SUBMITTING APPLICATIONS THROUGH GRANTS.GOV

Presented By:
Duane Hall
U.S. Department of Labor
Division of Indian and Native American Programs
Why Do I Need To Know How to Submit an Application Through grants.gov?

- Most federal grant applications are submitted through grants.gov
- The application for PY 2018 WIOA funds must be submitted through grants.gov
- grants.gov is not a simple process
- You do not want to lose funding because you made a mistake in submitting your application through grants.gov
What Documents Must Be Submitted to Receive PY 2018 Funding

- SF-424
- SF-424A
- Budget Narrative
- 4-Year Strategic Plan
- Copy of your organization’s Indirect Cost Rate Agreement (If Applicable)

**Important:** Grantees that receive youth and adult funding will have to submit a separate SF-424, SF-424A and Budget Narrative for the youth and adult Program
How Do I Submit My Documents Through Grants.Gov?

Go to grants to: www.Grants.gov
Who in my organization is authorized to submit documents through grants.gov

• Only an AOR can submit an application through grants.gov
• You can request the BIZ POC to make you an AOR or;
• You can complete the application on behalf of the AOR
An explanation of the user roles (Workspace Roles) can be found on the grants.gov website located at:
Let’s Take A Look At grants.gov
How to Search for the FOA for the WIOA Native American Employment and Training Grant

Search by CFDA number 17.265 or Opportunity Number

After searching by agency, click on the link to the Funding Opportunity Number (This was last year’s Funding Opportunity Number)
Click on the Applications tab and then click on Apply for grants
Click on Get Application Package
Enter the Funding Opportunity Number and click “Search”. This is an example number only.
Click on the Package tab and then click on the “apply” link below.
Click on “Login to Apply Now”
Click on “Create Workspace”
Enter a name for your workspace and click “Create Workspace” below
Mandatory Forms must be completed.

Download the forms, complete them and then upload them or you can use the Webform.
Contact Information for Grants.gov

- If you have any general questions, feedback or concerns about Grants.gov Workspace, please contact us via email at community@grants.gov

- If you have issues while completing your Workspace application, please contact the Grants.gov Support Center at support@grants.gov or call 1-800-518-4726
SAM Registration

You must be registered with the System for Award Management (SAM) in order to submit documents through Grants.Gov. SAM accounts expire every year and must be renewed. Please make sure your organization’s Sam Registration is currently active by going to www.sam.gov
How Can I Tell If My Organization / Tribe is Registered with SAM

• Go to the SAM website located at www.sam.gov

• Click on Search Records

• Enter your organization’s or tribe’s DUNS number and click “Search”.

• You can also search by your organization’s or tribe’s name and click “Search”
Search by organization name or DUNS Number and then click on "Search"
This grantee's SAM Registration is Active through July 14, 2018

Click on “View Details to see the EBIZ POC
Additional POCs can be found here.

The is the EBIZ POC that can make you a AOR.
Contact Information for the System for Administrative Management (SAM)

If you have issues with your SAM registration, you can call their help line at: (866) 606-8220. Their hours of operation are Monday – Friday 8:00 a.m. to 8:00 p.m. (Eastern Time)
# Application for Federal Assistance SF-424

### 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Continuation
- [ ] Revision

### 2. Type of Application:
- [x] New

### 3. Date Received:
Enter Date

### 4. Applicant Identifier:
LEAVE BLANK

### 5a. Federal Entity Identifier:
LEAVE BLANK

### 5b. Federal Award Identifier:
LEAVE BLANK

### State Use Only:

6. Data Received by State: Leave Blank

7. State Application Identifier: Leave Blank

### 8. APPLICANT INFORMATION:

- **a. Legal Name:** Enter your Tribe / Organization Name

- **b. Employer/Taxpayer Identification Number (EIN/TIN):**
  Enter your employer Tax ID No.

