

Appendix 1 for Module 3

Sample Pre-Award documents

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Assurances – Non-Construction Programs (SF-424B)	Exhibit E
Certification Regarding Debarment, Suspension, and Other Responsibility Matters (AD-1047)	Exhibit F
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Disclosure of Lobbying Activities (SF-LLL)	Exhibit H
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File Code: 1580

Date: , 2007

Program:
Project:
CFDA:

Dear

Please consider this letter as official notification that you are eligible to receive Federal funds in the amount of \$ from the USDA Forest Service, Northeastern Area State and Private Forestry (NA S&PF).

The following is required:

Grant Application Package:

1. A completed, signed, original copy of the Application for Federal Assistance (SF 424).*
2. A completed original copy of the Budget Information – Non-Construction Programs (SF 424A).
3. A completed, signed, original copy of the Assurances – Non-Construction Programs (SF 424B).
4. A completed, signed, original copy of the Disclosure of Lobbying Activities (SF LLL).
5. A completed, signed, original copy of the USDA Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions form (AD-1047).
6. A completed, signed, original copy of the USDA Certification Regarding Drug-Free Workplace Requirements (Grants) Form (AD -1049).

These forms, and instructions on how to complete each form, may be found at the NA S&PF Grants and Agreements website:

<http://www.na.fs.fed.us/fap/fap.shtml>

Your application requires the inclusion of your organization's Dun and Bradstreet (D& B) Data Universal Number System (DUNS) number for any new award for Federal grant or cooperative agreement or revision of an existing Federal grant or cooperative agreement effective October 1, 2003. If your organization does not have a DUNS number, you can receive one at no cost by calling the dedicated toll-free DUNS number request line at 1-866-705-5711 or by registering via their URL <http://www.dunandbradstreet.com>.

Applications received that do not include the DUNS number on the SF 424 will not be processed.

Your organization must register, and maintain current enrollment in the **Central Contracting Registry (CCR)**. Enrollment in CCR will allow you to electronically find and apply for grant opportunities from all Federal grant-making agencies through Grants.gov.



Applications received from organizations that are not current in the CCR will not be processed. Please note that the completed, signed, application package must be sent to the following address as soon as possible:

USDA Forest Service
 Northeastern Area State & Private Forestry
 11 Campus Boulevard, Suite 200
 Newtown Square, PA 19073
 ATTN: Grants and Agreements Management

The principal contacts for your financial assistance agreement are:

	<i>Forest Service</i>	<i>Cooperator</i>
<i>Technical Name</i>		
<i>Address</i>		
<i>Telephone Number</i>		
<i>E-Mail</i>		
<i>Program Monitor</i>		
<i>Address</i>		
<i>Telephone Number</i>		
<i>E-Mail</i>		
<i>Administrative Name</i>		
<i>Address</i>	USDA Forest Service, NA S&PF Newtown Square Corporate Campus 11 Campus Boulevard, Suite 200 Newtown Square, PA 19073	
<i>Telephone Number</i>	(610) 557-	
<i>E-Mail</i>		

Program Narrative:

The most important part of your grant application package is the program narrative. A narrative statement is required to support all applications for Federal assistance. The narrative establishes the reason for the application and sets the direction for the grant or cooperative agreement. This should clearly identify the goals you intend to accomplish with the grant funding in each program area. The objectives for each program should be specific. Programmatic and generic narrative templates may be found at the Grants and Agreements website:

<http://www.na.fs.fed.us/grant/index.htm>

The narrative addresses:

- What will the Federal funds be used for
- Why should Federal funds be involved

The narrative should include the following:

Description (What is to be done with funding requested) –

- Description of the specific activities to be accomplished
- Key personnel

Federal Rode (Why Federal funds are involved, what will they be used for)

- Statement of need
- Goals and objectives

Methodology/Timetable (Accomplishment Attainment and Reporting) –

- Method of Accomplishment
- Work plan and timetable
- The outcome or targets to be achieved
- How progress will be measured
- Anticipated subgrant or subcontracting activity
- Desired results

Budget Information (Identification of Costs) –

- Detailed budget to support narrative statements, reflect costs needed, and determine if costs are reasonable and allowable
- Source of non-Federal resources

Matching Requirement: A match may be required for the Program for which you are applying. Please check the appropriate Catalog for Federal Domestic Assistance (CFDA) referenced at the top of this letter. It will more fully explain the matching requirements for this program. A copy of the referenced CFDA may be found at:

<http://12.46.245.173/cfda/cfda.html>

The required match may be made up of cash or in-kind contributions. In-kind contributions may be volunteer labor, donated materials, and equipment. This list is not all-inclusive. In-kind contributions are not reimbursable.

