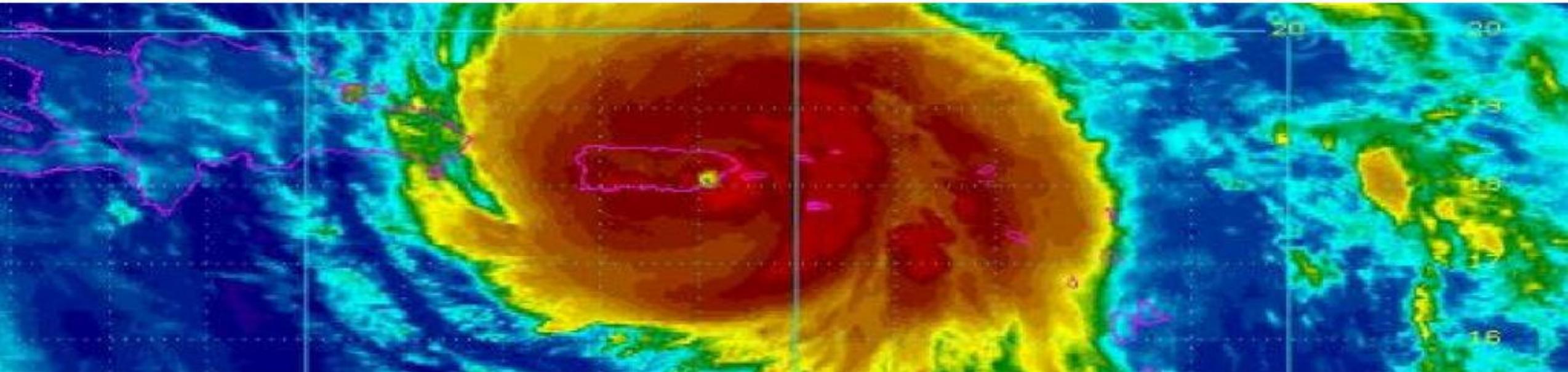


HURRICANE MARIA CAPACITY BUILDING PROGRAM



FEMA



Forms & Format

Eliadiz Loperena Lorenzo, CRA



General and Agency Specific Format and Forms

Eliadiz Loperena Lorenzo, CRA

General Format

- 8½” x 11” document
- 1” margin in all directions
- Times New Roman or Arial
- 11 point or larger
- PDF Document

Proposal Sections

- Project Summary or Abstract
- Project Description or Project Narrative
- References or Biography
- Budget
- Budget Justification or Budget Narrative
- Certifications and Assurances

Project Summary or Abstract

- Usually one page
- Summarizes the proposal in such a way that readers can rapidly become acquainted with a large body of material without having to read it all.

Project Narrative

- The Project Description should outline the general plan of work, including the broad design of activities to be undertaken.
- Proposers should address what they want to do, why they want to do it, how they plan to do it, how they will know if they succeed, and what benefits could accrue if the project is successful.
- A clear statement of the work to be undertaken
- Must include the objectives for the period of the proposed work and expected significance
- The relationship of this work to the present state of knowledge in the field, as well as to work in progress by the director of the project under other support.

Budget

- A budget is a financial plan for the future concerning the costs of a task.
- A categorical list of anticipated project costs that represent the proposer's best estimate of the funds needed to support the work described in a proposal.
- Consists of all direct costs, facilities and administrative costs, and cost sharing commitments proposed.

Budget Narrative

- Clearly identifies and justifies how funds in each line item of the budget will be used to support the proposed project.
- Should specifically address each budget line item (including both the Federal Share and matching Non-Federal Share) and the narrative total should match the total project costs listed in both the SF-424 and the budget form (“Total Project Costs”).
- Should include itemized valuations of any in-kind matching funds.
- Sometimes Sponsor limit the amount of pages of the budget narrative.

