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# Appendix C

## Guidance for Preparing an Assistance Funding Package

The United States  
Environmental Protection  
Agency

Office of Research and  
Development  
Washington, DC 20460

EPA-600-R-95-019  
December 1995



**The United States  
Environmental Protection Agency**



**APPLICATION KIT  
FOR ASSISTANCE**

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460

OFFICE OF  
ADMINISTRATION  
AND RESOURCES  
MANAGEMENT

Dear Applicant:

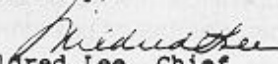
Attached is an application kit for submitting a proposal to the Environmental Protection Agency for federal assistance. In order to assist you in completing your application, we have developed a list of items in the application kit and a brief description of each. We also have included a check list of items that must be submitted in order to make your submission complete. Before you mail your application, please be sure it is complete. Our mailing address is included in the application kit for your convenience. Also, the page entitled "Key Contacts" is very important to ensure that we work with the proper individuals in your organization.

You need to consider whether your proposal is for acquisition or assistance. The SF 424 is only used for submitting proposals for federal assistance. The Federal Grant and Cooperative Agreement Act requires Federal agencies to use a contract to acquire property or services for the direct benefit of the Federal government, and a grant or cooperative agreement to transfer money, property, services, or anything else of value to support or stimulate an activity to accomplish a public purpose of assistance authorized by Federal statute.

The determining factor in choosing acquisition versus assistance is defining the direct beneficiary. If the direct beneficiary is a State or local government or other recipient, and the purpose of support or stimulation is authorized by Federal statute, then a grant or cooperative agreement is the proper legal instrument to use. If the direct beneficiary is EPA, then a contract is the appropriate legal instrument to use and the submission of SF 424 is inappropriate.

If you have any questions about completing your application or have general inquiries about EPA's assistance programs, please feel free to contact my staff on area code (202) 260-9266.

Sincerely,

  
Mildred Lee, Chief  
Grants Operations Branch  
Grants Administration Division (PM-216F)

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## ITEMS IN YOUR APPLICATION KIT

- APPLICABLE EPA REGULATIONS
- DESCRIPTION OF EPA REGULATIONS
- HELPFUL HINTS
- SUPPLEMENTAL INFORMATION:  
APPLICATION FOR FEDERAL ASSISTANCE  
(STANDARD FORM 424)
- ADDITIONAL TIPS FOR COMPLETING THE SF-424
- CHECKLIST OF APPLICATION ITEMS TO BE SUBMITTED
  
- KEY CONTACTS
- SF-424, "APPLICATION FOR FEDERAL ASSISTANCE",  
INCLUDING INSTRUCTIONS AND ASSURANCES,  
SF 424A AND SF 424B
- PROCUREMENT SYSTEM CERTIFICATION
- CERTIFICATION REGARDING DEBARMENT  
AND SUSPENSION
- CERTIFICATION REGARDING LOBBYING, INCLUDING  
DISCLOSURE OF LOBBYING ACTIVITIES

## APPLICABLE EPA REGULATIONS

available upon request; call (202) 260-9266

(Your business office may have copies of these regulations.  
Please check with them first.)

### A. STATE and LOCAL GOVERNMENTS and INDIAN TRIBAL GOVERNMENTS

Part 31 - Uniform Administrative Requirements for Grants &  
Cooperative Agreements to States & Local Governments

Part 7 - Nondiscrimination in Programs Receiving Federal  
Assistance from the Environmental Protection Agency

Part 12 - Nondiscrimination on the Basis of Handicap in Programs  
or Activities Conducted by the Environmental Protection Agency

Part 32 - Government-wide Debarment and Suspension (Nonprocurement)  
and Government-wide Requirements for Drug-Free  
Workplace (Grants)

Part 29 - Intergovernmental Review of Environmental Protection  
Agency Programs and Activities  
  
Instructions to Applicants - Intergovernmental Review Procedures  
and List of Single Point of Contacts

Part 34 - New Restrictions on Lobbying

### B. FOR ALL OTHER TYPES OF APPLICANTS

Part 30 - General Regulations for Assistance Programs

Part 33 - Procurement Under Assistance Agreements

Part 7 - See Above

Part 12 - See Above

Part 32 - See Above

Part 29 - See Above

Part 34 - See Above

**DESCRIPTION OF EPA REGULATIONS****PART 30 - GENERAL REGULATION FOR ASSISTANCE PROGRAMS**

This regulation applies to all EPA applicants except State, Local and Indian Tribal governments.