If you have any questions or need assistance, please feel free to contact the Forest Service technical or administrative contact listed above. We appreciate the opportunity to work cooperatively with you on this project.

Sincerely,

KATHY DURAN
Group Leader
Grants and Agreements Management

cc:

Grants and Agreements Management

Exhibit B

NORTHEASTERN AREA

STATE AND PRIVATE FORESTRY Distribution of FY 2007 Program Budget to Partners

06/26/07

MASSACHUSETTS

				Funds Provided Directly to State	Funds Provided to Third Party	Funds Provided to Other FS and Federal Agencies	Total Amount of Funds provided to partners in State
Cooperative Programs	Grant No.	Total Amount Obligated	Authorized for Obligation	{A}	{B}	{C}	{D=A+B+C}
Forest Health Management (FHM):							
Federal Lands							
Core Funding							
FHTET: Univ. of MA-Biocontrol of Ambermarked Birch Leafminer-VanDriesche	05-009-A3	10,000	10,000		10,000		80,553
FHTET: Univ. of MA-Natural Enemies of HWA-VanDriesche (2216 funds)			6,500		6,500		
FHTET: Univ. of MA-Natural enemies of HWA-VanDriesche			64,053		64,053		
Cooperative Lands							
Core Funding							
Off Plot FHM	07-135		44,300	44,300			176,300
FHTET: Univ. of MA-Biocontrol of Ambermarked Birch Leafminer-VanDriesche (R10 Funds)	07-135		20,000	20,000			
SOD Survey	05-009-A3		10,000		10,000		
FHTET: Univ. of MA-Foreign Exploration/Eval of Cold Hardiness of L. nigrinus	07-135	76,000	6,000	6,000	76,000		
Early Detection Rapid Response for Scolytids	05-010-A2		76,000				
Enhanced Trap Tree Surveys for Sirex	07-135		10,000	10,000			
Enhanced EAB Surveys	07-135		5,000	5,000			
	07-135		5,000	5,000			
SUBTOTAL, FHM				90,300	166,553	0	256,853
Cooperative Fire Protection (CFP):							
State Fire Assistance							
Core Funding	07-135		86,506	86,506			86,506
Volunteer Fire Assistance							
Core Funding	07-134		39,000	39,000			39,000
State Fire Assistance NFP							
Core Funding	07-135		128,172	128,172			433,172
Nantucket MA Multi-agency site Mgt Plan	07-168		30,000		30,000		
SE MA Multi-agency Site Mgt Program			30,000		30,000		
WUI Fuels Mgt in SE MA High Risk	07-135		240,000	240,000			

NORTHEASTERN AREA

STATE AND PRIVATE FORESTRY
Distribution of FY 2007 Program Budget to Partners

06/26/07

MASSACHUSETTS

				Funds Provided Directly to State	Funds Provided to Third Party	Funds Provided to Other FS and Federal Agencies	Total Amount of Funds provided to partners in State
Cooperative Programs	Grant No.	Total Amount Obligated	Authorized for Obligation	{A}	{B}	{C}	{D=A+B+C}
Communities							
Massachusetts Association of Conservation Districts (MACD)			5,000		5,000		
Volunteer Fire Assistance NFP							33,961
Core Funding	07-134		33,961	33,961			0
Forest Health Management- Fed Lands NFP							0
Core Funding							0
Forest Health Management- Coop Lands NFP							0
Core Funding							0
Economic Action Programs: NFP							0
Core Funding							0
SUBTOTAL, CFP				527,639	65,000	0	592,639
Cooperative Forestry (CF):							
Forest Stewardship							348,490
Core Funding	07-135		204,990	204,990			
CBW: Trust for Public Land - Conservation for Local Governments			51,000		51,000		
Massachusetts Association of Conservation Districts (MACD) Environthon			2,500		2,500		
Umass - WET Partnership			60,000		60,000		
WET Partnership - University of MA			30,000		30,000		
Forest Legacy							2,500,000
Core Funding							
MA - FLP - Southern Monadnock Plateau	07-133		2,500,000	2,500,000			247,000
FLP - Quabbin Corridor Connection			247,000	247,000			
Urban and Community Forestry							326,000
Core Funding	07-135		306,000	306,000			
WET Partnership - University of MA-Amherst			20,000		20,000		
Economic Action Programs:							0
Core Funding							0
Wood in Transportation							0

