*Community Facilities*

*Direct Loan and Grant Programs*

# PRE-APPLICATION GUIDE

## Committed to the future of rural communities

United States
Department of Agriculture
Rural Development
New York

441 S. Salina Street, Suite 357
5th Floor
Syracuse, NY 13202-2425
Phone: (315) 477-6400 ext. 6434
Fax: (315) 477-6448
TTY/Voice 7-1-1 (800) 292-8297
http://www.rurdev.usda.gov/ny



*Follow the steps shown in this guide to complete a pre-application package under USDA Rural Development's Community Facilities Loan and Grant Programs.*

### APPLICABLE PROGRAMS

This guide is designated for Community Facilities Direct Loan and Grant programs.

**DEADLINES -** Applications can be submitted at any time and will be processed based upon funding availability.

Projects may include, but are not limited to:

- **Public Services**
- **Healthcare**
- **Emergency Services**
- **Education**
- **Know Your Farmer Know Your Food**

| Offices | Contact Name |
|---|---|
| Batavia | Dawn Kuras |
| Bath | Thomas Becker |
| Canandaigua | Cynthia Newcomb |
| Cortland | Jean Soule |
| Watertown | Eric Johnson |
| Canton | Renee Hotte |
| Greenwich | Gretchen Pinkel |
| Marcy | Jeffery Archer |
| Schoharie | Sanford Loucks-Baer |
| Middletown | Sanford Loucks-Baer |
| **Contact Information** | http://www.rurdev.usda.gov/ny |

### GUIDE CONTENTS

## PRE-APPLICATION GUIDE

Applicants are encouraged to contact the USDA Rural Development Service Center that covers your county early in the project development process to discuss project financing on an informal basis. USDA Rural Development will typically conduct a site visit with the applicant to discuss the project.

**Not-for-profit organizations must submit their organizational documents prior to submission of the pre-application package to determine eligibility for your organization. The following documents/information should be submitted to the local office:**

1. **A list of the Board of Directors/Officers (names, addresses, and occupation).**
2. **A copy of your "Articles of Incorporation" with all amendments.**
3. **A copy of your "By-Laws", most current version ONLY.**
4. **A copy of the Receipt for Filing with New York State Department of State.**
5. **Evidence of significant community support such as cash or other funding toward project or annual operating.**

The application process is a two-stage procedure (pre-application and application). Approximately 45 days are required by the Agency to determine applicant eligibility, project priority status, and funding availability. After a pre-application is submitted by the Applicant, the time to process the pre-application depends upon the scope of the project, environmental review, and legal issues. When the pre-application is selected for further processing a complete application will be requested by the local office.

USDA Rural Development advises against taking any actions or incurring any obligations which would either limit the range of the alternatives to be considered or have an adverse effect on the environment. USDA Rural Development is required to identify potentially significant environmental impacts on the human environment prior to approval of a loan or grant. An environmental review will be conducted by USDA Rural Development personnel to determine what environmental impacts the proposed project will have, if any.

For projects involving construction, a Preliminary Architectural Report (PAR) will be required. USDA RD 1942-A, Guide 6 may be utilized.

If the complete application is given further consideration by the approval official, USDA Rural Development will issue a Letter of Conditions outlining the conditions of approval that must be met prior to start of construction or loan closing, whichever occurs first.

Please check with the RD Service Center covering your area to obtain the current interest rate.

Loan terms cannot exceed the legal authority of the applicant (under State law or organizational structure), the useful life of the facility, or a maximum of 40 years (typical building financing is 20 to 30 years). Rural Development can lend up to 100% of the market value of the facility and property being financed.

USDA RD loan payments must be made by automatic debits (electronic funds transfer) from the borrowers account. **RD loans have no pre-payment penalties and if the borrower would like to make extra payments they are free to do so.**

The borrower is subject to routine periodic servicing actions – review of financial records, civil rights compliance reviews, and security inspections throughout the life of the loan.

All loans are subject to graduation reviews. If it appears that the borrower can obtain financing at reasonable rates and terms in the future, without causing user rates to rise beyond what is reasonable for similar communities, the borrower **may be** required to refinance their debt through other credit.

## PRE-APPLICATION CHECKLIST

**Send the original and one copy of pre-application items to the USDA-RD Service Center that covers your area**
A **complete** Rural Development pre-application consists of the following items:

**Organizational Documents for Not For Profit Organizations need to have been reviewed and eligibility approved by Rural Development prior to continuing with the pre-application documents listed below.**

☐ **Completed Standard Forms (SF) 424 (*Application for Federal Assistance*),** *see pages 5—10*

- **424-A and 424-B (non-construction and equipment type projects budget and assurances),** *see pages 11-16.*
- **424-C and 424-D (construction budget and assurances),** *see pages 17-20.*

NOTE: in block 10 of SF 424, insert the Catalog of Federal Domestic Assistance (CFDA) number as follows:

| | |
|---|---|
| Community Facilities Loans and Grants | 10.766 |

☐ **DUNS and CAGE Code Number:** in block 5 of SF 424, DUNS stands for "Data Universal Numbering System." It is a unique nine-character number that identifies your organization. It is a tool of the Federal government to track how Federal money is distributed. Most large organizations that receive Federal funds already have a DUNS number. If your organization does not have a DUNS number, call 866-705-5711 or use the following Dun & Bradstreet (D&B) online registration web link to receive one free of charge at: http://fedgov.dnb.com/webform/displayHomePage.do.

In addition to having a DUNS, applicants must be registered in the System for Award Management (SAM) prior to submitting an application. Please put your CAGE Code # and expiration date on the Applicant Certification form. Registration information can be found at https://www.sam.gov/portal/public/SAM. Completing the SAM registration process takes up to five business days, and applicants are strongly encouraged to begin the process early. Once registered, the applicant will receive a CAGE (Commercial and Government Entity) Code Number.

The SAM registration must remain active, with current information, at all times during which an entity has an application under consideration by an agency or has an active Federal Award. To remain registered in the SAM database after the initial registration, the applicant is required to review and update on an annual basis.

☐ **Equal Opportunity Survey – Non-Profit Borrowers Only.** Form attached.

☐ **Fact Sheet – contact information for Public Body or Non-Profit Organizations.** Form attached.

☐ **Community Facilities Applicant Certification.** Form attached.

☐ **Existing Debt Information.** Form Attached.

☐ **Operating Budget**, current and projected revenues and expenses for facility being financed, including proposed decreases/increases in operational costs. Applicants may use their own form or Form RD 442-7, which can be found at http://www.rurdev.usda.gov/regs/formstoc.html. Budget must be signed. **Non-Profit Organizations must submit 5 year projections**.

