



United States Department of the Interior



BUREAU OF LAND MANAGEMENT

California State Office
2800 Cottage Way, Suite W-1834
Sacramento, CA 95825

www.ca.blm.gov

December 18, 2002

Dear Applicant:

Thank you for your interest in California BLM's 2003 Rural Fire Assistance Program. This program targets rural and volunteer fire departments that routinely help fight fire on or near BLM or other Department of Interior lands. The goals of this program are to enhance the wildland fire protection capabilities of rural fire departments through training, equipment purchase, and prevention work on a cost-shared basis.

Applications will be accepted until **February 7, 2003**. Minimum eligibility requirements for this program include:

1. Your department has an agreement with the state forester or a cooperative fire agreement with a Department of the Interior agency;
2. Your department serves a community with a population of 10,000 or less which is adjacent or near federal land;
3. Your department is requesting funding for training, equipment, and prevention activities related to wildland fire; and
4. Your department is able to meet a 10% cost share that may include in-kind services.

Awards are limited to \$20,000. However, due to the large number of applications expected and the limited funding available, most awards this year are expected to be in the \$1,000 - \$10,000 range.

Please carefully review all attachments to this letter including the program information sheet, application, supplemental, and standard forms. All application packets received by the deadline will be evaluated against the California BLM priorities and funding awarded on a competitive basis. Incomplete application packets will not be considered for funding.

For additional information please visit the Department of the Interior's Rural Fire Assistance Program web page at www.fireplan.gov/step1.cfm. For assistance with your application packet, contact your local BLM office and speak with the Fire Management Officer or the Fire Prevention Specialist. To locate the BLM office nearest to your department, please view the map located at: <http://www.ca.blm.gov/fieldoffices.html> or contact Donna Hummel, our Rural Fire Assistance Program Manager directly @ 916-978-4436.

Sincerely,

Signed
Karen Barnette,
Acting State Director

Authenticated
Louise Tichy
Records Management

Enclosure: Program Information and Application Packet (13 pages)

California BLM's Rural Fire Assistance Program Information for FY2003

Background

RFA funding can be used for training, equipment and/or prevention activities that improve safety and wildland firefighting capacity. Products and services that qualify for funding include, but are not necessarily limited to:

- Training
 - Basic, advanced, or refresher training for wildland fire
 - Simulation drills
 - Training for future recruitment needs
- Equipment
 - Personal Protective Equipment (PPE)
 - Radios & other communication equipment
 - Pumps, hose, shovels, Pulaski's, & other non-capitalized wildland fire equip
(Please note - the government defines "capitalized equipment" as items with a cost of \$10,000 or more)
- Fire Mitigation/Prevention/Education
 - Community fire protection planning &/or assessments
 - Home inspections/evaluations
 - Evacuation planning in the event of a wildfire
 - Educational products with topics such as defensible space, fire ecology, fire-adapted species, home ignitions, etc.
 - Community workshops such as Firewise
 - Support for local Fire Safe Councils

Application Process

Please submit the following in your Rural Fire Assistance application packet:

1. The standard Department of the Interior Rural Fire Assistance Program Application
2. California BLM's Supplemental Information Form
3. Itemized list of products/services of your request and their respective costs
4. Standard Form 424, Application for Federal Assistance - Fill in starred w blocks only, others leave blank
5. Standard Form 424A - Fill in starred w blocks only, others leave blank
6. Standard Form 424B - Fill in starred w blocks only

The BLM California State Office must receive application packets by **February 7, 2003**. Incomplete application packets will not be considered for funding. Please mail your packet to:

BLM – California State Office
ATTN: Traci Thaler, Rural Fire Assistance Program
2800 Cottage Way, W-1834
Sacramento, CA 95825

Please contact your local BLM Field Office, Traci Thaler, or Donna Hummel if you have questions about your Rural Fire Assistance Program application packet.

To locate your BLM Office: (www.ca.blm.gov/fieldoffices.html)	Traci Thaler Agreements Specialist 916-978-4529	Donna Hummel RFA Program Manager 916-978-4436
--	---	---

Timeline:

All applications will be reviewed, evaluated, and ranked by a panel of BLM wildland fire specialists during February. In March, successful applicants will be notified of the amount of their assistance award. Additional forms will then need to be completed and an assistance agreement between the BLM and the fire department will be developed or an existing agreement modified. Once all required paperwork is completed and returned, payment will be made by electronic funds transfer to the fire department's designated financial institution.

