



## ECONOMIC DEVELOPMENT ADMINISTRATION

# APPLICATION FOR FEDERAL ASSISTANCE

This application is used to request financial assistance for programs funded by the Economic Development Administration (EDA) under the Public Works and Economic Development Act of 1965, as amended, including the comprehensive amendments by the Economic Development Administration Reform Act of 1998 (PWEDA). The basic application contains general requirements, instructions, and documents which apply to all EDA programs. Additional information, instructions, and documents applicable to specific programs are included in the program-specific section of this application. The letter inviting submission of an application identifies the specific components that apply to the project, and which must be submitted as part of the overall application.

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**Application for Federal Assistance**  
**OMB Approval No. 0610-0094**

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

The information is required to obtain or retain benefits from the Economic Development Administration pursuant to the Public Works and Economic Development Act of 1965, as amended (Public Law 89-136, 42 U.S.C. § 3121, et seq.), and as further amended by the Economic Development Administration Reform Act of 1998 (Public Law 105-393). The reason for collecting this information is to enable the prospective applicants to apply for financial assistance and for the Economic Development Administration to determine their eligibility and compliance with Federal and other requirements. No confidentiality for the information submitted is promised or provided except that which is exempt under 5 U.S.C. § 552(b)(4) as confidential business information.

The public reporting burden for this collection is estimated to average 48.5 hours per response including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Economic Development Administration, Herbert C. Hoover Building, Washington, DC, 20230, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

# APPLICATION INSTRUCTIONS

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## General Information

Economic Development Administration (EDA) program announcements and funding notices are published at least annually in the *Federal Register*. The funding notices include important information on program requirements, selection criteria, and application procedures for all EDA programs. Current funding notices, program regulations, eligibility criteria and other requirements can be found on the EDA Web site at [www.doc.gov/eda](http://www.doc.gov/eda).

## Preapplication Requirements

To apply for EDA Community and Regional Economic Development Assistance programs, eligible recipients must first submit a preapplication proposal on EDA's Preapplication for Federal Assistance, Form ED-900P. Proposals generally include a narrative description of the project area, the project (scope of work), the proponent's capability, the economic development problem, project impact, beneficiaries, budget and proposed sources of project funding, among other things as specified in the annual funding notice and EDA program regulations.

## Application Requirements

When EDA selects a proposal for further funding consideration, the applicant will receive a letter inviting the submission of the final application. The EDA Application for Federal Assistance (ED-900A) includes general requirements that apply to all applicants, and a separate section with program requirements that apply to the specific program activity proposed for EDA funding consideration. Applicants must complete both the general requirements and the program requirements, as specified in the invitation letter, and submit both with the required exhibits and assurances.

Applicants are required to submit the original (including all forms with original signatures) and two copies of the completed application to EDA. Identify exhibits by placing the exhibit number in the upper right hand corner of the first page of each exhibit. Please provide exhibits on front side only (not front and back). Instructions for completion of questions/exhibits have been incorporated into the text of the application. Preprinted forms such as debarment/lobbying and name check forms are provided as part of this application package and may be reproduced by the applicant if multiple copies are needed. Preprinted forms are identified with an asterisk(\*).

For some programs, this application may require technical documentation for engineering, environmental, finance, legal, or civil rights reviews which involve coordination with various local, State and Federal agencies, and with private sector organizations.

In order to properly complete the application and provide the required documentation, a contact person should be designated as specified in item 5 of the SF-424. Incomplete or incorrect documentation may delay the processing of the application.

## Processing and Approval

Applicants will be notified by the appropriate office when the application has been received, and whether it is acceptable for processing. Applicants may be requested to provide additional clarifying information during the review of the application. Should a problem arise during the review which would seriously delay a final funding decision, applicants may be requested to withdraw the application pending the resolution of the problem and resubmit at a later time. Problems which cannot be resolved may lead to disapproval of the application. If the application is approved by EDA, a formal announcement will be made and a Financial Assistance Award will be forwarded to the applicant. Upon affirmation/acceptance of the Award, funds will be made available for disbursement in accordance with the terms and conditions of the Award.