☐ **CURRENT Balance Sheet**, within the last 90 days. Applicants may use their own form or Form RD 442-3, found at http://www.rurdev.usda.gov/regs/formstoc.html. Balance Sheet must be signed.

☐ **Audits and/or Financial Statements,** copy of most recent annual audit or NYS Annual Update Document (AUD) for Public Bodies. **Non-Profit organizations must submit past 5 years audits or financial statements.**

☐ **Regional Clearinghouse Comments (see enclosed list of Area Clearinghouses). Real Estate Projects Only, not applicable to Vehicle/Equipment Purchases.**

☐ **Preliminary Architectural/Engineering Report** (construction projects). Guide 6 is available in this packet. **Real Estate Projects Only, not applicable to Vehicle/Equipment Purchases.**

☐ **Estimated Project Budget** completed on the enclosed Form E "RD Project Budget/Cost Cert." complete only column 1. Please note that application preparation are not eligible project expenses and will have to be offset by other funding, if they are included in the project budget). Please contact your local office to obtain a fillable version of this form.

☐ **Plot Plan and Floor Plan**, as per the enclosed Form II and/or Schematic Drawings. **Real Estate Projects Only, not applicable to Vehicle/Equipment Purchases.** Form attached.

☐ **Historical and Archaeological Comments** provided by New York State Office of Parks and Recreation. **Real Estate Projects Only, not applicable to Vehicles/Equipment Purchases**. http://nysparks.state.ny.us/shpo/environmental-review/documents/ProjectReviewSubmissionCoverForm.pdf for the cover form to submit.

☐ **RD 1940-Q EX A-1** must be executed by applicant. Form Attached.

☐ **A copy of the "Cost Estimate" and "Vehicle/Equipment Specifications". (Only for vehicle/equipment purchases, not applicable to Real Estate Projects.**

a) If you have already accepted a bid for the vehicle, it will be necessary for you to provide the following:

1) A list of the Bidders (showing name of bidder and amount of their bid).

2) Name of bidder selected and reason for selection.

**3)** A copy of the **selected** bidder's "Cost Estimate and Vehicle Specifications.

**Please read the enclosed notice "Audit Guide for Borrowers of Community Facility Programs"**, and please insure that you include funds for the audit when preparing the Project Budget/Cost Certification.

**A listing of Rural Development Special Emphasis Advocates is attached for your information.**

**If you are considering a Design/Build project, please read the enclosed "Community Facilities Design Build Checklist". Real Estate Projects Only, Not Applicable to Vehicle/Equipment Purchases.**

**The "Requirements List for Community Facilities Projects" Attachment identifies documents needed for projects over $100,000. Real Estate Projects Only, Not Applicable to Vehicle/Equipment Purchases.**

RD Instructions 1942-A, 3570-B, and 3575-A are available online at http://www.rurdev.usda.gov/RegulationsAndGuidance.html.

Forms are available on-line at the following site: http://www.rurdev.usda.gov/regs/formstoc.html.

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

| Item | Entry: |
|---|---|
| 1. | **Type of Submission:** (Required): Select one type of submission in accordance with agency instructions.<br>• Preapplication<br>• Application<br>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. |
| 2. | **Type of Application**: (Required) Select one type of application in accordance with agency instructions. • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.<br>A. Increase Award B. Decrease Award<br>C. Increase Duration D. Decrease Duration<br>E. Other (specify) |
| 3. | **Date Received:** Leave this field blank. This date will be assigned by the Federal agency. |
| 4. | **Applicant Identifier**: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable. |
| 5a | **Federal Entity Identifier**: Enter the number assigned to your organization by the Federal Agency, if any. |
| 5b. | **Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions. |
| 6. | **Date Received by State:** Leave this field blank. This date will be assigned by the State, if applicable. |
| 7. | **State Application Identifier:** Leave this field blank. This identifier will be assigned by the State, if applicable. |
| 8. | **Applicant Information**: Enter the following in accordance with agency instructions:<br>**a. Legal Name**: (Required): Enter the legal name of |
| 10. | **Name Of Federal Agency**: (Required) Enter the name of the Federal agency from which assistance is being requested with this application. |
| 11. | **Catalog Of Federal Domestic Assistance Number/Title:** Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable. |
| 12. | **Funding Opportunity Number/Title:** (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement. |
| 13. | **Competition Identification Number/Title:** Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. |
| 14. | **Areas Affected By Project:** List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed. |
| 15. | **Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project. |
| 16. | **Congressional Districts Of**: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000. |

| | | | |
|---|---|---|---|
| | applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. | | |
| | **b. Employer/Taxpayer Number (EIN/TIN):** (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. | 17. | **Proposed Project Start and End Dates**: (Required) Enter the proposed start date and end date of the project. |
| | **c. Organizational DUNS**: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website | 18. | **Estimated Funding:** (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. |
| | **d. Address**: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). | 19. | **Is Application Subject to Review by State Under Executive Order 12372 Process?** Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the |
| | **e. Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the | | |

<table>
<tr><td></td><td colspan="2">assistance activity, if applicable.</td><td></td><td>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</td></tr>
<tr><td></td><td colspan="2">f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</td><td>20.</td><td>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.</td></tr>
<tr><td>9.</td><td colspan="2">Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</td><td rowspan="2">21.</td><td rowspan="2">Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</td></tr>
<tr><td></td><td>A. State Government<br>B. County Government<br>C. City or Township Government<br>D. Special District Government<br>E. Regional Organization<br>F. U.S. Territory or Possession<br>G. Independent School District<br>H. Public/State Controlled Institution of Higher Education<br>I. Indian/Native American Tribal Government (Federally Recognized)<br>J. Indian/Native</td><td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)<br>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)<br>O. Private Institution of Higher Education<br>P. Individual<br>Q. For-Profit Organization (Other than Small Business)<br>R. Small Business<br>S. Hispanic-serving Institution<br>T. Historically Black Colleges and Universities</td></tr>
</table>

| | | | | |
|---|---|---|---|---|
| | American Tribal Government (Other than Federally Recognized)<br>K. Indian/Native American Tribally Designated Organization<br>L. Public/Indian Housing Authority | (HBCUs)<br>U. Tribally Controlled Colleges and Universities (TCCUs)<br>V. Alaska Native and Native Hawaiian Serving Institutions<br>W. Non-domestic (non-US) Entity<br>X. Other (specify) | | |