- **c. Organizational DUNS:**
  1234567890000

- **d. Address:**
### SF-424 Example (Continued)

#### d. Address:

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street1</td>
<td>Enter Street Address</td>
</tr>
<tr>
<td>Street2</td>
<td>Enter additional address information if applicable</td>
</tr>
<tr>
<td>City</td>
<td>Enter City</td>
</tr>
<tr>
<td>County/Parish</td>
<td>Enter County, Parish / Borough</td>
</tr>
<tr>
<td>State</td>
<td><strong>AZ</strong>: Arizona</td>
</tr>
<tr>
<td>Province</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code</td>
<td>85701-0000 <strong>Note: Zip code must have a dash plus 4 digits.</strong> Enter zeros if unknown</td>
</tr>
</tbody>
</table>

#### e. Organizational Unit:

- **Department Name:** Enter only if applicable
- **Division Name:** Enter only if applicable

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

- **Prefix:** Mr.
- **First Name:** John
- **Middle Name:** J.
- **Last Name:** Doe
- **Suffix:**
- **Title:** Executive Director
- **Organizational Affiliation:** Leave Blank or enter same information as 8.a above
- **Telephone Number:** 555-555-1234
- **Fax Number:** 555-555-5678
- **Email:** name@grantee.com
## Application for Federal Assistance SF-424

### 9. Type of Applicant 1: Select Applicant Type:
- I: Indian/Native American Tribal Government (Federally Recognized)

### Type of Applicant 2: Select Applicant Type:
- 

### Type of Applicant 3: Select Applicant Type:
- 

* Other (specify):
- 

### 10. Name of Federal Agency:
- U.S. DOL / Employment and Training Administration

### 11. Catalog of Federal Domestic Assistance Number:
- 17.265

**CFDA Title:**
- Native American Employment and Training

### 12. Funding Opportunity Number:
- Enter once it is known

* Title:
- WIOA, Indian and Native American Employment and Training Grant funding
Attach geographic service areas. Geographic service areas can be found at: [http://www.doleta.gov/dinap/cfml/CensusData.cfm](http://www.doleta.gov/dinap/cfml/CensusData.cfm) Let’s discuss in more detail.
### 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: 07/01/2018  
* b. End Date: 06/30/2019

**18. Estimated Funding ($):**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>100,000.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>0.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>100,000.00</td>
</tr>
</tbody>
</table>

*Must match your PY 2018 funding amounts*

**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 in attachment.)**

- Yes  
- No

If "Yes", provide explanation and attach
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:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>* First Name:</td>
<td>John</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>J.</td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Doe</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>* Title:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>* Telephone Number:</td>
<td>555-555-1234</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>555-555-5678</td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:jdoe@grantee.com">jdoe@grantee.com</a></td>
</tr>
<tr>
<td>* Signature of Authorized Representative:</td>
<td>John Doe</td>
</tr>
<tr>
<td>* Date Signed:</td>
<td>02/26/2018</td>
</tr>
</tbody>
</table>
### BUDGET INFORMATION - Non-Construction Programs

#### SECTION A - BUDGET SUMMARY

<table>
<thead>
<tr>
<th>Grant Program Function or Activity (a)</th>
<th>Catalog of Federal Domestic Assistance Number (b)</th>
<th>Estimated Unobligated Funds (c)</th>
<th>New or Revised Budget (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. ETA Section 166 CSP Adult Program</strong></td>
<td>17.265</td>
<td>Leave Blank</td>
<td>Leave Blank</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Federal</strong></td>
<td><strong>Non-Federal</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Federal</strong></td>
<td><strong>Non-Federal</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$100,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$100,000.00</td>
<td></td>
</tr>
</tbody>
</table>

2. Leave Blank Only complete row 1 above

3. Leave Blank Only complete row 1 above

4. Leave Blank Only complete row 1 above

5. Totals

*These amounts must match your PY 2018 funding amounts. Only complete Row 1.*
### SECTION B - BUDGET CATEGORIES