Certification & Assurances

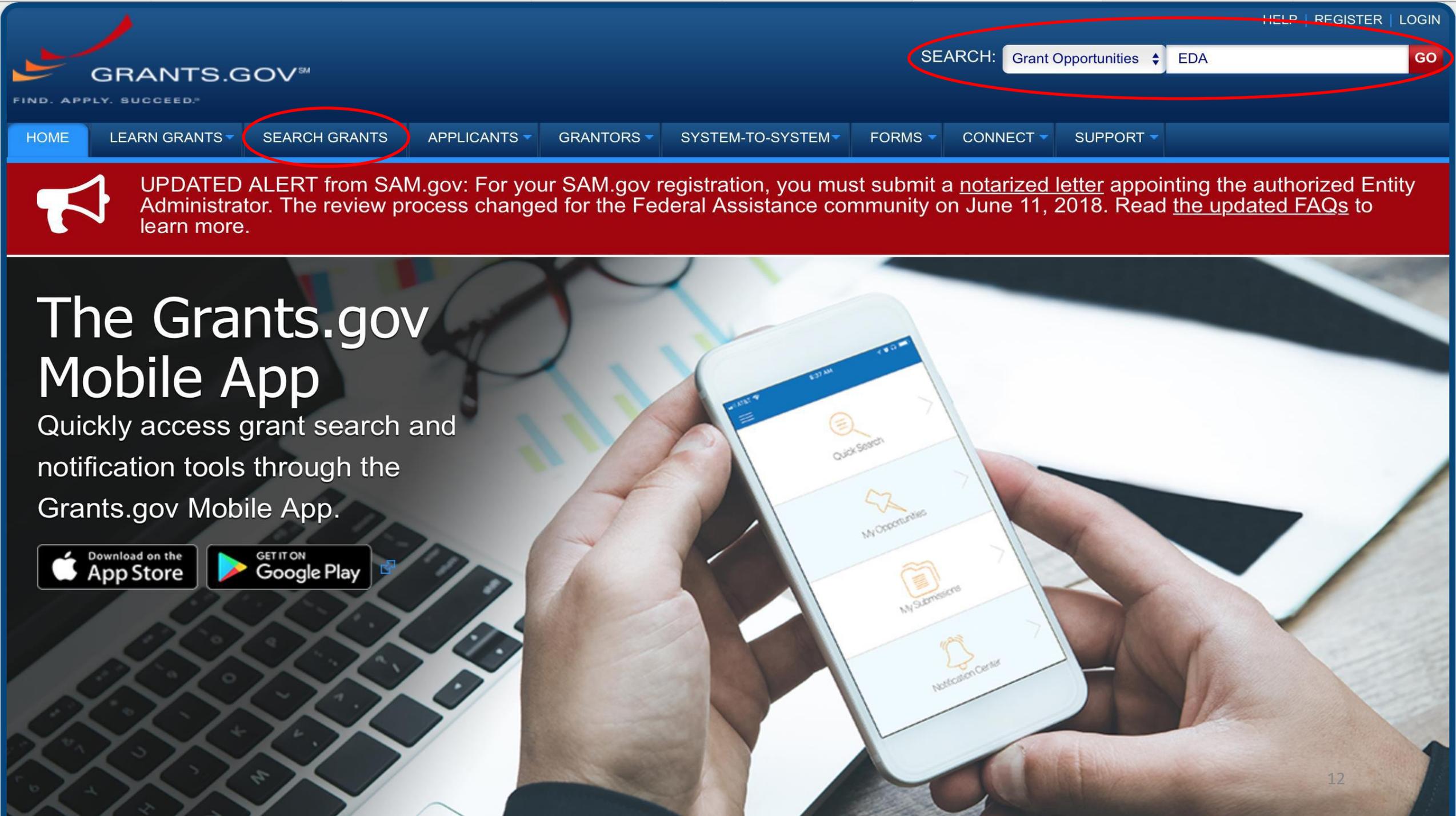
- By signing and submitting a proposal, the recipient provides the required assurances and certifications in compliance with the Agency such as:
 - Certifications Regarding Federal Felony and Federal Criminal Tax Convictions, Unpaid Federal Tax assessment and Delinquent Federal Tax Returns
 - Assurances for Constructions Programs (SF-424D) or Non-constructions Programs (SF-424B)
 - Certification Regarding Lobbying and/or Disclosure of Lobbying Activities (SF-LLL).

Grants.Gov Forms (Most Used)

- SF 424 or SF 424 (R&R) – Application for Federal Assistance
- Research and Related (R&R) Budget
- SF 424 A – Budget for Non Construction Programs
- SF 424 C – Budget for Construction Programs
- R&R Related Personal Data
- R&R Other Project Information
- R&R Senior/Key Person Profile
- Attachments



Completing Workspace Application



SEARCH: Grant Opportunities ▾ EDA **GO**

- HOME
- LEARN GRANTS ▾
- SEARCH GRANTS**
- APPLICANTS ▾
- GRANTORS ▾
- SYSTEM-TO-SYSTEM ▾
- FORMS ▾
- CONNECT ▾
- SUPPORT ▾



UPDATED ALERT from SAM.gov: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

The Grants.gov Mobile App

Quickly access grant search and notification tools through the Grants.gov Mobile App.