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

**Application for Federal Assistance SF-424**

| | |
|---|---|
| *1. Type of Submission<br>☐ Preapplication<br>☐ Application<br>☐ Changed/Corrected Application | *2. Type of Application<br>☐ New<br>☐ Continuation<br>☐ Revision<br><br>*If Revision, select appropriate letter (s)<br>Other (Specify)<br>_____ |
| 3. Date Received (M/D/YYYY) | 4. Applicant Identifier |
| 5a. Federal Entity Identifier<br>N/A | *5b. Federal Award Identifier:<br>N/A |
| **State Use Only:** | |
| 6. Date Received by State: N/A | 7. State Application Identifier: N/A |

**8. Applicant Information**

*a. Legal Name:

| | |
|---|---|
| *b. Employer/Taxpayer Identification Number (EIN/TIN): | *c. Organizational DUNS: |

**d. Address:**

*Street 1: ____________
Street 2: ____________
*City: ____________
County: ____________
*State NY
Province: ____________
*Country: ____________
*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:

**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:**
USDA Rural Development

**11. Catalog of Federal Domestic Assistance Number:**

______

CFDA Title

____________

***Funding Opportunity Number:**
N/A

*Title
N/A

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

*15. Descriptive Title of Applicant's Project:

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**
*a. Applicant: 02 *b. Program/Project: 02

**17. Proposed Project:**
*a. Start Date: *b. End Date:

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

*Federal

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

***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 on following page.)**

☐ Yes ☐ No

21. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☐ ** I AGREE

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

**Authorized Representative:**

Prefix: ____________________ *First Name: ______________________

Middle Name: ____________________

*Last Name: ____________________

Suffix: ____________________

*Title:

| *Telephone Number: | Fax Number: |
|---|---|

*Email:

| *Signature of Authorized Representative | *Date Signed: |
|---|---|

**Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

# INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 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 (0348-0044), 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.**

## General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

## Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

## Lines 1-4, Columns (c) through (g)

*For new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

*For continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

*For supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

**Line 5** - Show the totals for all columns used.

## Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

**Line 6a-i** - Show the totals of Lines 6a to 6h in each column.

**Line 6j** - Show the amount of indirect cost.

**Line 6k** - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

**Line 7** - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program

## INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

**Section C. Non-Federal Resources**

**Lines 8-11** Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

**Section D. Forecasted Cash Needs**

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15** - Enter the totals of amounts on Lines 13 and 14.

**Section E. Budget Estimates of Federal Funds Needed for Balance of the Project**

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

**Section F. Other Budget Information**

**Line 21** - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

**Line 23** - Provide any other explanations or comments deemed necessary.

OMB Approval No. 4040-0006
Expiration Date 7/30/2010

## Budget Information – Non-Construction Programs

### 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** | | | | | | |

### SECTION B – BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total |
|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (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** | | | | | |

| SECTION C – NON-FEDERAL RESOURCES | | | | |
|---|---|---|---|---|
| (a) Grant Program | **(b) Applicant** | **(c) State** | **(d) Other Sources** | **(e) TOTALS** |
| **8.** | | | | |
| **9.** | | | | |
| **10.** | | | | |
| **11.** | | | | |
| **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:** | |

# ASSURANCES - NON-CONSTRUCTION PROGRAMS



**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 |
| *APPLICANT ORGANIZATION | *DATE SUBMITTED |

## INSTRUCTIONS FOR THE SF-424C

Public reporting burden for this collection of information is estimated to average 180 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 (0348-0041), 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 sheet is to be used for the following types of applications: (1) "New" (means a new [previously unfunded] assistance award); (2) "Continuation" (means funding in a succeeding budget period which stemmed from a prior agreement to fund); and (3) "Revised" (means any changes in the Federal Government's financial obligations or contingent liability from an existing obligation). If there is no change in the award amount, there is no need to complete this form. Certain Federal agencies may require only an explanatory letter to effect minor (no cost) changes. If you have questions, please contact the Federal agency.

*Column a.* - If this is an application for a "New" project, enter the total estimated cost of each of the items listed on lines 1 through 16 (as applicable) under "COST CLASSIFICATION."

If this application entails a change to an existing award, enter the eligible amounts approved under the previous award for the items under "COST CLASSIFICATION."

*Column b*. - If this is an application for a "New" project, enter that portion of the cost of each item in Column a. which is not allowable for Federal assistance. Contact the Federal agency for assistance in determining the allowability of specific costs.

If this application entails a change to an existing award, enter the adjustment [+ or (-)] to the previously approved costs (from column a.) reflected in this application.

*Column* c. - This is the net of lines 1 through 16 in columns "a." and "b."

---

Line 1 - Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government. Allowable legal costs are generally only those associated with the purchases of land which is allowable for Federal participation and certain services in support of construction of the project.

Line 2 - Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line 3 - Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line 4 - Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line 5 - Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line 6 - Enter estimated engineering inspection costs.

Line 7 - Enter estimated costs of site preparation and restoration which are not included in the basic construction contract.

Line 9 - Enter estimated cost of the construction contract.

Line 10 - Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line 11 - Enter estimated miscellaneous costs.

Line 12 - Total of items 1 through 11.

Line 13 - Enter estimated contingency costs. (Consult the Federal agency for the percentage of the estimated construction cost to use.)

Line 14 - Enter the total of lines 12 and 13.

Line 15 - Enter estimated program income to be earned during the grant period, e.g., salvaged materials, etc.

Line 16 - Subtract line 15 from line 14.

Line 17 - This block is for the computation of the Federal share. Multiply the total allowable project costs from line 16, column "c." by the Federal percentage share (this may be up to 100 percent consult Federal agency for Federal percentage share) and enter the product on line 17.

OMB Approval No. 4040-0008
Expiration Date 7/30/2010

**Budget Information -- Construction Programs**

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

| COST CLASSIFICATION | a. Total Cost | b. Costs Not Allowable for Participation | c. Total Allowable Costs (Columns a-b) |
|---|---|---|---|
| 1. Administrative and legal expenses | | | |
| 2. Land, structures, rights-of-way, appraisals, etc. | | | |
| Relocation expenses and payments | | | |
| Architectural and engineering fees | | | |
| Other architectural and engineering fees | | | |
| Project inspection fees | | | |
| Site work | | | |
| Demolition and removal | | | |
| Construction | | | |
| Equipment | | | |
| Miscellaneous | | | |
| SUBTOTAL (sum of lines 1-11) | | | |
| Contingencies | | | |
| SUBTOTAL | | | |
| Project (program) income | | | |
| TOTAL PROJECT COSTS (subtract #15 from #14 | | | |
| FEDERAL FUNDING | | | |
| Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) | Enter eligible costs from line 16 | Multiply X _____% | |

**Previous Edition Usable** | **Authorized for Local Reproduction** | **Standard form 424C (Rev. 7-97)** **Prescribed by OMB Circular A-102**

OMB Approval No. 0348-0042

# ASSURANCES – 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 costs) 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 assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.