## **Community and Regional Economic Development Assistance**

Applicants for Community and Regional Economic Development Assistance programs should seek guidance from the Economic Development Representative (EDR) serving the project area or the Regional Office Contact identified in the invitation letter. Unless specifically advised otherwise, the original and two copies of the completed application are to be submitted to the EDR who will determine if it is complete, help resolve any problems noted and forward it to the appropriate Regional Office. The Regional Office will advise you that the application has been received and whether it is acceptable for processing.

EDA Regional Office and the States/areas they cover are:

### **Atlanta Regional Office**

401 W. Peachtree Street, N.W., Suite 1820  
Atlanta, Georgia 30308-3510  
Telephone: (404) 730-3002

Serves: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

### **Austin Regional Office**

327 Congress Avenue, Suite 200  
Austin, Texas 78701-4037  
Telephone: (512) 381-8144

Serves: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

### **Chicago Regional Office**

111 North Canal, Suite 855  
Chicago, Illinois 60606-7204

Serves: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

### **Denver Regional Office**

1244 Speer Boulevard, Room 670  
Denver, Colorado 80204  
Telephone: (303) 844-4715

Serves: Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah and Wyoming.

### **Philadelphia Regional Office**

Curtis Center  
601 Walnut Street, Suite 140 South  
Philadelphia, Pennsylvania 19106

Serves: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virginia, U.S. Virgin Islands, and West Virginia.

### **Seattle Regional Office**

Jackson Federal Building, Room 1890  
915 Second Avenue  
Seattle, Washington 98174

Serves: Alaska, American Samoa, Arizona, California, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Hawaii, Idaho, Nevada, Oregon, Republic of Palau, Republic of the Marshall Islands, and Washington.

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name:		Organizational Unit:	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <input type="text"/> <input type="text"/> - <input type="text"/>		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <input type="checkbox"/>	
<b>8. TYPE OF APPLICATION:</b> <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): _____		A. State                      H. Independent School Dist. <input type="checkbox"/> B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal         M. Profit Organization G. Special District        N. Other (Specify) _____	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		<b>9. NAME OF FEDERAL AGENCY:</b>	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): _____ TITLE:		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date	Ending Date	a. Applicant	b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
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		
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
		<input type="checkbox"/> Yes    If "Yes," attach an explanation. <input type="checkbox"/> No	
<b>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.</b>			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed	

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 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 used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry:  | Item: | Entry:   |
|-------|---|-------|--|
| 1.    | Self-explanatory.   | 12.   | List only the largest political entities affected (e.g., State, counties, cities).   |
| 2.    | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).   | 13.   | Self-explanatory.  |
| 3.    | State use only (if applicable).   | 14.   | List the applicant's Congressional District and any District(s) affected by the program or project.  |
| 4.    | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.   | 15.   | 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 <i>only</i> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5.    | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.  | 16.   | 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.  |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.   | 17.   | 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.  |
| 7.    | Enter the appropriate letter in the space provided.   | 18.   | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as 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.)  |
| 8.    | Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br><br>-- "New" means a new assistance award.<br><br>-- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br><br>-- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |       |  |
| 9.    | Name of Federal agency from which assistance is being requested with this application.  |       |  |
| 10.   | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.   |       |  |
| 11.   | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.   |       |  |

# GENERAL REQUIREMENTS

## Update Project Narrative

Provide a narrative description and any changes to the project area, scope of work, economic development need, purpose, impact, employer's status, if changed since submission of proposal. Provide as *Exhibit 1*.

## Potential Issues

Are there any issues such as litigation (pending or potential), environmental concerns, financing requirements, public opposition or any other matters which could affect compliance with EDA or other federal requirements related to the construction, financing, ownership or operation of the project, including the timely start and completion of the project? Provide as *Exhibit 2*.