SEARCH GRANTS

BASIC SEARCH CRITERIA:

Keyword(s):

Opportunity Number:

CFDA:

OPPORTUNITY STATUS:

- Forecasted (0)
- Posted (19)
- Closed (5)
- Archived (218)

FUNDING INSTRUMENT TYPE:

- All Funding Instruments
- Cooperative Agreement (12)
- Grant (11)
- Other (1)

ELIGIBILITY:

- All Eligibilities
- City or township governments (8)
- County governments (8)
- For profit organizations other than small businesses (1)
- Native American tribal governments (Federally

Narrow Results

SORT BY: Relevance (Descending) Update Sort

DATE RANGE: All Available Update Date Range

1 - 19 OF 19 MATCHING RESULTS:

Opportunity Number	Opportunity Title	Agency	Opportunity Status	Posted Date	Close Date
EDA-2018-DISASTER	FY 2018 EDA Disaster Supplemental	DOC-EDA	Posted	04/10/2018	
EDA-CHI-TA-CRO-2018-2005548	EDA Chicago FY 2016–FY 2019 Planning Program and Local Technical Assistance Program	DOC	Posted	03/20/2018	
EDA-DEN-TA-DRO-2018-2005549	EDA Denver FY 2016–FY 2019 Planning Program and Local Technical Assistance Program	DOC	Posted	03/20/2018	
EDA-PHI-TA-PRO-2018-2005550	EDA Philadelphia FY 2016–FY 2019 Planning Program and Local Technical Assistance Program	DOC	Posted	03/20/2018	
EDA-SEA-TA-SRO-2018-2005551	EDA Seattle FY 2016–FY 2019 Planning Program and Local Technical Assistance Program	DOC	Posted	03/20/2018	
EDA-ATL-TA-ATRO-2018-2005539	EDA Atlanta FY 2016–FY 2019 Planning Program and Local Technical Assistance Program	DOC	Posted	03/20/2018	
EDA-AUS-PL-AURO-2018-2005546	EDA Austin FY 2016–FY 2019 Planning Program and Local Technical Assistance Program	DOC	Posted	03/20/2018	
EDAP2018	FY 2018 Economic Development Assistance Programs. Application submission and program requirements for EDA's Public Works and Economic Adjustment Assistance programs	DOC-EDA	Posted	07/02/2018	
EDA-HDQ-RNTA-2018-2005669	Economic Development Research and National Technical Assistance FY18-FY20	DOC	Posted	05/31/2018	09/30/2020
N00014-18-S-F003	FY18 Funding Opportunity Announcement (FOA) for the Office of Naval Research (ONR) Navy and Marine Corps	DOD-ONR	Posted	11/16/2017	09/28/2018

VIEW GRANT OPPORTUNITY



EDA-2018-DISASTER
FY 2018 EDA Disaster Supplemental
Department of Commerce
Economic Development Administration

[« Back | Link](#)

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SYNOPSIS

VERSION HISTORY

RELATED DOCUMENTS

PACKAGE

[Print Synopsis Details](#)



General Information

Document Type: Grants Notice	Version: Synopsis 4
Funding Opportunity Number: EDA-2018-DISASTER	Posted Date: Apr 10, 2018
Funding Opportunity Title: FY 2018 EDA Disaster Supplemental	Last Updated Date: Jul 12, 2018
Opportunity Category: Discretionary	Original Closing Date for Applications: Applications are accepted on a continuing basis and processed as received.
Opportunity Category Explanation:	Current Closing Date for Applications: Applications are accepted on a continuing basis and processed as received.
Funding Instrument Type: Cooperative Agreement Grant	Archive Date:
Category of Funding Activity: Other (see text field entitled "Explanation of Other Category of Funding Activity" for clarification)	Estimated Total Program Funding: \$587,000,000
Category Explanation: EDA announces general policies and application procedures for the Disaster Supplemental Notice of Funding Opportunity (NOFO). Subject to the availability of funds, this investment assistance will help communities and regions devise and implement long-term economic recovery strategies through a variety of non-construction and construction projects, as appropriate, to address economic challenges in areas where a Presidential declaration of a major disaster was issued under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5121 et seq.) (Stafford Act) as a result of Hurricanes Harvey, Irma, and Maria, and of wildfires and other natural disasters occurring in calendar year 2017. Please read the FY 18 Disaster Supplemental Notice of Funding Opportunity (NOFO) carefully for all of EDA's eligibility and program requirements under this announcement.	Award Ceiling: \$587,000,000
Expected Number of Awards:	Award Floor: \$0
CFDA Number(s): 11.307 -- Economic Adjustment Assistance	
Cost Sharing or Matching Requirement: Yes	