4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.

5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.

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

7. 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.

8. 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).

9. 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.

10. 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.

11. 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 and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

12. Will comply with the 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.

13. 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.

14. Will comply 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.

15. 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).

16. 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.

17. 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.).

18. 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."

19. 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 |
| *APPLICANT ORGANIZATION | *DATE SUBMITTED |

## Non-Profits Only
## SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

*Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.*

*Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.*

***Instructions for Submitting the Survey:*** *If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application*

Applicant's (Organization) Name:
Applicant's DUNS Number:
Federal Program: CDFA Number:

1. Has the applicant ever received a grant or contract from the Federal government?

☐Yes ☐No

2. Is the applicant a faith-based organization?

☐Yes ☐No

3. Is the applicant a secular organization?

☐Yes ☐No

4. Does the applicant have 501(c)(3) status?

☐Yes ☐No

5. Is the applicant a local affiliate of a national organization?

☐Yes ☐No

6. How many full-time equivalent employees does the applicant have? *(Check only one box).*

☐3 or fewer ☐15-50

☐4-5 ☐51-100

☐6-14 ☐Over 100

7. What is the size of the applicant's annual budget? *(Check only one box).*

☐Less Than $150,000

☐$150,000-$299,999

☐$300,000-$499,999

☐$500,000-$999,999

☐$1,000,000-$4,999,999

☐$5,000,000 or more

## Survey Instructions on Ensuring Equal Opportunity for Applicants

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

**Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 2202-4651.

**If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Joyce I. Mays, Application Control Center, U.S. Department of Education, 7th and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725

OMB No. 1890-0014 Exp. 1/31/2006

# FACT SHEET

| Name | Address | Telephone Number | Email Address |
|---|---|---|---|
| Mayor/Supervisor or Chairperson: | | | |
| Town/Village Clerk or Secretary: | | | |
| Architect/Engineer: | | | |
| Attorney: | | | |
| Bond Counsel: | | | |
| Contact Person: | | | |

FORM I Rev. 9/23/11

## APPLICANT CERTIFICATION FOR CF PROJECTS

**The undersigned certifies that:**

1. The organization is aware of and in compliance with Federal, State, and Local requirements including but not limited to:
   a. Section 504 of the Rehabilitation Act of 1973.
   b. Civil Rights Act of 1964.
   c. The Americans with Disabilities Act (ADA) of 1990.
   d. Age Discrimination Act of 1975.
   e. Special laws and regulations
   f. State Pollution Control or Environmental Protection Agency standards.
   g. Consistency with other development plans of the area.
   h. Title IX of the Education Amendments of 1972.
   i. A-133 audit requirements.

2. The organization has no known relatives or close associates that are current USDA Rural Development employees. Immediate family, other relatives, or close associates who are USDA-Rural Development employees, if any, are listed below:
   ______________________________________________________________________________
   ______________________________________________________________________________
   _.

3. The organization is unable to finance the proposed project from its own resources or through commercial credit at reasonable rates and terms for the following reasons:
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

   The following Lenders were contacted concerning borrowing the financial assistance needed to
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

   We asked for a loan in the amount of _____________. Their responses are attached. Listed are the rates and terms offered: _____________.

4. No outstanding judgment has been obtained and recorded by the United States of America in a Federal Court (other than in the United States Tax Court).

5. CAGE Code # ________________________ Expiration Date: __________________

________________________________
Name of Organization

________________________________ __________________
Signature of Authorized Official Date

## EXISTING DEBT INFORMATION

1. **Provide the following information for all existing long-term debt (bonds, notes, contracts) on the facility:**

Lender**:** ________________________________

Original Principal: ____________________________ Original Date: _______________

Current Principal Balance: __________________________

Interest Rate: ____________________ Original Term: ________________

Annual Payment: ___________ ________________(principal and interest)

Lender**:** ________________________________

Original Principal: ____________________________ Original Date: _______________

Current Principal Balance: __________________________

Interest Rate: ____________________ Original Term: ________________

Annual Payment: ___________ ________________(principal and interest)

Lender**:** ________________________________

Original Principal: ____________________________ Original Date: _______________

Current Principal Balance: __________________________

Interest Rate: ____________________ Original Term: ________________

Annual Payment: ___________ ________________(principal and interest)

Comments:

## INTERGOVERNMENTAL CLEARINGHOUSE REVIEWS

Many applicants for financing through Rural Development programs are required to submit their proposals for review through the Intergovernmental Review process. In the past we have instructed applicants to send notices to the State Clearinghouse and the Regional Clearinghouse or County Planning Department covering the community where the project would be located. The State Clearinghouse will no longer be processing these reviews (as of 6/30/99), but that the requirement for Areawide Clearinghouse reviews will be continued.

To initiate the review process and obtain an identification number, which is then provided to Rural Development, the applicant must submit the following information to the Regional Clearinghouse **OR**, they may submit a copy of the application that they are submitting to Rural Development:

- Name & Address of applicant
- Contact person & Phone Number
- Project description including exact street address of site location
- Amount of request
- Purpose of loan
- Federal Agency providing funding – Rural Development
- Program Title with Catalog #:

| **Program Title** | **Catalog #** | **Program Title** | **Catalog #** |
|---|---|---|---|
| Business & Industry Guaranteed Loans- B&I | 10.768 | Community Facility | 10.766 |
| Rural Business Enterprise Grants- RBEG | 10.769 | Distance Learning/Telemedicine | 10.855 |
| Rural Business Opportunity Grants- RBOG | 10.773 | Water & Wastewater | 10.760 |
| Intermediary Relending Program- IRP | 10.767 | Solid Waste Management | 10.762 |
| Value Added Program Grants- VAPG | 10.352 | 30C-C Water Waste Disposal | 10.770 |
| Renewable Energy & Energy Efficiency Grants- REEG | 10.775 | Technical & Assistance Training Grants | 10.761 |
| | | Rural Rental Housing Loans | 10.415 |

We have compiled a list of the counties and the appropriate contact person, agency name, address, telephone number and some fax numbers that were available. That list is below.