Reimbursable or advance payments are available. All advance payments shall be made only in amounts necessary to meet current disbursement needs and shall be scheduled so that the funds are available only immediately prior to their disbursement. Specific details regarding payments can be found at <http://www.fireplan.gov/ruralmaster.cfm>, Part I, Section VI, Payments.

California BLM Funding Priorities:

Each application packet received by the deadline will be evaluated based on the following California BLM priorities.

Rural Fire Department's Organizational/Operational Situation:

High –

- Basic wildland fire prevention, equipment, and/or training needs unmet by RFA or other funding programs in 2001 &/or 2002
- Operates as a fire department serving a rural population
- Members lack wildland fire personal protective equipment (PPE)
- Members lack wildland fire training OR need updating/advanced course work.
- Basic safety equipment is not available for wildland firefighting (including, but not limited to, radios, first aid kits, hand tools).
- Wildland fire prevention programs/activities not available/conducted locally.
- Regularly assist BLM in wildland fire suppression actions
- Regularly assist in protecting BLM public lands
- High percentage of wildland/urban interface protected relative to other applicants
- High percentage of "Communities-At-Risk" relative to the other applicants
- High frequency of responses to wildland/urban fire incidents in local area

Low–

- Basic wildland fire prevention, equipment, and/or training needs met by RFA or other funding program in 2001 &/or 2002
- Operates as a fire station within a fire department
- Members have wildland fire personal protective equipment (PPE)
- Members have wildland fire training.
- Basic safety equipment is available for wildland firefighting
- Wildland fire prevention programs/activities are conducted locally.
- Does not regularly assist BLM in wildland fire suppression actions
- Does not regularly assist in protecting BLM public lands
- Low percentage of wildland/urban interface protected relative to other applicants
- Low percentage of “Communities-At-Risk” relative to the other applicants
- Low frequency of responses to wildland/urban fire incidents in local area

Additional Funding Sources:

Other federal assistance programs are available to rural/volunteer fire departments. A comprehensive listing of these programs can be found at: <http://www.cfda.gov>.

Department of the Interior **Rural Fire Assistance Application**

Fire Department Name:	
Fire Department mailing address:	Date Submitted:
Fire Department Contact Person:	Fire Department Business Phone Number:
Agreement with: (circle one)	<input type="checkbox"/> DOI <input type="checkbox"/> Tribal <input type="checkbox"/> State <input type="checkbox"/> None
Cooperative Agreement Number:	Community Population:
Agency:	Contact Name:
Address:	Phone Number:
Number of wildland urban intermix acres protected by Fire Department:	
Average annual number of wildland fire responses within primary response area: (Do not include mutual aid responses)	
Number of Fire Department wildland fire engines:	
Total number of active members on the Fire Department:	
Does the Fire Department currently have wildland fire Personal Protective Equipment (PPE) for all active members? Y/N	
If not, how many members are not equipped with PPE?	
How many members of your Fire Department do not meet your basic firefighter safety training?	
Have you analyzed your Fire Department's wildland fire prevention program needs? Y/N	
PROJECT TITLE AND BRIEF SUMMARY OF THE PURPOSE AND OBJECTIVES OF REQUEST:	
PLEASE ATTACH AN ITEMIZED LIST OF YOUR REQUEST AND RESPECTIVE COSTS	
Name and Title of Requestor:	
Name and Title of Department of the Interior Officer reviewing:	
FOR DEPARTMENT OF THE INTERIOR USE	
Date Department of the Interior Official Reviewed:	
Date Approved:	Amount Approved:
Page 4	

CA BLM – FY2003 - Rural Fire Assistance Application

Supplemental Information

Fire Department ID number:
(5 digit CFIRS code if applicable)

County:

Congressional District #:

(Ref: <http://www.calvoter.org/maps>)

Department's location using decimal degrees: (Ref: www.topozone.com or similar mapping program)

Latitude:

Longitude:

Nearest BLM Field Office:

Does your department protect one or more of the Communities-at-Risk as identified by the August 21, 2002 Federal Register? (Ref: www.fireplan.gov/communities_at_risk.cfm, pgs 43387 – 43391) Yes No

If Yes, list the communities:

Does your department regularly assist in protecting BLM public lands? Yes No

If yes, average number of annual responses: _____

Does your department regularly assist in protecting other federal lands? Yes No

If yes, average number of annual responses: _____ Circle which federal lands: USFS, BIA, FWS, NPS

Grant Amount Requested:

\$

Match Contribution (min. 10% private matching):

\$

Has this project been submitted or will it be submitted to any other funding sources? Yes No

If yes, name funding source:

Did your department receive BLM RFA funding in 2001? Yes No

If Yes: Amount: _____ For Equipment, Training, &/or Prevention? _____

Did your department receive BLM RFA funding in 2002? Yes No

If Yes: Amount: _____ For Equipment, Training, &/or Prevention? _____

Did your department receive Rural Fire Assistance or Volunteer Fire Assistance funding from other agencies in the previous 2 years? Yes No

If Yes: Amount: _____ For Equipment, Training, Prevention, Other? _____

Describe how you will meet the minimum 10% matching contribution.