VIEW GRANT OPPORTUNITY



EDA-2018-DISASTER
FY 2018 EDA Disaster Supplemental
Department of Commerce
Economic Development Administration

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SYNOPSIS

VERSION HISTORY

RELATED DOCUMENTS

PACKAGE

[Print Synopsis Details](#) 

General Information

Document Type: Grants Notice

Version: Synopsis 4

Funding Opportunity Number: EDA-2018-DISASTER

Posted Date: Apr 10, 2018

Funding Opportunity Title: FY 2018 EDA Disaster Supplemental

Last Updated Date: Jul 12, 2018

Opportunity Category: Discretionary

Original Closing Date for Applications: Applications are accepted on a continuing basis and

Synopsis Tab

- Posted Date
- Closing Date
- Total Program Funding
- Expected Awards
- Eligibility

Version History Tab

- Changes made to the Forecast or Synopsis Tab

Related Documents Tab

- Files Provided by the Grantor Agency
- Usually the RFP or NOFO

Package Tab

- To preview and or create a Workspace

VIEW GRANT OPPORTUNITY



EDA-2018-DISASTER
 FY 2018 EDA Disaster Supplemental
 Department of Commerce
 Economic Development Administration

« Back | Link

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SYNOPSIS VERSION HISTORY RELATED DOCUMENTS **PACKAGE**

Select Grant Opportunity Package

Select the appropriate funding opportunity package to apply!

Print Package List ?

PLEASE READ BEFORE APPLYING!
 If you view and complete your application package using Grants.gov downloadable PDF forms, you MUST have Adobe Reader installed. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader. If more than one person is working on the PDF forms, ALL applicants must be using the same Adobe Reader version. Click for more information on Adobe Reader Compatibility. Click for more information on Adobe Reader Compatibility.

OPPORTUNITY PACKAGE(S) CURRENTLY AVAILABLE FOR THIS FUNDING OPPORTUNITY:

CFDA	Competition ID	Competition Title	Opportunity Package ID	Opening Date	Closing Date	Actions
11.307	PROPOSAL-NON-CONSTRUCTION	EDA Proposal Only - Non-Construction	PKG00240451	04/10/2018	04/10/2022	Preview Apply
11.307	NON-CONSTRUCTION	EDA Non-Construction Full Application	PKG00240448	04/10/2018	04/10/2022	Preview Apply
11.307	PROPOSAL-CONSTRUCTION	EDA Proposal Only - Construction	PKG00240450	04/10/2018	04/10/2022	Preview Apply
11.307	DESIGN-AND-ENGINEERING	EDA Design and Engineering Only Full Application	PKG00240449	04/10/2010	04/10/2022	Preview Apply
11.307	CONSTRUCTION	EDA Construction Full Application	PKG00240459	04/10/2018	04/10/2022	Preview Apply
11.307	CONSTRUCTION-AND-NON-CONSTRUCTION	EDA Both Construction and Non-Construction Full Application	PKG00240458	04/10/2018	04/10/2022	Preview Apply

APPLY NOW USING WORKSPACE ?

If you know the Funding Opportunity Number or the Opportunity Package ID for which you would like to create a Workspace, please enter it below. Otherwise, go to [Search Grants](#) to search open Opportunities.

Please enter Opportunity information:

Funding Opportunity Number:

Opportunity Package ID:

Please enter required information for new Workspace:

 *Application Filing Name:

APPLY NOW USING WORKSPACE

If you know the Funding Opportunity Opportunities.

Please enter Opportunity information:

Please enter required information:

Create Workspace

Multiple Opportunity Packages match the Funding Opportunity Number you provided. Please select Opportunity Package to create the Workspace.

Opportunity Packages for EDA-2018-DISASTER:

1-6 of 6 Records

1

Agency Code	CFDA	Competition ID	Competition Title	Opportunity Package ID	Opening Date	Closing Date	Action
DOC-EDA	11.307	CONSTRUCTION	EDA Construction Full Application	PKG00240459	04/10/2018	04/10/2022	Select
DOC-EDA	11.307	CONSTRUCTION-AND-NON-CONSTRUCTION	EDA Both Construction and Non-Construction Full Application	PKG00240458	04/10/2018	04/10/2022	Select
DOC-EDA	11.307	PROPOSAL-NON-CONSTRUCTION	EDA Proposal Only - Non-Construction	PKG00240451	04/10/2018	04/10/2022	Select
DOC-EDA	11.307	PROPOSAL-CONSTRUCTION	EDA Proposal Only - Construction	PKG00240450	04/10/2018	04/10/2022	Select
DOC-EDA	11.307	DESIGN-AND-ENGINEERING	EDA Design and Engineering Only Full Application	PKG00240449	04/10/2010	04/10/2022	Select
DOC-EDA	11.307	NON-CONSTRUCTION	EDA Non-Construction Full Application	PKG00240448	04/10/2018	04/10/2022	Select