## Submit an executed \*Certifications Regarding Debarment, Suspension, and Other Responsibility Matters; Drug-Free Workplace Requirements and Lobbying.

All applicants for Federal assistance must comply with the requirements under 15 CFR Part 26, regarding government-wide debarment and suspension (non-procurement) and government-wide requirements for drug-free workplaces, and 15 CFR Part 28, regarding restrictions on lobbying. Applicants must certify that they have not been debarred or suspended from receiving any type of Federal assistance, that they will provide drug-free workplaces, and that Federal funds have not been used and will not be used for lobbying in connection with this request for Federal assistance. If non-federal funds have been used or are planned to be used for lobbying in connection with this request for Federal assistance, a **“Disclosure of Lobbying Activities”** form must be completed.

- ' Applicant's **“Certifications Regarding Debarment, Suspension, and Other Responsibility Matters; Drug-Free Workplace Requirements and Lobbying”** (CD-511), is attached as *Exhibit 3.a*.
- ' Applicant's **“Disclosure of Lobbying Activities”** (SF-LLL), if any, is attached as *Exhibit 3.b*.

## Provide evidence of compliance with Executive Order 12372, State Single Point of Contact (SPOC).

Requests for EDA assistance met the SPOC process established by the State, as indicated below.

State Application  
Identification

Number: \_\_\_\_\_ Date assigned: \_\_\_\_\_

- ' SPOC clearance/comments is/are attached as *Exhibit 4*.
- ' The State does not have a project review process.
- ' Review period has expired and no comments received.

## Non-Federal Share

EDA's grant rate may not exceed 50% of eligible project costs, unless EDA determines that the project is eligible for a reduction or waiver of the non-Federal share. If a non-Federal share is required for your project, complete the following:

- a. Identify the **source and nature** of the non-Federal share of project costs as shown in the project budget and attach as *Exhibit 5.a*.
- b. Are **in-kind contributions** included as part of the non-Federal share of the project funding?
  - ' Yes. If yes, explain the nature and the basis on which they are valued, and attach as *Exhibit 5. b*.
  - ' No.
- c. Provide evidence that funds for the non-Federal share of project cost are committed and will be made available as needed for the project. Attach as *Exhibit 5.c*.
- d. Identify any **other Federal assistance** and the nature thereof received or requested for this project and provide as *Exhibit 5.d*.

## Civil Rights

Applicant will comply with all applicable civil rights requirements.

- ' Yes
- ' No

## Other Parties

"Other Parties" benefitting from the project, i.e. entities that *will be creating and/or saving 15 or more permanent jobs* as a result of EDA assistance, will comply with all applicable civil rights requirements.

- ' Yes
- ' No
- ' No "other parties" identified.

## Justification for Sole Source Procurement

- ' Where procurement will not be conducted by competitive bid, provide a justification. See 15 CFR §14.40, *et seq.*, or 15 CFR §24.36, as applicable. Attach as **Exhibit 6**.
- ' Contracts will be awarded by competitive bid.

## Governmental Reviews

When the applicant is not a State, Indian tribe or other general-purpose governmental authority the applicant must afford the appropriate general purpose local governmental authority of the area a minimum of 15 days in which to review and comment on the proposed project. The applicant shall furnish a copy of such comments, or a statement of the efforts made to obtain them together with an explanation of the actions taken to address any comments received.

- ' Local governmental comments and/or statement attached as **Exhibit 7.a**
- ' Not Applicable.

Is the applicant a **special-purpose unit of local government** (such as a Port Authority, Water and Sewer District, etc.)?

- ' Yes. If yes, describe the type of organization and attach as **Exhibit 7.b**, current "Statement from Parent Local Government" as to why the Special Purpose Unit of Government is the better qualified agency to make this application and administer the proposed project.
- ' No. Not Applicable.

## Non-governmental Applicants

a. Provide a **"Name Check"** (CD-346) completed by each officer, executive director and chief financial officer, as **Exhibit 8.a**. (Required from applicants that are private or public nonprofit organizations, for-profit firms, or individuals; NOT required for designated Economic Development Districts.)

b. All applicants must provide a **Certificate of Good Standing** or its legal equivalent from the State in which the organization is incorporated.