APPLICATION FOR FEDERAL ASSISTANCE (fill in starred *W* blocks)

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED <i>W</i>	APPLICANT IDENTIFIER
		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
<i>Application</i> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER

5. Applicant Information

Legal Name <i>W</i>	Organizational Unit <i>W</i>
Address (give city, county, state, and zip code): <i>W</i>	Name and telephone number of the person to be contacted on matters involving this application (give area code) <i>W</i>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>W</i>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> <i>W</i> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ O. Non-Profit						
8. TYPE OF APPLICATION <i>W</i> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, select appropriate letter(s) in box(es): <table style="width: 100%;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">D. Decrease Duration</td> </tr> <tr> <td>B. Decrease Award</td> <td>E. Other (specify here): _____</td> </tr> <tr> <td>C. Increase Duration</td> <td></td> </tr> </table>	A. Increase Award	D. Decrease Duration	B. Decrease Award	E. Other (specify here): _____	C. Increase Duration		
A. Increase Award	D. Decrease Duration						
B. Decrease Award	E. Other (specify here): _____						
C. Increase Duration							

9. NAME OF FEDERAL AGENCY California BLM	11. DESCRIPTIVE TITLE OF APPLICANT PROJECT: BLM Rural Fire Assistance – Circle request(s) <i>W</i> Training, Equipment, Prevention
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <i>W</i>	

13. PROPOSED PROJECT Rural Fire Assistance		14. CONGRESSIONAL DISTRICTS OF: Reference: http://www.calvoter.org/maps	
Start Date	Ending Date September 30, 2003	a. Applicant <i>W</i>	b. Project <i>W</i>

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal (Amt you're requesting) \$ <i>W</i>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW <input type="checkbox"/>
b. Applicant (Your matching contribution) \$ <i>W</i>	
c. State \$	
d. Local \$	
e. Other \$	
f. Program Income \$	
g. TOTAL (a + b) \$.00 <i>W</i>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <i>W</i> <input type="checkbox"/> Yes if "Yes" attach an explanation <input 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 IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative <i>W</i>	b. Title <i>W</i>	c. Telephone number <i>W</i>
d. Signature of Authorized Representative <i>W</i>		e. Date Signed <i>W</i>

INSTRUCTIONS FOR THE SF 424

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.

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.	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) & 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.	Self-explanatory.
4.	If this application is to continue or revise an existing award, enter 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.	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.	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 Contract (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Enter the appropriate letter in the space provided.	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.	Check appropriate box and enter appropriate letter(s) in the space(s) provided: --"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.	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.		

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. BLM Rural Fire Assistance		\$	\$	\$ W	\$ W	\$ W
2.						-0-
3.						-0-
4.						-0-
5. Totals		\$	\$	\$ W	\$ W W	\$ W
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total	
	(1) Rural Fire Assistance	(2)	(3)	(4)	(5)	
a. Personnel	\$	\$	\$	\$	\$ -0-	
b. Fringe Benefits					\$ -0-	
c. Travel (for training, community ed. etc)		W				
d. Equipment		W				
e. Supplies		W				
f. Contractual		W				
g. Construction					\$ -0-	
h. Other		W				
i. Total Direct Charges (sum of 6a-6h)		W				
j. Indirect Charges					\$ -0-	
k. TOTALS (sum of 6i-6j)	\$	W	\$	\$	\$	\$
7. Program Income	\$	-0-	\$			\$ -0-

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Matching/In-Kind Contribution	\$ W	\$	\$	\$ W	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ W	\$	\$	\$ W	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ W	\$ W	\$ W	\$ W	\$ W
14. Non-Federal	W	W	W	W	W
15. TOTAL (sum of lines 13 and 14)	\$ W	\$ W	\$ W	\$ W	\$ W
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.	\$				
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 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 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.

INSTRUCTIONS FOR THE SF-424A (continued)

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.

ASSURANCES - NON-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 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 11 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.

ASSURANCES - NON-CONSTRUCTION PROGRAMS (Continued)

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 \$1 0,000 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 W	TITLE W
APPLICANT ORGANIZATION W	DATE SUBMITTED W