1-6 of 6 Records

1

MANAGE WORKSPACE

Created
 Fill Out Forms
 Complete and Notify AOR
 Submit
 Agency Received



EDA-2018-DISASTER - PKG00240451
 FY 2018 EDA Disaster Supplemental
 Department of Commerce
 Economic Development Administration

Application Filing Name: Testing EDA Training [\[Edit Name\]](#)

Workspace ID: WS00207819

Workspace Status: New

Opening Date: Apr 10, 2018

AOR Status: Organization has AOR

Last Submitted Date: ---

Closing Date: Apr 10, 2022

Workspace Owner: Evelyn Albino

SAM Expiration Date: Apr 19, 2019

DUNS: 1753032620000

- FORMS**
- VIEW APPLICATION
- ATTACHMENTS
- PARTICIPANTS
- ACTIVITY
- DETAILS

Workspace Actions:

Application Package Forms - Users are encouraged to follow [antivirus best practices](#) when Downloading Instructions and Forms:

[»](#)

Include in Package	Form Name (Click to Edit)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	Application for Federal Assistance (SF-424) [V2.1]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	ED-900P Proposal for EDA Assistance [V1.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Budget Information for Non-Construction Programs (SF-424A) [V1.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input type="checkbox"/>	Attachments [V1.2]	Optional	---	---	---	Lock Download Upload Reuse Webform

Complete Forms

- **Webform**
 - Online with a browser (Chrome is not the preferred browser)
 - Autosaved every five minutes
 - Required fields to complete are marked with an asterisk *
- **PDF Forms**
 - Download and complete offline
 - After completed, must be uploaded.
 - Required fields to complete are marked yellow
- Reuse Forms from another workspace application
 - Search for the desired workspace and select the form to reuse
 - Form must have same title and version number

Benefits of Workspace

- Multiple users can concurrently complete the application form.
- Reuse/Copy existing Workspace forms.
- Validations allows applicant to correct application errors prior to submission.
- Collaborate with users external to your organization.
- Sponsor changes to forms are immediate reflected in Workspace.

MANAGE WORKSPACE

Created
 Fill Out Forms
 Complete and Notify AOR
 Submit
 Agency Received
 ?



EDA-2018-DISASTER - PKG00240451
 FY 2018 EDA Disaster Supplemental
 Department of Commerce
 Economic Development Administration

Application Filing Name: Testing EDA Training [\[Edit Name\]](#)
Workspace ID: WS00207819 **Workspace Status:** New
AOR Status: Organization has AOR **Last Submitted Date:** ---
Workspace Owner: Evelyn Albino **SAM Expiration Date:** Apr 19, 2019 **Opening Date:** Apr 10, 2018
Closing Date: Apr 10, 2022
DUNS: 1753032620000

- FORMS
- VIEW APPLICATION
- ATTACHMENTS
- PARTICIPANTS
- ACTIVITY
- DETAILS

Workspace Actions:

Application Package Forms - Users are encouraged to follow [antivirus best practices](#) when Downloading Instructions and Forms:

?

Include in Package	Form Name (Click to Edit)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	Application for Federal Assistance (SF-424) [V2.1]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	ED-900P Proposal for EDA Assistance [V1.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Budget Information for Non-Construction Programs (SF-424A) [V1.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input type="checkbox"/>	Attachments [V1.2]	Optional	---	---	---	Lock Download Upload Reuse Webform