| Area wide Clearinghouses | Counties Covered |
|---|---|
| Dr. Edith Tanenbaum<br>Long Island Regional Planning Board<br>c/o Suffolk County Planning Dept.<br>P.O. Box 6100<br>Hauppauge, New York 11788-0099<br>(516) 853-5195 | Nassau<br>Suffolk |
| Alan J. Sorensen<br>Sullivan County Division of Planning<br>And Community Development<br>Sullivan County Government Center<br>100 North Street, P.O. Box 5012<br>Monticello, New York 12701<br>(914) 794-3000 Ext.5028 | Sullivan |
| Brad Jackson<br>Franklin County IDA<br>10 Elm St., Suite 2<br>Malone, New York 12953<br>(518) 483-9472 | Franklin |
| Lolene Cornish, Intergovernmental Review Coordinator<br>Southern Tier East Regional Planning Board<br>375 State Street<br>Binghamton, New York 13901-2385<br>(607) 724-1327 Ext. 201<br>Fax: (607) 724-1194 | Broome<br>Chenango<br>Cortland<br>Delaware<br>Otsego<br>Schoharie<br>Tioga<br>Tompkins |
| Brian Schrantz<br>Southern Tier West Regional Planning and<br>Development Board<br>Center For Regional Excellence<br>4039 Route 219, Suite 200<br>Salamanca, New York 14779<br>(716) 945-5301 | Allegany<br>Cattaraugus<br>Chautauqua |
| Rudeen Armstrong<br>Genesee/Finger Lakes Regional Planning Council<br>50 West Main St. Suite 8107<br>Rochester, New York 14614<br>(585) 454-0190 | Genesee<br>Livingston<br>Monroe<br>Ontario<br>Orleans<br>Seneca<br>Wayne<br>Wyoming<br>Yates |

| Area wide Clearinghouses | Counties Covered |
|---|---|
| Walter Young<br>Lake Champlain - Lake George<br>Regional Planning Board<br>Lake George Institute<br>Lake George, New York 12845<br>(518) 668-5773 | Clinton<br>Essex<br>Hamilton<br>Warren<br>Washington |
| David Bottar<br>Central New York Regional Planning Board<br>126 N. Salina St. Suite 200<br>Syracuse, New York 13202<br>(315) 422-8276, X 213<br>Fax: (315) 422-9051 | Cayuga<br>Madison<br>Onondaga<br>Oswego |
| Peter Garrison, Commissioner<br>Orange County Planning Dept.<br>124 Main Street<br>Goshen, New York 10924<br>(914) 291-2318<br>Fax: (914) 2533 | Orange |
| Southern Tier Central Regional<br>Planning & Devel. Board<br>145 Village Square<br>Painted Post, New York 14870<br>(607) 962-5092 | Chemung<br>Schuyler<br>Steuben |
| Spencer Schofield<br>Erie County Department of<br>Environment & Planning<br>95 Franklin St; 10th Floor<br>Buffalo, NY 14202<br>(716) 858-6926 | Erie<br>Niagara |
| Roland Vosburgh<br>Columbia County Planning<br>Department<br>401 State Street<br>Hudson, New York 12534<br>(518) 828-3375<br>Fax: (518) 828-1717 | Columbia |

| | |
|---|---|
| John L. Lynch<br>Putnam County Planning Department<br>841 Fair Street<br>Carmel, New York 10512<br>(914) 878-3480 | Putnam |
| Dennis Doyle<br>Ulster County Planning Board<br>244 Fair Street, Box 1800<br>Kingston, New York 12401 (914) 331-9300 Ext. 282<br>(914) 331-9300 Ext. 282 | Ulster |
| Bruce Armstrong<br>Jefferson County Planning Department<br>174 Arsenal Street<br>Watertown, New York 13601<br>(315) 785-3144 | Jefferson |
| | |

| | |
|---|---|
| Susan Vitale<br>Rockland County Department<br>of Budget and Management<br>18 New Hempstead Road<br>New City, New York 10956<br>(Phone number not available) | Rockland |
| Jerry Mulligan<br>Deputy Commissioner of Planning<br>432 Michaelian Office Building<br>White Plains, New York 10601<br>(914) 285-4404 | Westchester |
| Roger P. Akeley<br>Dutchess County Department of<br>Planning and Development<br>27 High Street<br>Poughkeepsie, New York 12601<br>(914) 486-3600 | Dutchess |

The following counties **are not** participating counties in the Intergovernmental Review Process:

Albany, Fulton, Greene, Herkimer, Lewis, Montgomery, Oneida, Rensselaer, Saratoga, Schenectady, and St. Lawrence.

PRELIMINARY ARCHITECTURAL FEASIBILITY REPORT

I GENERAL. The following may be used as a guide for preparation of the Preliminary Architectural Feasibility Report as required for Rural Development financed facilities.

A Need for the facility.

B Existing facilities. Describe - include condition, adequacy, suitability for continued use and other pertinent information.

C Proposed facility. General description of proposed facility including design criteria adopted for continued use and other pertinent information.

D Building sites.

1 Amount of land required.

2 Location - Alternate locations.

3 Site plan.

4 Site suitability.

E Cost estimate.

1 Development and construction.
2 Land and rights.
3 Legal.
4 Architect fees.
5 Interest.
6 Equipment.
7 Contingencies.
8 Refinancing.
9 Other (described).

(1-15-79) SPECIAL PN

F Annual operating budget.

1 Income - Include rate schedule. Project income realistically.

2 Operation and maintenance costs - Project costs realistically. In the absence of other data, base on actual costs of other existing facilities of similar size and complexity. Include facts in the report to substantiate operation and maintenance cost estimates.

G Maps, drawings, sketches, and photographs.

1 Maps - Show locations, boundaries, elevations, population distribution, existing and proposed facility, right-of-way, and land ownership.

2 Drawings and sketches - Show preliminary design and layout elevations.

3 Photographs - As needed.

H Construction problems. Discuss in detail - Include information on items which may affect the cost of construction.

I Conclusions and recommendations. Discuss possible alternatives to proposed plans.

FORM E

# RURAL DEVELOPMENT (RD) PROJECT BUDGET/COST CERTIFICATION

Project Name: ____________ Date: ________ Report No.: ________
Actual: ________
Estimate: ________

| Funding Source(s) | Amount | Other Funding Source(s) | Amount |
|---|---|---|---|
| RD Loan | | Other Source: | |
| RD Loan | | Other Source: | |
| RD Grant | | Other Source: | |
| RD Grant | | SUBTOTAL: | $0.00 |
| SUB TOTAL: | $0.00 | TOTAL: | $0.00 |

