REQUIREMENTS FOR RECEIVING PY 2016 FUNDING

PRESENTED BY:
DUANE HALL & GUY SUETOPKA

A COPY OF THIS POWER POINT PRESENTATION CAN BE FOUND AT:
HTTPS://INA.WORKFORCEGPS.ORG/PROGRAM_MANAGEMENT/PROG_PLANNING

1

What Documents Must Be Submitted to Receive PY 2016 Funding

- SF-424
- SF-424A
- Budget Narrative
- 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

2

Where Do I Submit My Documents

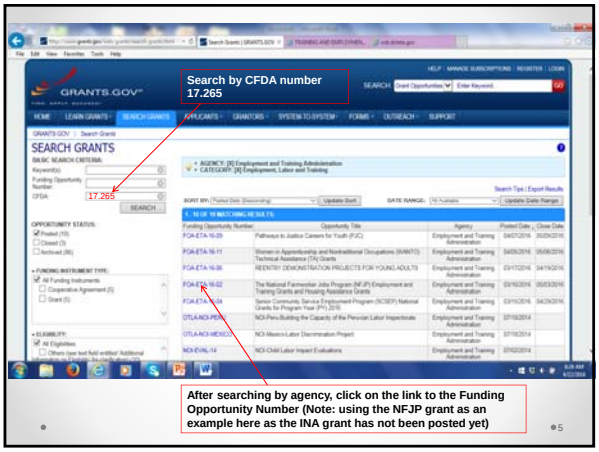
The SF-424, SF-424A, Budget Narrative and Indirect Cost Rate Agreement must be submitted through www.Grants.gov

3

Important!

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

4



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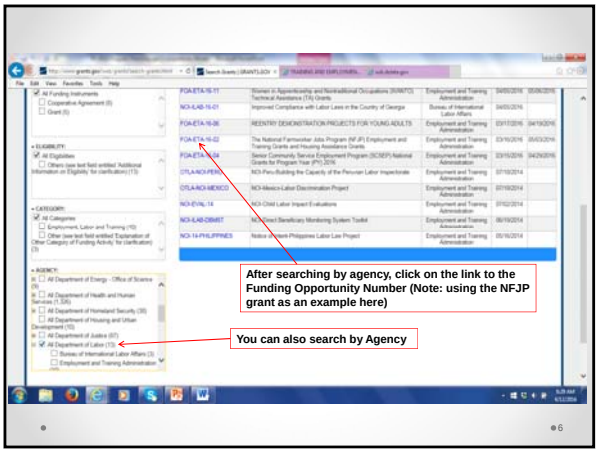

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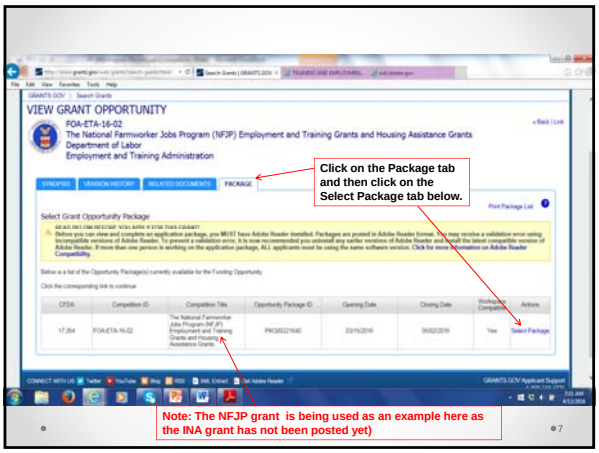
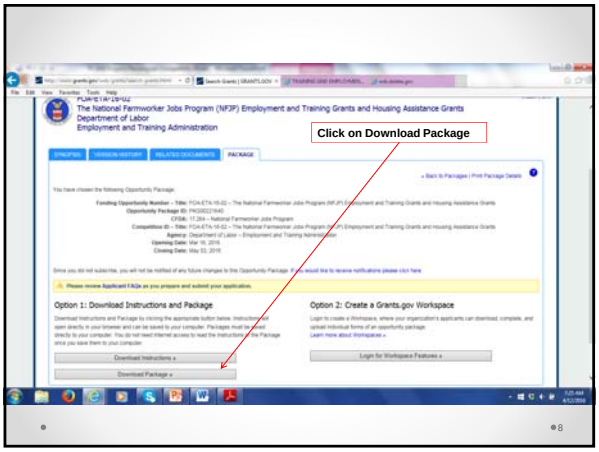
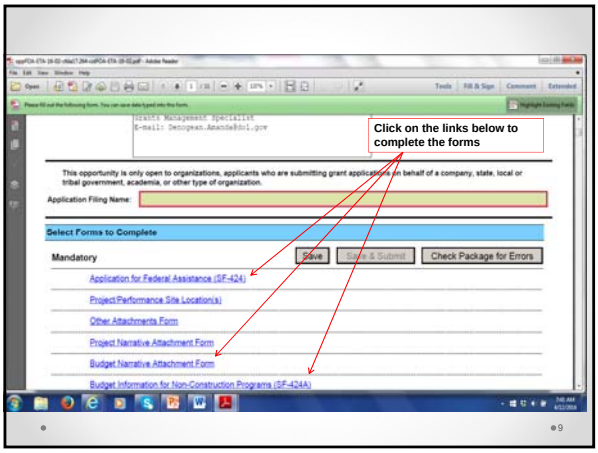