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		3. DATE RECEIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		4. a. Federal Identifier	
2. DATE SUBMITTED		b. Agency Routing Identifier	
Applicant Identifier		c. Previous Grants.gov Tracking ID	
5. APPLICANT INFORMATION			
Organizational DUNS: [REDACTED]			
Legal Name: [REDACTED]			
Department: [REDACTED] Division: [REDACTED]			
Street1: [REDACTED]			
Street2: [REDACTED]			
City: [REDACTED] County / Parish: [REDACTED]			
State: [REDACTED] Province: [REDACTED]			
Country: [REDACTED] USA: UNITED STATES ZIP / Postal Code: [REDACTED]			
Person to be contacted on matters involving this application			
Prefix: [REDACTED] First Name: [REDACTED] Middle Name: [REDACTED]			
Last Name: [REDACTED] Suffix: [REDACTED]			
Position/Title: [REDACTED]			
Street1: [REDACTED]			
Street2: [REDACTED]			
City: [REDACTED] County / Parish: [REDACTED]			
State: [REDACTED] Province: [REDACTED]			
Country: [REDACTED] USA: UNITED STATES ZIP / Postal Code: [REDACTED]			
Phone Number: [REDACTED] Fax Number: [REDACTED]			
Email: [REDACTED]			
6. EMPLOYER IDENTIFICATION (EIN) or (TIN): [REDACTED]			
7. TYPE OF APPLICANT: [REDACTED] Please select one of the following			
Other (Specify): [REDACTED]			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION:			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission		If Revision, mark appropriate box(es).	
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	
		<input type="checkbox"/> E. Other (specify): [REDACTED]	
Is this application being submitted to other agencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What other Agencies? [REDACTED]			
9. NAME OF FEDERAL AGENCY: [REDACTED]		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
		TITLE: [REDACTED]	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
[REDACTED]			
12. PROPOSED PROJECT:		13. CONGRESSIONAL DISTRICT OF APPLICANT	
Start Date: [REDACTED] Ending Date: [REDACTED]		[REDACTED]	

SF 424 – Application for Federal Assistance

- 1. Type of Submission
- 2. Type of Application
- 3. Date Received
- 4. Applicant Identifier
- 5. Federal Identifiers
- 6. Date Received by State
- 7. State Application Identifier
- 8. Applicant Information
- 9. Type of Applicant
- 10. Name of Federal Agency
- 11. CFDA Number
- 12. Funding Opportunity Number
- 13. Competition Identification Number
- 14. Areas Affected by Project
- 15. Descriptive Title of Applicant's Project
- 16. Congressional Districts
- 17. Proposed Project Dates
- 18. Estimated Funding
- 19. E.O. 12372 Review
- 20. Federal Debt Delinquency
- 21. Application Certification
- 22. Authorized Representative
- 23. Burden Statement

1. TYPE OF SUBMISSION:

Type of Submission:

Preapplication *

Application

Changed/Corrected Application

2. TYPE OF APPLICATION:

Type of Application:

New *

Continuation

Revision

3. DATE RECEIVED:

Date Received:

Completed by Grants.gov upon submission.

4. APPLICANT IDENTIFIER:

Applicant Identifier:

SECTIONS:

- 1. Type of Submission
- 2. Type of Application
- 3. Date Received
- 4. Applicant Identifier
- 5. Federal Identifiers
- 6. Date Received by State
- 7. State Application Identifier
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- 22. Authorized Representative
- 23. Burden Statement

5. FEDERAL IDENTIFIERS:

a. Federal Entity Identifier:

b. Federal Award Identifier:

6. DATE RECEIVED BY STATE:

State Use Only:

Date Received by State:

7. STATE APPLICATION IDENTIFIER:

State Use Only:

State Applicant Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:

 *

b. Employer/Taxpayer Identification Number (EIN/TIN):

 *

c. Organizational DUNS:

d. Address:

Street1:

 *

Street2:

City:

 *

County / Parish:

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

- 1. Type of Submission
- 2. Type of Application
- 3. Date Received
- 4. Applicant Identifier
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- 21. Application Certification
- 22. Authorized Representative
- 23. Burden Statement

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

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

9. TYPE OF APPLICANT:

Select Applicant Type 1:

Select Applicant Type 2:

Select Applicant Type 3:

10. NAME OF FEDERAL AGENCY:

Name of Federal Agency:

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

- 1. Type of Submission
- 2. Type of Application
- 3. Date Received
- 4. Applicant Identifier
- 5. Federal Identifiers
- 6. Date Received by State
- 7. State Application Identifier
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- 21. Application Certification
- 22. Authorized Representative
- 23. Burden Statement

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

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

- A: State Government
- B: County Government
- C: City or Township Government
- D: Special District Government
- E: Regional Organization
- F: U.S. Territory or Possession
- G: Independent School District
- H: Public/State Controlled Institution of Higher Education
- I: Indian/Native American Tribal Government (Federally Recognized)
- J: Indian/Native American Tribal Government (Other than Federally Recognized)
- K: Indian/Native American Tribally Designated Organization
- L: Public/Indian Housing Authority
- M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
- N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
- O: Private Institution of Higher Education
- P: Individual
- Q: For-Profit Organization (Other than Small Business)
- R: Small Business
- S: Hispanic-serving Institution
- T: Historically Black Colleges and Universities (HBCUs)
- U: Tribally Controlled Colleges and Universities (TCCUs)
- V: Alaska Native and Native Hawaiian Serving Institutions
- W: Non-domestic (non-US) Entity
- X: Other (specify)