| ITEM | APPROVED BUDGET | MODIFIED BUDGET | PREVIOUS EXPENDITURES | EXPENDITURES THIS PERIOD | EXPENDITURES TO DATE | BALANCE REMAINING |
|---|---|---|---|---|---|---|
| | | | | | | |
| **A. ADMINISTRATIVE** | | | | | | |
| 1. Legal | | | | | $0.00 | $0.00 |
| 2. Bonding | | | | | $0.00 | $0.00 |
| 3. Net Interest | | | | | $0.00 | $0.00 |
| 4. Fiscal Coordination | | | | | $0.00 | $0.00 |
| 5. Bookkeeping & Reporting | | | | | $0.00 | $0.00 |
| 6. Lands & Rights of Way | | | | | $0.00 | $0.00 |
| 7. Single Audits | | | | | $0.00 | $0.00 |
| 8. Miscellaneous | | | | | $0.00 | $0.00 |
| **Total A. Administrative** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| | | | | | | |
| **B. TECHNICAL SVCS.** | | | | | | |
| 1. Engineering | | | | | | |
| a. Preliminary Engineering Services | | | | | $0.00 | $0.00 |
| b. Design Phase | | | | | $0.00 | $0.00 |
| c. Contract Administration | | | | | $0.00 | $0.00 |
| d. Resident Inspection | | | | | $0.00 | $0.00 |
| e. Additional Engineering Services | | | | | $0.00 | $0.00 |
| | | | | | $0.00 | $0.00 |
| | | | | | $0.00 | $0.00 |
| **Total B. Technical Svcs.** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| | | | | | | |
| **C. CONSTRUCTION** | | | | | | |
| 1. Construction Contracts | | | | | | |
| a. Contract 1 | | | | | $0.00 | $0.00 |
| b. Contract 2 | | | | | $0.00 | $0.00 |
| c. Contract 3 | | | | | $0.00 | $0.00 |
| d. Contract 4 | | | | | $0.00 | $0.00 |
| e. Contract 5 | | | | | $0.00 | $0.00 |
| 2. Direct Expenditures | | | | | $0.00 | $0.00 |
| a. | | | | | $0.00 | $0.00 |
| b. | | | | | $0.00 | $0.00 |
| c. | | | | | $0.00 | $0.00 |
| **Total C. Construction** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| | | | | | | |
| **D. CONTINGENCY** | | | | | | |
| 1. Contingency | $0.00 | $0.00 | | | | |
| **Total D. Contingency** | $0.00 | $0.00 | | | | $0.00 |
| | | | | | | |
| **TOTAL PROJECT COST** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

I certify to the best of my knowledge and belief that the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due, which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

______________________________ ______________________________
Applicant Title Engineer/ Architect

Reviewed By ______________________ Date Reviewed ______________

(revised 12/1/2005)

FORM-II, Plot Plan and Floor Plan

**Site Plan - Show the Following:**

a. Proposed boundary lines.

b. Adjacent buildings, roads, railroads, creeks, ponds, woods, etc.

c. Existing contours.

d. Planned development showing proposed driveways, streets, parking area, building, etc.

e. Existing and proposed utilities showing:

1. Location of proposed sewer or septic system.
2. Location of proposed water lines or well system.
3. Location of proposed electric and telephone lines.
4. Location of other utilities, as applicable.
5. Location of 100-year flood plain.

**Floor Plan - Show the Following:**

a. Floor Plan

b. Cross section of wall and roof.

c. Elevations.

d. Type of construction (ex. wood frame, brick, etc.)

CERTIFICATION FOR CONTRACTS, GRANTS AND LOANS

The undersigned certifies, 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 any 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 or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant or loan.

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 or loan, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," 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 contracts, subcontracts, and subgrants under grants and loans) 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.

____________________________ ____________________________
(name) (date)

____________________________
(title)

# ATTACHMENT A - (Audit Guidance for Borrowers of Community Facility Programs)

1. If the Federal assistance received was $500,000 or more for the fiscal year, it will be necessary to submit an audit in accordance with OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations". OMB A-133 Audits will be an entity-wide audit covering all funds of the municipality.

In accordance with program requirements, a borrower using interim bank financing is considered to have expended Federal awards. Therefore, a borrower that expends $500,000 or more in interim financing per fiscal year is required to submit a Circular A-133 audit report. A borrower spending less than $500,000 per fiscal year may submit an audit performed in accordance with the lender's audit requirements.

Please Note: OMB Circular A-133 Audit Reports are to include the following:

a) Independent Auditor's Report (the auditor's opinion).
b) Financial statements (including notes of the financial statements).
c) Report on Compliance and on Internal Control Over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with GAGAS.
d) Report on Compliance With Requirements Applicable To Each Major Program and Internal Control Over Compliance in Accordance With OMB Circular A-133.
e) A schedule of expenditures of Federal Awards.
f) Auditor's Report on Federal Awards (includes the auditor's opinion on internal control and compliance related to major Federal awards).
g) A schedule of audit findings and questioned costs (if applicable).
h) A Corrective Action Plan and Summary Schedule of prior audit findings, if applicable.
i) A data collection form as required by OMB Circular A-133.

OMB Circular A-133 audits shall be submitted no later than nine (9) months after the end of the fiscal year.

2. If the Federal assistance received was less than $500,000 for the fiscal year, they may, submit a management report in lieu of an audit report. The management report should be submitted on RD Forms 442-2 and 442-3 or facsimile thereof <u>(A copy of the "Uniform Annual Financial Report" that is submitted to the New York State Dept. of Audit & Control will suffice in lieu of RD Forms 442-2 and 442-3). We will only require that portion of the report that involves federal financial assistance [i.e. water fund, sewer fund & etc. (see attach sample)]</u>.

Management Reports are to be submitted within sixty (60) days following the end of the fiscal year.

United States Department of Agriculture
Rural Development

**NEW YORK STATE**
**SPECIAL EMPHASIS ADVOCATES**

This information is provided should you need assistance in specific areas such as translation of documents, interpreter services, or reasonable accommodations based on disability. **Specific questions regarding the processing of your application should be directed to the loan making official you are dealing with.**

STATE CIVIL RIGHTS MANAGER:
Ora Giles — Duty Station: Syracuse State Office
The Galleries of Syracuse
441 South Salina Street, Suite 357, 5th Floor
Syracuse, NY 13202-2425
Telephone: (315) 477-6405
Fax: (315) 477-6440 — E-mail: ora.giles@ny.usda.gov

AFRICAN AMERICAN EMPLOYMENT PROGRAM MANAGER:
Cynthia Newcomb — Duty Station: Canandaigua Area Office
3037 County Road #10
Canandaigua, NY 14424-8007
Telephone: (585) 394-0525 Ext. 105
Fax: (585) 394-8367 — E-mail: cynthia.newcomb@ny.usda.gov

AMERICAN INDIAN and ALASKA NATIVE EMPLOYMENT PROGRAM MANAGER:
Sandra Snyder — Duty Station: Batavia Area Office
29 Liberty St., Suite 2
Batavia, New York 14020
Telephone: (585) 343-9167 Ext. 111
Fax: (585) 344-4662 — E-mail: sandra.snyder@ny.usda.gov

ASIAN AMERICAN and PACIFIC ISLANDER EMPLOYMENT PROGRAM MANAGER:
Jeffrey Archer — Duty Station: Schoharie Area Office
108 Holiday Way, Suite #1
Schoharie, NY 12157
Telephone: (518) 295-8600 Ext. 4
Fax: (518) 295-8620 — E-mail: jeffrey.archer@ny.usda.gov

**CONTINUED ON THE REVERSE SIDE**

Committed to the future of rural communities.