If the regulation applies to you, you are required to be familiar with it and to comply with its provisions.

**PART 31 - UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND COOPERATIVE AGREEMENTS TO STATE AND LOCAL GOVERNMENTS**

State, Local and Indian Tribal governments are required to be familiar with this regulation and to comply with its provisions.

**PART 32 - DEBARMENT AND SUSPENSION UNDER EPA ASSISTANCE, LOANS AND BENEFIT PROGRAMS**

All applicants are required to be familiar with the regulation and to submit the certification with their application. In addition, recipients are required to obtain the certification from subrecipients receiving \$25,000 or more.

**PART 33 - PROCUREMENT UNDER ASSISTANCE AGREEMENTS AND THE PROCUREMENT SYSTEM CERTIFICATION**

The "Part 33 - Procurement under Assistance Agreements" applies to all EPA applicants except State, Local and Indian Tribal governments.

If the regulation applies to you, you are required to be familiar with it and to comply with its provisions. In addition, you are required to complete the "Procurement System Certification".

State governments do not need to self-certify.

**PART 34 - NEW RESTRICTIONS ON LOBBYING**

All applicants requesting \$100,000 or more from EPA must submit the "Certification Regarding Lobbying" and, if appropriate, complete the "Disclosure of Lobbying Activities". Please note that contractors receiving subagreements of \$100,000 or more are also required to certify and disclose to the individual or organization awarding the subagreement.

**PART 29 - INTERGOVERNMENTAL REVIEW PROCEDURES**

The EPA program for which you are applying may be subject to your State's Intergovernmental review process and or the consultation requirements of Section 204, Demonstration Cities and Metropolitan Development Act. You must contact your State's single point of contact to find out if the program was selected for coverage by the State process and, if the program was selected, to receive information about your State's review process requirements and procedures. If you do not know who your Single Point of Contact is, please call (202) 260-9266. If the program in which you are applying is subject to Section 204, you must notify areawide metropolitan or regional planning agencies and/or general government units authorized to govern planning for the locale of your project.

**PARTS 7 and 12 - NONDISCRIMINATION IN PROGRAMS RECEIVING FEDERAL ASSISTANCE FROM THE ENVIRONMENTAL PROTECTION AGENCY - FINAL RULE**

These rules implement the statutes prohibiting discrimination on the grounds of race, color, national origin, sex and handicap. All applicants for EPA assistance are required to be familiar with these rules and to comply with their provisions.

## HELPFUL HINTS

### APPLICATION FOR FEDERAL ASSISTANCE (STANDARD FORM 424, STANDARD FORM 424A, AND STANDARD FORM 424B)

Based on the inquiries we frequently receive, we have developed the following information augmenting the instructions in the "Application for Federal Assistance" (Standard Form 424). Reading this information in conjunction with the instructions in the application form will speed up the preparation of your application and will reduce our processing time on your application.

The application is divided into three parts:

- (1) the "Application for Federal Assistance" (Standard Form 424) with accompanying instructions;
- (2) the "Budget Information -Non-Construction Programs" (Standard Form 424A) with accompanying instructions; and
- (3) the "Assurances -Non-Construction Programs" (Standard Form 424B).



**SUPPLEMENTAL INFORMATION:****APPLICATION FOR FEDERAL ASSISTANCE (STANDARD FORM 424)**

Please refer to the instructions for SF 424. The items that require special attention are discussed below.

**ITEM 5:** If the "Name and telephone number of the person to be contacted for matters involving this application" is different from that of the Project Manager, i.e., the person who will be our contact for technical matters if the application is funded, please provide the name, title, address and telephone number of the Project Manager (Principal Investigator) on the key contact list.

In addition, please submit a biographical sketch of the Project Manager incorporating information on education, background, and other qualifying experience for the project. Also list the name and training or discipline of other key personnel engaged in the project. Identify other projects in which the Project Manager is engaged and the amount of time he or she devotes to each. Provide a summary of employment, including contracts and consultancies, for the present and for the past two years for the Project Manager and each of the key personnel.

**ITEM 9:** Please insert the name, if applicable, of the EPA person(s) from whom you have received preapplication assistance. This information assists us in routing your application to the appropriate EPA office for review.

**ITEM 10:** Insert the Catalog of Federal Domestic Assistance Number and Title, if known.

**ITEM 13:** The "Start Date" and "Ending Date" should reflect the amount of time that will be required to complete the entire scope of work in your application (i.e., the "project period"). However, in accordance with our regulations and administrative procedures, your project period may be divided into a series of "budget periods". The definitions of a project period and a budget period are as follows: Project Period: The length of time EPA specifies in the assistance agreement for completion of all project work. It may be composed of more than one budget period. Budget Period: The length of time EPA specifies in an assistance agreement during which the recipient may expend or obligate Federal funds. The guidance provided below for completing the budget instructs you to give the dates for each budget period.