9. TYPE OF APPLICANT:

Select Applicant Type 1:

Select Applicant Type 2:

Select Applicant Type 3:

10. NAME OF FEDERAL AGENCY:

Name of Federal Agency:

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

- 1. Type of Submission
- 2. Type of Application
- 3. Date Received
- 4. Applicant Identifier
- 5. Federal Identifiers
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- 18. Estimated Funding
- 19. E.O. 12372 Review
- 20. Federal Debt Delinquency
- 21. Application Certification
- 22. Authorized Representative
- 23. Burden Statement

CFDA Number:

11.307

CFDA Title:

Economic Adjustment Assistance

12. FUNDING OPPORTUNITY NUMBER:

Funding Opportunity Number:

EDA-2018-DISASTER

Title:

FY 2018 EDA Disaster Supplemental

13. COMPETITION IDENTIFICATION NUMBER:

Competition Identification Number:

PROPOSAL-NON-CONSTRUCTION

Title:

EDA Proposal Only - Non-Construction

14. AREAS AFFECTED BY PROJECT:

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

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

15. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Attach supporting documents as specified in agency instructions.

ADD ATTACHMENTS

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

- 1. Type of Submission
- 2. Type of Application
- 3. Date Received
- 4. Applicant Identifier
- 5. Federal Identifiers
- 6. Date Received by State
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- 20. Federal Debt Delinquency
- 21. Application Certification
- 22. Authorized Representative
- 23. Burden Statement

16. CONGRESSIONAL DISTRICTS:

Congressional Districts Of:

a. Applicant:

b. Program/Project:

PR-098

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

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

17. PROPOSED PROJECT DATES:

Proposed Project:

a. Start Date:

b. End Date:

18. ESTIMATED FUNDING (\$):

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. TOTAL:

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

- 1. Type of Submission
- 2. Type of Application
- 3. Date Received
- 4. Applicant Identifier
- 5. Federal Identifiers
- 6. Date Received by State
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- 11. CFDA Number
- 12. Funding Opportunity Number
- 13. Competition Identification Number
- 14. Areas Affected by Project
- 15. Descriptive Title of Applicant's Project
- 16. Congressional Districts
- 17. Proposed Project Dates
- 18. Estimated Funding
- 19. E.O. 12372 Review
- 20. Federal Debt Delinquency
- 21. Application Certification
- 22. Authorized Representative
- 23. Burden Statement

21. APPLICATION CERTIFICATION:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

I AGREE* *

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

22. AUTHORIZED REPRESENTATIVE:

Prefix:

First Name:

 *

Middle Name:

Last Name:

 *

Suffix:

Title:

 *

Phone Number:

 *

Fax Number:

Email:

 *

Signature of Authorized Representative:

 Completed by Grants.gov upon submission.

Date Signed:

 Completed by Grants.gov upon submission.

SAVE

CHECK FOR ERRORS

CLOSE

MANAGE WORKSPACE

✔ Created
⋮ Fill Out Forms
○ Complete and Notify AOR
○ Submit
○ Agency Received

«Back ?

Form successfully unlocked



EDA-2018-DISASTER - PKG00240451
FY 2018 EDA Disaster Supplemental
Department of Commerce
Economic Development Administration

Application Filing Name: Testing EDA [Edit Name]
Workspace ID: WS00207534
AOR Status: Workspace has AOR
Workspace Owner: Evelyn Albino

Workspace Status: In Progress
Last Submitted Date: ---
SAM Expiration Date: Apr 19, 2019

Opening Date: Apr 10, 2018
Closing Date: Apr 10, 2022
DUNS: 1753032620000

FORMS | VIEW APPLICATION | ATTACHMENTS | PARTICIPANTS | ACTIVITY | DETAILS

Workspace Actions:

Check Application | Sign and Submit | Delete

Application Package Forms - Users are encouraged to follow [antivirus best practices](#) when Downloading Instructions and Forms:

Download Instructions » ?