New applicants must also provide their **Articles of Incorporation** and **By-Laws**.

Current grantees must also provide their **Articles of Incorporation** and/or **By-Laws** if either has been amended; OR

A statement certifying that there has been no change in the **Articles of Incorporation** and/or **By-Laws**.

Attach as **Exhibit 8.b**.

c. Public or private nonprofit organizations must act in cooperation with officials of a political subdivision of a State, or Indian tribe, as applicable.

- ' A resolution passed by, or a letter signed by, an authorized representative of a political subdivision of a State or Indian tribe, acknowledging that applicant is acting in cooperation with officials of the political subdivision or Indian tribe, as applicable, is attached as **Exhibit 8.c**.

## CHECKLIST OF GENERAL EXHIBITS

This checklist identifies all of the Exhibits in the general section of the application. Exhibit numbers refer to the specific item number in the application. Those with an asterisk (\*) are preprinted forms which are included. Check the items and Exhibits submitted.

'	1.	Update Project Narrative	
'	2.	Potential Issues	
'	3.a.	*CD 511, Debarment, Lobbying, Suspension, and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying	
'	3.b.	*SF-LLL, Disclosure of Lobbying	
'	4.	State Single Point of Contact (SPOC) Comments	
'	5.a.	Source of Non-Federal Share	
'	5.b.	In-kind Explanation	
'	5.c.	Commitment/Availability of Non-Federal Share	
'	5.d.	Other Federal Assistance	
'	6.	Sole Source Procurement	
'	7.a.	Local Governmental Comments	
'	7.b.	Special Purpose Unit of Local Government	
'	8.a.	*CD 346, Name Check	
'	8.b.	Certificate of Good Standing (or legal equivalent), Articles of Incorporation, and By-Laws	
'	8.c.	Resolution/Letter of Cooperation from Political Subdivision/Indian Tribe	



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

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 on this form provides for compliance with certification requirements under 15 CFR Part 26, "Governmentwide Debarment and Suspension (Nonprocurement)" and "Governmentwide Requirements for Drug-Free Workplace" and 15 CFR Part 28, "New Restrictions on Lobbying." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Commerce determines to award the covered transaction, grant, or cooperative agreement.

### 1. DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 15 CFR Part 26, for prospective participants in primary covered transactions, as defined at 15 CFR Part 26, Sections 26.105 and 26.110 -

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal 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/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

### 2. DRUG-FREE WORKPLACE REQUIREMENTS Alternate I. Grantees Other Than Individuals

As required by the Drug-Free Workplace Act of 1988, and implemented at 15 CFR Part 26, Subpart F, for grantees, as defined at 15 CFR Part 26, Sections 26.605 and 26.610 -

A. The grantee 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 ongoing 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 ten 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 the Director, Office of Federal Assistance, Office of Federal Assistance and Management Support, HCHB Room 6054, U.S. Department of Commerce, Washington, DC 20230. 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 shall 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.

**Alternate II. Grantees Who Are Individuals**

As required by the Drug-Free Workplace Act of 1988, and implemented at 15 CFR 26, Subpart F, for grantees, as defined at 15 CFR Part 26, Sections 26.605 and 26.610 -

(A) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(B) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the Director, Office of Federal Assistance, Office of Federal Assistance and Management Support, HCHB Room 6054, U.S. Department of Commerce, Washington, DC 20230. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

**3. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 15 CFR Part 28, for persons entering into a grant, cooperative agreement or contract over \$100,000, or loan or loan guarantee over \$150,000, as defined at 15 CFR Part 28, Sections 28.105 and 28.110, the applicant certifies that to the best of his or her knowledge and belief, that:

(1) 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 an agency, a Member of Congress, an officer or employee

of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification(s).**

NAME OF APPLICANT	AWARD NUMBER AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