DISABILITY EMPLOYMENT PROGRAM MANAGER:
Linda Hayes Duty Station: Syracuse State Office
The Galleries of Syracuse
441 South Salina Street, Suite 357, 5th Floor
Syracuse, NY 13202-2425
Telephone: (315) 477-6434
Fax: (315) 477-6448 E-mail: linda.hayes@ny.usda.gov

FEDERAL WOMEN'S EMPLOYMENT PROGRAM MANAGER:
Patricia Snover Duty Station: Schoharie Area Office
108 Holiday Way, Suite #1
Schoharie, NY 12157
Telephone: (518) 295-8600 Ext. 4
Fax: (518) 295-8620 E-mail: patricia.snover@ny.usda.gov

GAY and LESBIAN EMPLOYMENT PROGRAM MANAGER:
Karen McDonnell Duty Station: Marcy Area Office
9025 River Road
Marcy, NY l3403-2301
Telephone: (315) 736-3316 Ext. 4
Fax: (315) 736-5782 E-mail: karen.mcdonnell@ny.usda.gov

HISPANIC EMPLOYMENT PROGRAM MANAGER:
Todd Loy Duty Station: Greenwich Area Office
2530 State Route 40
Greenwich, NY 12834-9627
Telephone: (518) 692-9940 Ext. 121
Fax: (518) 692-2203 E-mail: todd.loy@ny.usda.gov

TDD phone number for all Agency contacts: (315) 477-6447

## Explanation of Responsibilities

### State Civil Rights Manager (SCRM)

The State Civil Rights Manager serves on the State Director's staff. Civil Rights encompasses all aspects of equal opportunity and non discrimination in programs and employment, including but not limited to affirmative employment programs, enforcement, and nondiscrimination in federally assisted and federally conducted programs. The SCRM is responsible for planning, coordinating and directing the Agency's policies and training for civil rights and equal employment opportunity (EEO), conducting preliminary investigations of borrower/applicant discrimination complaints, generating reports and monitoring progress in EEO programs, developing and implementing the Affirmative Employment Program Plan and the Federal Equal Opportunity Recruitment Program Plan. The SCRM is responsible for the guidance and direction of Special Emphasis Programs Managers.

### Special Emphasis Program Managers (SEPMs)

These positions are collateral duty positions on the State Director's Staff. The SEPMs are an integral part of the overall civil rights, human resource and program delivery functions. The purpose of the SEPMs is to provide oversight, guidance, direction, enforcement and assistance to enhance opportunities for women, minorities, and people with disabilities in all employment and program delivery activities. The SEPMs are responsible for advising management on the unique concerns of and barriers to equal opportunity for a particular under-utilized group, analyzing employment/program data and recommending actions to increase representation to these groups. Coordinating and performing outreach and assisting in providing recruitment sources for minorities, women, and persons with disabilities. **(Revised Oct 2012)**

COMMUNITY FACILITIES DESIGN/BUILD OR CONSTRUCTION MANAGEMENT CHECKLIST

The Design/Build (DB) method of construction is one in which architectural and engineering services normally provided by an independent consultant to the owner are combined with those of the general contractor under a single source contract. These services are commonly provided by a DB firm, a joint venture between an architectural firm and a construction firm, or a company providing pre-engineered buildings and design services. PLEASE NOTE: THIS METHOD CANNOT BE USED WHEN A RURAL DEVELOPMENT GRANT IS INVOLVED.

1942-A, section 1942.18(l) states “Procurement methods which combine or rearrange design, inspection or construction services (such as design/build or construction management) may be used with Rural Development written approval. It is important that this approval process begin as early in the application process as possible. NOTE: If the contract amount exceeds $100,000, National Office prior concurrence must be obtained. This process can add up to 1 month of additional review time to the project.

Section 1942.18(l) requires the owner provide the following information to the Agency.

1. The owner’s written request to use an unconventional contracting method with a description of the proposed method.

2. A proposed scope of work describing in clear, concise terms the technical requirements for the contract. It should include such items as:

    a) A non-technical statement summarizing the work to be performed by the contractor and the results expected.

    b) The sequence in which the work is to be performed and a proposed construction schedule.

3. A proposed firm-fixed-price contract for the entire project which provides that the contractor shall be responsible for:

    a) Any extra cost that may result from errors or omissions in the services provided under the contract.

    b) Compliance with all Federal, State, and local requirements effective on the contract execution date.

4. Where noncompetitive negotiation is proposed, an evaluation of the contractor’s performance on previous similar projects in which the contractor acted in a similar capacity.

5. A detailed listing and cost estimate of equipment and supplies not included in the construction contract but which are necessary to properly operate the facility.

6. Evidence that a qualified construction inspector who is independent of the contractor has or will be hired.

7. Preliminary plans and outlines specifications.

8. The owner's attorney's opinion and comments regarding the legal adequacy of the proposed contract documents and evidence that the owner has the legal authority to enter into and fulfill the contract.

Section 1942.9(b) requires the following items be submitted to the National Office:

1. State Director's and Agency Architect / Engineer's comments and recommendations. (When noncompetitive negotiation is proposed, submit an evaluation of previous work of the proposed construction firm.)