VIEW GRANT OPPORTUNITY
FOA-ETA-16-02
The National Farmworker Jobs Program (NFJP) Employment and Training Grants and Housing Assistance Grants
Department of Labor
Employment and Training Administration
Click on the Package tab and then click on the Select Package tab below.
Note: The NFJP grant is being used as an example here as the INA grant has not been posted yet)
7


The National Farmworker Jobs Program (NFJP) Employment and Training Grants and Housing Assistance Grants
Department of Labor
Employment and Training Administration
Click on Download Package
Option 1: Download Instructions and Package
Option 2: Create a Grants.gov Workspace
8


Click on the links below to complete the forms
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:
Select Forms to Complete
Mandatory
Save
Save & Submit
Check Package for Errors
Application for Federal Assistance (SF-424)
Project/Performance Site Location(s)
Other Attachments Form
Project Narrative Attachment Form
Budget Narrative Attachment Form
Budget Information for Non-Construction Programs (SF-424A)
9

Example

Leave Blank

Leave blank. New Grant # will be assigned for PY 2016

View Burden Statement

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 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: Dallas Inter-Tribal Center

* b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7154945

* c. Organizational DUNS: 1449461910000

Note. Grants.gov may require the 4 digits after the dash.

d. Address:

* Street1: 1283 Record Crossing Road
Street2:
* City: Dallas
County/Parish: Dallas
* State: TX: Texas
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 75235-6001

e. Organizational Unit:

Department Name: Employment and Training

Division Name: N/A

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

Prefix: Ms.
* First Name: Kathy
Middle Name:
* Last Name: McDonald
Suffix:

Title: Employment and Training Director

Organizational Affiliation:

* Telephone Number: (214) 941-1050 Ext. 220

Fax Number: (214) 942-3160

* Email: kathy.mcdonald@uitct.com

Select organization type from the drop down menu

Application for Federal Assistance SF-424

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

H: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Employment and Training Administration

11. Catalog of Federal Domestic Assistance Number:

17.265

CFDA Title:

Native American employment and training program

*** 12. Funding Opportunity Number:**

* Title:

Notice of Availability of Funds and Solicitation for Grant Applications for Indian and Native American Employment and Training Programs

Attach geographic service areas. Geographic service areas can be found at: http://www.doleta.gov/dinap/cfml/CensusData.cfm

13. Competition Identification Number:

Title:

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

Geographic Service Areas.pdf | Add Attachment | Delete Attachment | View Attachment

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

Native American Employment and Training Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: IX-000 | * b. Program/Project: IX-000

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

Additional Congressional Districts.pdf | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2016 | * b. End Date: 06/30/2017

18. Estimated Funding ($):

* a. Federal	320,024.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	320,024.00

These amounts must match your PY 2016 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.
- [x] 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
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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SF-424A

View Burden Statement

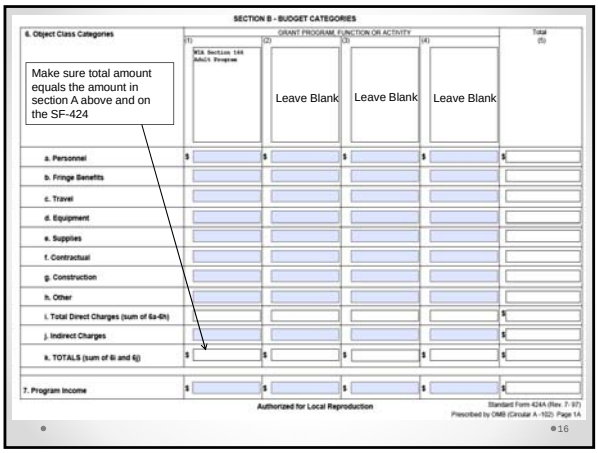
BUDGET INFORMATION - Non-Construction Programs

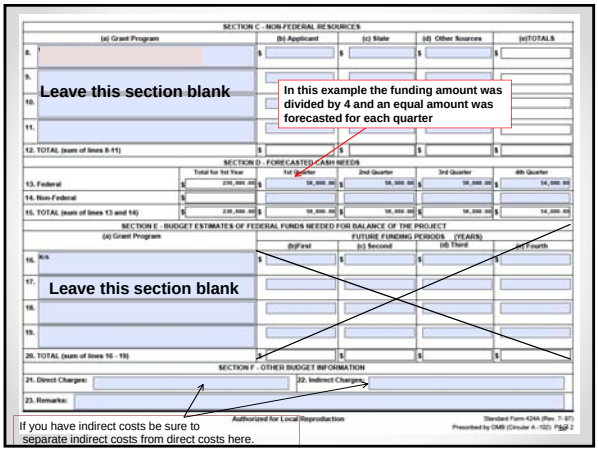
OMB Number: 4040-0006
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds: Federal (c)	Estimated Unobligated Funds: Non-Federal (d)	New or Revised Budget: Federal (e)	New or Revised Budget: Non-Federal (f)	New or Revised Budget: Total (g)
1. Title Section 166 Adult Program	17.259	$ Leave Blank	$ Leave Blank	$ 230,000.00	$ Leave Blank	$ 230,000.00
2. Leave Blank						
3. Leave Blank						
4. Leave Blank						
5. Totals		$	$	$ 230,000.00	$	$ 230,000.00

These amounts must match your PY 2016 funding amounts





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.

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Budget Narrative Continued

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.

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Budget Narrative Continued

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: Except for lines 6.a and 6.b the budget narrative does not require dollar amounts in the narrative. However, if you do provide dollar amounts in the budget narrative, those amount MUST match the amounts on line 6.a through 6.j.

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QUESTIONS AND ANSWERS