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

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. CONTRACT <input type="checkbox"/> b. GRANT <input type="checkbox"/> c. COOPERATIVE AGREEMENT <input type="checkbox"/> d. LOAN <input type="checkbox"/> e. LOAN GUARANTEE <input type="checkbox"/> f. LOAN INSURANCE	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. BID/OFFER/APPLICATION <input type="checkbox"/> b. INITIAL AWARD <input type="checkbox"/> c. POST-AWARD	<b>3. Report Type</b> <input type="checkbox"/> a. INITIAL FILING <input type="checkbox"/> b. MATERIAL CHANGE <b>FOR MATERIAL CHANGE ONLY:</b> YEAR _____ QUARTER _____ DATE OF LAST REPORT _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> PRIME <input type="checkbox"/> SUBAWARDEE TIER _____, IF KNOWN:		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of</b>
Congressional District, if known: _____		Congressional District, if known: _____
<b>6. Federal Department/Agency</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number if known:</b>	<b>9. Award Amount if known:</b> \$ _____	
<b>10a. Name and Address of Lobbying Entity</b> <i>(If individual, last name, first name, MI)</i>	<b>b. Individual Performing Services (including address if different from No. 10A) (last name, first name, MI)</b>	
<i>(attach Continuation sheet(s) SF LLL-A, if necessary)</i>		
<b>11. Amount of Payment (check all that apply):</b> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a. RETAINER <input type="checkbox"/> b. ONE-TIME FEE <input type="checkbox"/> c. COMMISSION <input type="checkbox"/> d. CONTINGENT FEE <input type="checkbox"/> e. DEFERRED <input type="checkbox"/> f. OTHER; SPECIFY: _____	
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>14. Brief Description of Services performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11:</b>          (attach Continuation sheet(s) SF LLL-A, if necessary)		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>11.</b> 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 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 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: _____ Printed Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		AUTHORIZED FOR LOCAL REPRODUCTION Standard Form - LLL

## INSTRUCTIONS

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 covered 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. Identify 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 followup 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 the 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 by the Federal agency, enter the Federal amount of the award/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 9a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. In other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. 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 the 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 this 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, DC 20503.

FORM **CD-346**  
(REV. 03-00) LF  
DAO 207-10

U.S. DEPARTMENT OF COMMERCE

**DO NOT COMPLETE THIS SECTION****APPLICANT FOR FUNDING ASSISTANCE**

DATE OF REQUEST

- NAME CHECK  
 IDENTIFICATION CHECK

**INSTRUCTIONS:** Please type or print clearly. Information below will be used for investigation of named person's or firm's character and/or integrity. In answer to question 11 below, the fact that you may have a conviction record or have criminal charges pending against you will not necessarily disqualify you. An incorrect answer may cause your application to be turned down. Please read Privacy Act Advisory Statement on reverse of form.

1. NAME OF APPLICANT <i>(If no middle name use (NMN). Also list former names used).</i>		5. NAME AND ADDRESS OF FIRM <i>(Post Office Box is not sufficient)</i>	
LAST	FIRST	MIDDLE	MAIDEN
SPOUSE		6. PHONE NUMBER OF FIRM	7. REGIONAL OFFICE
2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER <i>(Voluntary)</i>		8. U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, give alien registration number)</i>
4. PLACE OF BIRTH			
9. EMPLOYMENT <i>(Last 3 years)</i>			
FROM	TO	EMPLOYER NAME AND COMPLETE ADDRESS	
10. RESIDENCE <i>(Last 3 years)</i>			
FROM	TO	COMPLETE ADDRESS	
11. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OR ARE CRIMINAL CHARGES PENDING AGAINST YOU? <i>(You may omit minor traffic violations for which you forfeited \$50.00 or less).</i>			
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please furnish details on the reverse side of this form).</i>			
12. RESULTS OF CHECK <i>(Government Use Only)</i>			
With knowledge of 18 U.S.C. 1001 and 42 U.S.C. 3220 which provide for criminal penalties for the making of false statements, the undersigned hereby certifies that the above information is correct.			
SIGNATURE			DATE