**ITEM 15:** The amounts under "Estimated Funding" are the amounts requested or to be contributed during the first budget period.

**ITEM 18:** If EPA awards a grant or cooperative agreement pursuant to your application, we will mail the official copies of the award agreement to the authorized representative listed in Item 18.

**DESCRIPTION OF PROJECT:** Your application should include a section that provides the following information:

\* **Objective:** Describe the principal and subordinate objectives of the project. Pinpoint any relevant physical, economic, social, financial, institutional, or other problems requiring solution. Supporting documents from concerned interests other than the applicant may be used. Any relevant data based on planning studies should be included and footnoted.

\* **Results or benefits expected:** Identify results and/or benefits accruing to the project. [Important: Include all primary and secondary benefits accruing to the recipient, the population served, the public and the environment in general]; for example: compliance with water quality standards or ambient air quality standards, advancements in the state of the art of pollution abatement, etc.

\* **Approach:**

a. Provide a detailed work plan for the accomplishment of the scope and detail of the proposed project. Cite factors that might accelerate or decelerate the work. Indicate why this approach has been taken rather than alternatives. Describe any unusual features of the project such as design or technological innovations, reductions in cost or time or extraordinary social and community involvement.

b. Describe all facilities presently available for use in carrying out the project.

c. For all applications list by name all non-Federal sources of funds and facilities to be utilized in the performance of the proposed project.

d. List in chronological order a schedule of accomplishments, progress, or milestones that are anticipated over the length of the project.

e. Indicate by whom each element of the work plan will be carried out including supporting agencies, consultants and contractors.

f. Describe sampling and data collection procedures, analytical methods, and methods for evaluating the results of the project.

\* General Project Information:

a. Identify the kinds of data to be collected (and maintained) and discuss the criteria to be used to evaluate the results and successes of the project. Indicate whether research or demonstration will involve human subjects or research animals.

b. Discuss: (1) the effect of this project on or its relationship to other work planned, anticipated, or underway by the grantee, recipient of the funds, or other Government agencies; (2) Federal, State, interstate, and local programs with which the work will be coordinated and the extent and nature of the coordination.

**QUALITY ASSURANCE:** If your project involves environmentally related measurements or data generation, the recipient shall develop and implement quality assurance practices sufficient to produce data of quality adequate to meet project objectives and to minimize loss of data due to out-of-control conditions or malfunctions. Applicants who are State, Local, or Indian Tribal governments, see EPA regulation 40 CFR 31.45. Other applicants, see EPA regulation 40 CFR 30.503.

**BUDGET:** The application includes a two-page sheet, "Budget Information - Non-Construction Programs" (Standard Form 424A). (You do not need to read the "Instructions for the SF-424A".)

Please complete "Section B - Budget Categories". Use one column for each budget period and insert the total for the project period in Column 5. Attach an extra sheet if your project will have more than four budget periods. The dates for each budget period should be entered at the top of each column, on the "Object Class Categories" line.

Most EPA programs require that you cost share at least 5% of total costs. The amounts you insert in Section B should include EPA's share plus your cost sharing and the cost sharing from all other sources except other federal agencies. Under "Totals" on Line K, please squeeze in the EPA amount requested for each budget period and for the project period. On Line 7, "Program Income, 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. Your detailed itemization of direct costs, which is described below, should show the nature and source of this income.

You need not complete Sections A, C, D, or E of the budget page. In Section F, under "Remarks" please enter the type of indirect cost rate (provisional, predetermined, final or fixed) that will be in effect during the budget period, the rate, the base to which the rate is applied, and the Federal agency with whom your rate is negotiated. (Not applicable when indirect costs are not budgeted in Section B.)

For the budget period currently under consideration please submit a separate sheet(s) itemizing the direct costs of Lines (a) thru (j) of Section B. Guidelines for the itemization are provided below.

#### DETAILED ITEMIZATION OF COSTS:

\* **Line A - Personnel:** List all participants in the project by position title. Give the percentage of the budget period for which they will be fully employed on the project (e.g., half-time for half the budget period equals 25 percent, full-time for half the budget period equals 50 percent, etc.). Give the annual salary and the total cost over the budget period for all personnel listed.