2. Regional attorney's opinion and comments regarding the legal adequacy of the proposed procurement method and proposed contract documents. *(If this review is being requested concurrently to expedite the process, please so indicate.)*

3. A copy of the owner's written request and description of the procurement method proposed. *(This may be the same "written request" listed as #1 above.)*

4. A copy of the proposed contract. *(If standard industry contract forms, such as AIA, DBIA or AGC are used, submittal of entire contract is not required. Indicate type of contract, publisher, and what, if any, additions, deletions, changes, or addenda have been made.)*

Rev 8/25/06

| REQUIREMENTS LIST FOR COMMUNITY FACILITIES PROJECTS and RURAL BUSINESS & INDUSTRY PROJECTS: | Rev. 07-25-07 | Projects over $100,000 | [with Performance & Payment Bonds] |
|---|---|---|---|
| TITLE: | # PAGES: | FORM: | NOTES: |
| Preliminary Architectural Feasibility Report | *varies* | RD 1942-A, Guide 6 | REQUIRED With Schematic Design Phase |
| *Table of Contents* | *varies* | *(prepared by consultant)* | *Construction Documents* |
| *Plans and Specifications / Project Manual* | *varies* | *(prepared by consultant)* | *Construction Documents* |
| Standard Form of Agreement between Owner and Architect /*/ | 10 | AIA Document B141-1997, Part 1 | *Alternate contract requires review by Regional Attorney* |
| Standard Form of Architect's Services /*/ | 9 | AIA Document B141-1997, Part 2 | *1942-A, Guide 27, Atch. 1, Pg. 7 (1 each) for Part 1 & 2* |
| Attachment to AIA Document B141-1997, Architect's Agreement /*/ | 7 | RD 1942-A, Guide 27, Attach. 1 | Attach to AIA B141-1997 (PN 296, Rev.: 08-26-98) |
| Agreement For Engineering Services | 6 | Form RD 1942-19 | *(If / when required)* |
| Architect's / Engineer's Certification Statement | N/A | *(requirements supplied by State Architect)* | To appear on the cover of the plans/specifications |
| NEHRPA Seismic Certification | N/A | *(requirements supplied by State Architect)* | To appear on the cover of the plans/specifications |
| Advertisement for Bidders | 2 | RD 1942-A, Guide 19, Attach.1 | *(or appropriate substitute)* |
| Information for Bidders | 3 | RD 1942-A, Guide 19, Attach.2 | *(or appropriate substitute)* |
| Instruction to Bidders | | AIA Document A701-1997 | *(or appropriate substitute)* |
| Attachment to AIA Document A701-1997, Instruction to Bidders | 3 | RD 1942-A, Guide 27, Attach.2 | (PN 296, Revision date: 08-26-98) |
| Bid *[including Liquidated Damages]* | 3 | RD 1942-A, Guide 19. Attach. 3 | *(or appropriate substitute)* |
| Bid Bond | 2 | RD 1942-A, Guide 19, Attach. 4 | *(or appropriate substitute)* |
| General Conditions of the Contract | 20 | RD 1942-A, Guide 19, Attach. 9 | *(or appropriate substitute)* |
| General Conditions of the Contract for Construction | | AIA Document A201-1997 | *(or appropriate substitute)* |
| Attachment to AIA Document A201-1997, General Conditions | 11 | RD 1942-A, Guide 27, Attach. 4 | (PN 296, Revision date: 08-26-98) |
| Supplemental General Conditions | 6 | RD 1942-A, Guide 18 | *(or appropriate substitute)* |
| Federal Supplemental Conditions of the Contract for Construction | | AIA Document A201/SC-1990 | *If AIA A201-1997 is used.* |
| Attach. to AIA Document A201-SC-1990, Fed. Supplement.Cond. | 2 | RD 1942-A, Guide 27, Attach. 5 | (PN 296, Revision date: 08-26-98) |
| Statement of Contractor's Qualifications | 2 | Guide A | |
| Performance Bond | 3 | RD 1942-A, Guide 19, Attach. 5 | (or AIA Document A312) |
| Payment Bond | 3 | RD 1942-A, Guide 19, Attach. 6 | (or AIA Document A312) |
| Power of Attorney | 1 | *(from Contractor's Attorney)* | |
| Certificate(s) of Insurance | 1 | *(from Contractor's Insurance Co.)* | |
| Equal Opportunity Agreement | 1 | RD Form 400-1 | |
| EEO Contract Compliance Statement | 2 | RD Form 400-6 | |
| *Adherence to Wicks Law (separate contracts for each discipline)* | *N/A* | *(if municipality or housing authority)* | |
| Labor Standards Provisions | 9 | *RD 1940-C, Exhibit A* | *If Davis-Bacon Wage Rates Apply* |
| Wage Scale | N/A | *(supplied by Department of Labor)* | *If the owner / applicant is a 'For Profit' entity* |
| Wage Determinations | | SF-308 | *(If required)* |
| Disclosure of Lobbying Activities | | 1940-Q, Exhibit A-1, A-2 | GC & all subs. Required for all projects over $100k. |
| Certification of Debarment | | AD-1048 | GC & all subs. Required for all projects. |
| Standard Form of Agreement between Owner and Contractor /*/ | | AIA Document A101-1997 | *Alternate contract requires review by Regional Attorney* |
| Attachment to AIA Document A101-1997, Contractor's Agreement | 4 | RD 1942-A, Guide 27, Attach. 3 | (PN 296, Revision date: 08-26-98) |
| Bid Tabulations | *varies* | *(prepared by consultant)* | Required after receipt of bids, prior to award. |
| Certificate(s) of Owner's Attorney *(One per Contract)* | 1 | RD 1942-A, Guide 18, page 7 | Required prior to RD Contract Concurrence. |
| Contract Concurrence *(One per Contract)* | 1 | RD 1942-A, Guide 18, page 8 | Rural Development Concurrence |
| Notice of Award | 1 | RD 1942-A, Guide 19, Attach. 7 | *(or appropriate substitute)* |
| Notice to Proceed | 1 | RD 1942-A, Guide 19, Attach. 8 | *(or appropriate substitute)* |
| Project Sign | 1 | *(requirements supplied by State Architect)* | Prominently displayed until completion of construction |
| Partial Payment Estimate | 1 | RD 1924-18 with AIA Document G703 | Monthly with Form E |

| | | | |
|---|---|---|---|
| Contract Change Order | 1 | RD 1924-7 | Requisition only after acceptance |
| Certificate of Substantial Completion | 1 | AIA Doc. G704 | (or NSPE-ACEC 1910-8-D) |
| RD Project Budget/Cost Certification | 1 | Form E | (Pre-Bid, As-Bid, and updated monthly or as required) |
| Release of Liens // Release by Claimants | 1 | RD Form 1924-9 // RD Form 1924-10 | *(or appropriate substitute)* |
| Certificate of Occupancy | 1 | (Issued by the authority having jurisdiction) | Upon completion of construction |
| /*/ = Minimum 1 'original' & 3 'copies', all with original signatures. | | Changes to B141 per RD Guide 27 Atch. 1: | Line-out deletions, insert additions within the document |
| *To obtain the above mentioned forms from the internet:* | | | |
| **http://www.rurdev.usda.gov/regs/regs_toc.html#1942**<br>**http://www.rurdev.usda.gov/regs/regs_toc.html#1900** | | Part 1942 – Associations<br>Part 1900 -- General | |
| **http://www.rurdev.usda.gov/regs/regs_toc.html#1924** | | Part 1924 -- Construction and Repair | |