FORM CD-346  
(REV. 03-00) LF  
DAO 207-10

## PRIVACY ACT ADVISORY STATEMENT

The Privacy Act of 1974 (P.L. 93-479) requires that you be given certain information in connection with: (a)  The request for information solicited on Form CD-346; or (b)  The request for your Social Security Number. Accordingly, pursuant to the requirements of the Act, please be advised:

THE AUTHORITY FOR THE COLLECTION OF THIS DATA IS: 42 USC 3211(12); as well as the responsibilities cited in the Inspector General Act of 1978, Sec. 4(a)(3)

THE PRINCIPAL PURPOSE(S) FOR WHICH THE DATA WILL BE USED IS:

Information is used to establish good character of principal officers and employees of organizations, firms or recipients or beneficiaries of grants, loans, or loan guarantee programs that may receive grants, loans, or guarantees from the U.S. Department of Commerce.

YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY DATA, BUT PROVIDING YOUR SOCIAL SECURITY NUMBER MAY REDUCE DELAYS IN THE REVIEW PROCESS.

QUESTION 11 CONTINUATION:

### PREFATORY STATEMENT OF GENERAL ROUTINE USES

The following routine uses apply to, and are incorporated by reference into, each system of records set forth below:

1. In the event that a system of records maintained by the department to carry out its functions indicates a violation or potential violation of law or contract, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute or contract, or rule, regulation, or order issued pursuant thereto, or the necessity to protect an interest of the Department, the relevant records in the system of records may be referred, as a routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute or contract, or rule, regulation or order issued pursuant thereto, or protecting the interest of the Department.
2. A record from this system of records may be disclosed, as a routine use, to a Federal, state or local agency maintaining civil, criminal or other relevant enforcement information or other pertinent information, such as current licenses if necessary to obtain information relevant to a Department decision concerning the hiring or retention of an individual, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit.
3. A record from this system may be disclosed, as a routine use, to a Federal, state, or local, or international agency, in response to its request, in connection with the assignment, hiring or retention of an individual, the issuance of a security clearance, the reporting of an investigation of an individual, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
4. A record from this system of records may be disclosed, as a routine use in the course of presenting evidence to a court, magistrate or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
5. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual when the individual has requested assistance from the Member with respect to the subject matter of the record.
6. A record in this system of records which contains medical information may be disclosed, as a routine use, to the medical advisor of any individual submitting a request for access to the record under the Act and 15 CFR Part 4b if, in the sole judgement of the Department, disclosure could have an adverse effect upon the individual, under the provision of 5 U.S.C. 552a(f) (3) and implementing regulations at 15 CFR 4b.6.
7. Deleted, Reserved.
8. A record in this system of records may be disclosed, as a routine use, to the Office of Management and Budget in connection with the review of private relief legislation as set forth in OMB Circular No. A-19 at any state of the legislative coordination and clearance process as set forth in that Circular.
9. A record in this system may be disclosed, as a routine use, to the Department of Justice in connection with determining whether disclosure thereof is required by the Freedom of Information Act 5 U.S.C. 552.
10. A record from this system of records may be disclosed, as a routine use, to a contractor of the Department having need for the information in the performance of the contract, but not operating a system of records within the meaning of 5 U.S.C. 552a(m).
11. Deleted, Reserved.
12. A record in this system may be transferred, as a routine use, to the Office of Personnel Management for personnel research purposes; as a data source for management information; for the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained; or for related man-power studies.
13. A record in this system of records may be disclosed, as a routine use, to the Archivist of the United States, National Archives & Records Administration (NARA), or his designee, during an inspection of records conducted by NARA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the NARA regulations governing inspection of records for this purpose, and other relevant (i.e., NARA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

The public reporting burden for this collection is estimated to average 15 minutes per response including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Office of Inspector General, Department of Commerce, 1401 Constitution Avenue, NW, Washington, DC 20230.