NORTHEASTERN AREA

STATE AND PRIVATE FORESTRY
Distribution of FY 2007 Program Budget to Partners

06/26/07

MASSACHUSETTS

				Funds Provided Directly to State	Funds Provided to Third Party	Funds Provided to Other FS and Federal Agencies	Total Amount of Funds provided to partners In State
Cooperative Programs	Grant No.	Total Amount Obligated	Authorized for Obligation	{A}	{B}	{C}	{D=A+B+C}
Core Funding							0
Forest Products, Conservation & Recycling							0
Core Funding							69,523
Special Projects							69,523
Core Funding							0
WERC - Mount Wachusett Community College			69,523		69,523		69,523
Economic Recovery							0
Core Funding							0
SUBTOTAL, CF				3,257,990	233,023	0	3,491,013
Core Funding							0
Grey Towers Operations							0
Core Funding							0
Grey Towers Maintenance							0
Core Funding							0
Transfer Programs: Agricultural, Rural Development,							0
Core Funding							0
Senior Community Service Enrollee Program							0
Core Funding							0
Reimbursable Programs							0
Core Funding							0
Subtotal, Agricultural, Rural Development, and Related Agencies				0	0	0	0
Total:				3,875,929	464,576	0	4,340,505
Date Of Last Change	06/19/07						

Exhibit C

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED May 1, 2007	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 07-DG-11420004-XXX
5. APPLICANT INFORMATION			
Legal Name: State of Grants		Organizational Unit: Department: Department of Grants	
Organizational DUNS: 159362172		Division: Division of Awards	
Address: Street: 123 More Money Lands		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Amy	
City: Dollars		Middle Name: N.	
County: Cents		Last Name: Grant	
State: PA	Zip Code: 12345-	Suffix:	
Country:		Email: agrant@grant.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 41-6078552		Phone Number (give area code) (610) 123-4567	Fax Number (give area code) (610) 123-4589
8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Government Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.678 <input type="checkbox"/> Forest Stewardship Program Other (specify):		9. NAME OF FEDERAL AGENCY: USDA Forest Service, NA S&PF	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Learn About Trees	
13. PROPOSED PROJECT Start Date: 06/01/2007 Ending Date: 05/31/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 01 b. Project: Statewide	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000.00	a. Yes <input type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$ 100,000.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 200000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.			
a. Authorized Representative			
Prefix Ms. First Name: Amy		Middle Name: N.	
Last Name: Grant		Suffix:	
b. Title: Grant Officer		c. Telephone Number (give area code) (610) 123-4567	
Email: agrant@grant.gov		Fax Number (give area code) (610) 123-4589	
d. Signature of Authorized Representative		e. Date Signed: May 15, 2007	

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

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

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. A. State Government B. County Government C. Local Government D. City or Township Government E. Special District F. Independent School District G. Public/State Controlled Institution of Higher Education H. Private University Institution of Higher Education I. Native American Tribal Government (Federally Recognized) J. Native American Tribal Government (Not Federally Recognized) K. Native American Tribal Government (Federally Recognized) L. Individual M. For-Profit Organization (Other than small business) N. Other (Specify) O. Nonprofit Organization (Other than Institution of Higher Education) P. Native American Tribal Government (Other than Federally Recognized) Q. Public/Indian Housing Authority R. Small Business	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

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. Forest Stewardship	10. 678	\$	\$	\$ 100,000.00	\$ 100,000.00	\$ 200,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 100,000.00	\$ 100,000.00	\$ 200,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ 159,000.00	\$	\$	\$	\$ 159,000.00
b. Fringe Benefits	15,000.00				15,000.00
c. Travel	10,000.00				10,000.00
d. Equipment					
e. Supplies	8,000.00				8,000.00
f. Contractual	8,000.00				8,000.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	200,000.00				200,000.00
j. Indirect Charges					
k. TOTALS (sum of 6i-6j)	\$ 200,000.00	\$	\$	\$	\$ 200,000.00
7. Program Income	\$	\$	\$	\$	\$

Exhibit D

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Forest Stewardship	\$ 100,000.00	\$	\$	\$ 100,000.00	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 100,000.00	\$	\$	\$ 100,000.00	
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.					

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.