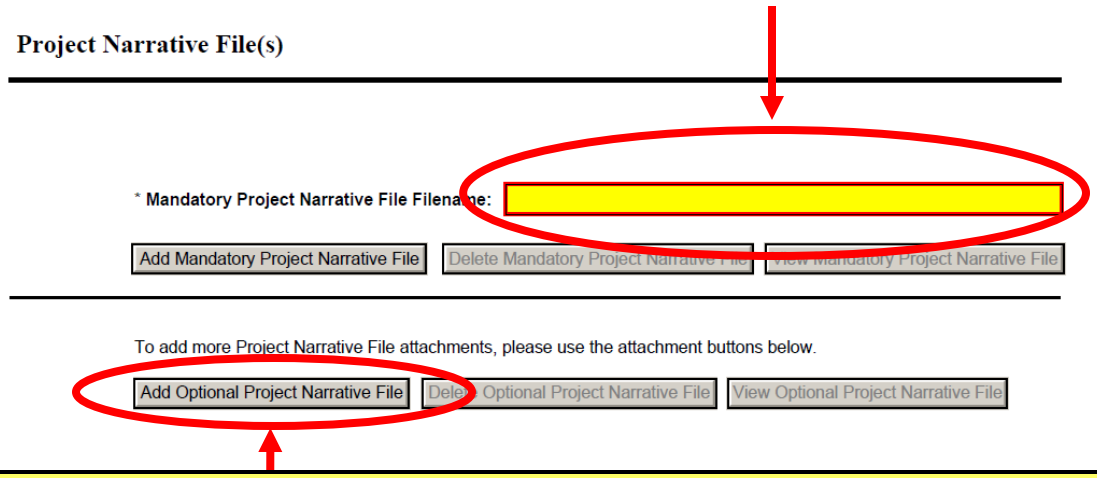
Upload the Application Narrative containing the following sections[1]:

- Proposed approach
- Organizational capacity
- Reporting and evaluation
- Organizational structure[2]



The following documents can be uploaded in this section (if not included in the Application Narrative file).

- Project summaries of past experience[3]
- Detailed vitae of key personnel
- State letters of support and commitment[4]
- Letters of Intent from nursing facilities indicating their willingness to partner with the applicant[4]
- Tables 1-3 of Appendix C

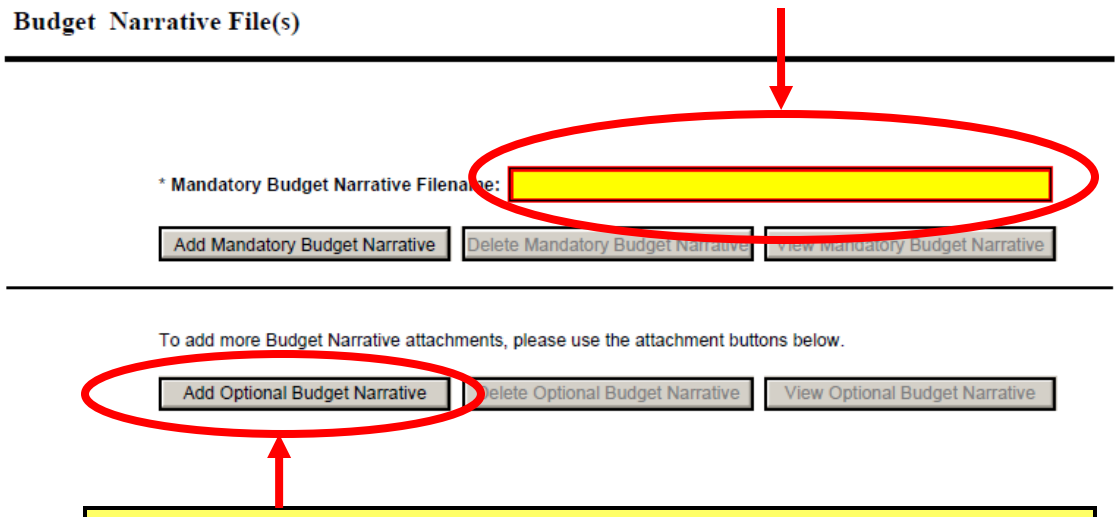
[1] Applicants may, at their discretion, combine and include all documents (e.g., cover letter, project narrative, budget narrative, and all appendices) in a single PDF file rather than attaching each document as a separate file.

[2]Information requested as part IV.2.B.iv.4.1 Organizational Structure in the funding opportunity announcement (bottom of page 41 of the modified funding opportunity announcement) may be included as part of the Proposed Approach, IV.2.B.iv.1.2 Staffing of the Intervention Model (page 37 of the modified funding opportunity announcement).

[3]Applicants are required to provide summaries of past experience as part of the Proposed Approach, IV.2.B.iv.2.2 Past Performance (page 38 of the modified funding opportunity announcement). Additional documentation (e.g., more detailed summaries, third party studies, brochures, etc.) may be included as an appendix, but is not required.

[4]State letters of support and letters of intent from nursing facilities must be uploaded with the application package and not mailed separately.

Upload the Budget Narrative in this field[5]:



The following documents can be uploaded in this section (if not included in the Budget Narrative file):

- Organizational structure[6]
- Monthly financial plan narrative
- Monthly financial plan, Tables 4-7 Appendix D

[5]Applicants may, at their discretion, combine and include all documents (e.g., cover letter, project narrative, budget narrative, and all appendices) in a single PDF file rather than attaching each document as a separate file.

[6]Information requested as part IV.2.B.iv.4.1 Organizational Structure in the modified funding opportunity announcement (bottom of page 41 of the modified funding opportunity announcement) may be included as part of the Proposed Approach, IV.2.B.iv.1.2 Staffing of the Intervention Model (page 37 of the modified funding opportunity announcement).

View Burden Statement

BUDGET INFORMATION - Non-Construction Programs

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

SECTION A - BUDGET SUMMARY

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

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SECTION B - BUDGET CATEGORIES

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

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

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

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16.	$	$	$	$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$	$	$	$

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

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View Burden Statement

OMB Number: 4040-0007
Expiration Date: 06/30/2014

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Completed on submission to Grants.gov	
* APPLICANT ORGANIZATION	* DATE SUBMITTED
	Completed on submission to Grants.gov

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