<table>
<thead>
<tr>
<th>6. Object Class Categories</th>
<th>GRANT PROGRAM, FUNCTION OR ACTIVITY</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(5)</td>
</tr>
<tr>
<td>a. Personnel</td>
<td>ETA Section 166 CSP Adult Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$20,000.00</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>b. Fringe Benefits</td>
<td></td>
<td>5,000.00</td>
</tr>
<tr>
<td>c. Travel</td>
<td></td>
<td>2,000.00</td>
</tr>
<tr>
<td>d. Equipment</td>
<td></td>
<td>2,000.00</td>
</tr>
<tr>
<td>e. Supplies</td>
<td></td>
<td>1,000.00</td>
</tr>
<tr>
<td>f. Contractual</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>g. Construction</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>h. Other</td>
<td></td>
<td>65,000.00</td>
</tr>
<tr>
<td>i. Total Direct Charges (sum of 6a-6h)</td>
<td>$95,000.00</td>
<td>$95,000.00</td>
</tr>
<tr>
<td>j. Indirect Charges</td>
<td></td>
<td>$5,000.00</td>
</tr>
<tr>
<td>k. TOTALS (sum of 6i and 6j)</td>
<td></td>
<td>$100,000.00</td>
</tr>
<tr>
<td>7. Program Income</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

Make sure total amount equals the amount in section A above and on the SF-424.
In this example the funding amount was divided by 4 and an equal amount was forecasted for each quarter.

If you have indirect costs be sure to separate indirect costs from direct costs here.

Direct and Indirect should match lines 6.i & j in section B on the previous page.
Budget Narrative

provide a description of costs associated with each line item in Section B on the
SF-424A. In preparing the Budget Information Form, the applicant must provide a
concise narrative explanation to support the budget request, explained in detail

Note: the budget items below describe lines 6.a – 6.j on the SF-424A

6.a Personnel - List all staff positions by title (both current and proposed). Give the
annual salary of each position, the percentage of each position’s time devoted
to the project, the amount of each position’s salary funded by the grant and the
total personnel cost for the period of performance.

6.b Fringe Benefits - Provide a breakdown of the amounts and percentages that
comprise fringe benefit costs such as health insurance, FICA, retirement, etc.

6.c Travel - Specify the purpose, mileage, per diem, estimated number of in-state
and out-of-state trips and other costs for each type of travel.

6.d Equipment - Identify each item of equipment to be purchased which has an
estimated acquisition cost of $5,000 or more per unit and a useful lifetime of
more than one year. List the quantity and unit cost per item. Items with a unit cost
of less than $5,000 are supplies.
6.e Supplies - Supplies include all tangible personal property other than “equipment.” The detailed budget should identify categories of supplies (e.g. office supplies, new computers etc).

6.f Contractual - Identify each proposed contract and specify its purpose and estimated cost. If applicable, identify any sub-recipient agreements, including purpose and estimated costs.

6.g Construction - Construction costs are not allowed and this line must be left as zero. Minor alterations to adjust an existing space for grant activities (such as a classroom alteration) may be allowable. The Department does not consider this as construction and the costs must be shown on other appropriate lines such as Contractual.

6.h Other - List each item in sufficient detail for the Department to determine whether the costs are reasonable or allowable. List any item, such as stipends or incentives, not covered elsewhere here. (Note: this is where you would put work experience, CRT, Support Services etc.)
6.i No narrative required for 6.i. It is simply the sum of 6.a - 6.h.

6.j Indirect Charges - If indirect charges are included in the budget, include the approved indirect cost rate with a copy of the Indirect Cost Rate Agreement, a description of the base used to calculate indirect costs and total cost of the base, and the total indirect charges requested.

Important: If you do provide dollar amounts in the budget narrative, those amount MUST match the amounts on line 6.a through 6.j. of the SF-424A