\* **Line C - Travel:** If travel is budgeted, show destination and purpose of travel as well as costs.

\* **Line D - Equipment:** Identify all equipment to be purchased.

\* **Line E - Supplies:** If the supply budget is less than 2% of total costs, you do not need to itemize.

\* **Line F - Contractual:** Specify the nature and cost of such services. EPA may require review of contracts for personal services prior to their execution to assure that all costs are reasonable and necessary to the project.

\* **Line G - Construction:** Contact the Grants Administration Division for additional instructions prior to completing your application if your budget includes construction costs.

\* **Line H - Other:** Specify all costs included under this category. If you are applying for a training project, your itemization of "Other" should include a breakdown of costs for trainee tuition and fees, book allowance, stipends and travel.

\* **Line J - Indirect Costs:** Provide an explanation of how indirect charges were calculated for this project. Please attach a copy of your current negotiated Indirect Cost Rate Agreement. If you do not have a current negotiated rate, a rate must be negotiated within 90 days from receipt of an EPA assistance agreement.

ADDITIONAL TIPS FOR COMPLETING THE SF-424

- (1) If your application is being submitted under the Federal Demonstration Project, please indicate it in Block 11 on Page 1.
- (2) If your project requires an Environmental Impact Statement and/or and Environmental Assessment, please indicate it on a separate sheet of paper.
- (3) If your project involves human testing studies, please indicate it on a separate sheet of paper.
- (4) If your project involves animal testing studies, please indicate it on a separate sheet of paper.
- (5) Please fill out the reverse side of the "Assurances - Non-Construction Programs" (Standard Form 424B) and have the authorized certifying official sign that page as well as the 1st page.
- (6) If you wish to receive notification that we have received your application, please fill in your address on the enclosed application receipt letter. EPA will fill in the pertinent information regarding your project and mail the letter back to the addressee.

\*\*\*\*\*

### KEY CONTACTS

**Authorized Representative:** Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Payee:** Individual authorized to accept payments.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Administrative Contact:** Individual from Sponsored Programs Office to contact concerning administrative matters (I.e., indirect cost rate computation, rebudgeting requests etc.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Principal Investigator:** Individual responsible for the technical completion of the proposed work.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name		Organizational Unit	
Address (give city, county, state, and ZIP code)		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision enter appropriate letter(s) in boxes: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ] [ ] [ ] [ ] a [ ] [ ] [ ] [ ]		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)			
13. PROPOSED PROJECT Start Date: _____ Ending Date: _____		14. CONGRESSIONAL DISTRICTS OF a. Applicant _____ b. Project _____	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ _____ .00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE _____	
b. Applicant	\$ _____ .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
d. Local	\$ _____ .00		
e. Other	\$ _____ .00		
f. Program Income	\$ _____ .00		
g. TOTAL	\$ _____ .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative		b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed	

Previous Editions Not Usable

Standard Form 424 (REV. 4-88)  
Prescribed by OMB Circular A-102

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INSTRUCTIONS FOR THE SF 424

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

- | Item: | Entry:   | Item: | Entry:  |
|-------|--|-------|---|
| 1.    | Self-explanatory.  | 12.   | List only the largest political entities affected (e.g., State, counties, cities).  |
| 2.    | Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).  | 13.   | Self-explanatory.   |
| 3.    | State use only (if applicable).  | 14.   | List the applicant's Congressional District or any District(s) affected by the program or project.  |
| 4.    | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.  | 15.   | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, if applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5.    | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.   | 16.   | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.   |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.  | 17.   | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.   |
| 7.    | Enter the appropriate letter in the space provided.  | 18.   | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)   |
| 8.    | Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br>— "New" means a new assistance award.<br>— "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br>— "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |       |   |
| 9.    | Name of Federal agency from which assistance is being requested with this application.   |       |   |
| 10.   | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.  |       |   |
| 11.   | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.  |       |   |

SF 424 (REV. 4-88) Back



**BUDGET INFORMATION — Non-Construction Programs**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	SECTION A - BUDGET SUMMARY		New or Revised Budget		Total (g)
		Estimated Unobligated Funds Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1		\$	\$	\$	\$	\$
2						
3						
4						
5. TOTALS		\$	\$	\$	\$	\$
<b>SECTION B - BUDGET CATEGORIES</b>						
6. Object Class Categories		(1)	(2)	(3)	(4)	Total (5)
		GRANT PROGRAM FUNCTION OR ACTIVITY				
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		-\$	\$	\$	\$	\$

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Standard Form 424A (4-86)  
Replaces Standard Form 424 (4-76)