Include in Package	Form Name (Click to Edit)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	Application for Federal Assistance (SF-424) [V2.1]	Mandatory	In Progress	Sep 22, 2018 06:54:22 PM EDT	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	ED-900P Proposal for EDA Assistance [V1.0]	Mandatory	---		---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Budget Information for Non-Construction Programs (SF-424A) [V1.0]	Mandatory	---		---	Lock Download Upload Reuse Webform
<input type="checkbox"/>	Attachments [V1.2]	Optional	---		---	Lock Download Upload Reuse Webform

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE State Application Identifier
2. DATE SUBMITTED	Applicant Identifier	4. a. Federal Identifier
		b. Agency Routing Identifier
5. APPLICANT INFORMATION Organizational DUNS: [REDACTED]		c. Previous Grants.gov Tracking ID
Legal Name: [REDACTED]		
Department: [REDACTED] Division: [REDACTED]		
Street1: [REDACTED]		
Street2: [REDACTED]		
City: [REDACTED] County / Parish: [REDACTED]		
State: [REDACTED] Province: [REDACTED]		
Country: [REDACTED] USA: UNITED STATES ZIP / Postal Code: [REDACTED]		
Person to be contacted on matters involving this application		
Prefix: [REDACTED] First Name: [REDACTED] Middle Name: [REDACTED]		
Last Name: [REDACTED] Suffix: [REDACTED]		
Position/Title: [REDACTED]		
Street1: [REDACTED]		
Street2: [REDACTED]		
City: [REDACTED] County / Parish: [REDACTED]		
State: [REDACTED] Province: [REDACTED]		
Country: [REDACTED] USA: UNITED STATES ZIP / Postal Code: [REDACTED]		
Phone Number: [REDACTED] Fax Number: [REDACTED]		
Email: [REDACTED]		
6. EMPLOYER IDENTIFICATION (EIN) or (TIN): [REDACTED]		
7. TYPE OF APPLICANT: [REDACTED] Please select one of the following		
Other (Specify): [REDACTED]		
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
8. TYPE OF APPLICATION:		
<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
If Revision, mark appropriate box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): [REDACTED]		
Is this application being submitted to other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No What other Agencies? [REDACTED]		
9. NAME OF FEDERAL AGENCY: [REDACTED]		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
		TITLE: [REDACTED]
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: [REDACTED]		
12. PROPOSED PROJECT: Start Date: [REDACTED] Ending Date: [REDACTED]		13. CONGRESSIONAL DISTRICT OF APPLICANT [REDACTED]

SF 424 – Application for Federal Assistance Download Form

Please fill out the following form.

Highlight Existing Fields



WORKSPACE FORM

1-800-518-4726
SUPPORT@GRANTS.GOV

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	EDA-2018-DISASTER
Opportunity Title:	FY 2018 EDA Disaster Supplemental
Opportunity Package ID:	PKG00240451
CFDA Number:	11.307
CFDA Description:	Economic Adjustment Assistance
Competition ID:	PROPOSAL-NON-CONSTRUCTION
Competition Title:	EDA Proposal Only - Non-Construction
Opening Date:	04/10/2018
Closing Date:	04/10/2022
Agency:	Economic Development Administration
Contact Information:	This Notice of Funding Opportunity (NOFO) is for regions that have received a major disaster designation as a result of Hurricanes Harvey, Irma, and Maria, and of wildfires and other natural disasters occurring in calendar year 2017 only. If you have a project that will be located in one of these disaster-impacted regions declared under the Stafford Act, please contact the appropriate Disaster POC/ Regional Environmental Officer listed at www.eda.gov/contact .

Cover page of the
[Downloaded](#)

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00207534
Application Filing Name:	Testing EDA

Please fill out the following form. Highlight Existing Fields

Competition ID: PROPOSAL-NON-CONSTRUCTION

Competition Title: EDA Proposal Only - Non-Construction

Opening Date: 04/10/2018

Closing Date: 04/10/2022

Agency: Economic Development Administration

Contact Information: This Notice of Funding Opportunity (NOFO) is for regions that have received a major disaster designation as a result of Hurricanes Harvey, Irma, and Maria, and of wildfires and other natural disasters occurring in calendar year 2017 only. If you have a project that will be located in one of these disaster-impacted regions declared under the Stafford Act, please contact the appropriate Disaster POC/ Regional Environmental Officer listed at www.eda.gov/contact.

APPLICANT & WORKSPACE DETAILS:

Workspace ID: WS00207534

Application Filing Name: Testing EDA

DUNS: 1753032620000

Organization: UNIVERSITY OF PUERTO RICO

Form Name: Application for Federal Assistance (SF-424)

Form Version: 2.1

Requirement: Mandatory

Download Date/Time: Sep 22, 2018 07:53:42 PM EDT

- Complete the form
- Check for Errors
- SAVE
- Upload to the Workspace

FORM ACTIONS:

CHECK FOR ERRORS SAVE PRINT

HUMAN SUBJECTS:

1. Are Human Subjects Involved?

- Yes
 No



VERTEBRATE ANIMALS:

2. Are Vertebrate Animals Used?

- Yes
 No



PROPRIETARY/PRIVILEGED INFORMATION:

3. Is proprietary/privileged information included in the application?

- Yes
 No



ENVIRONMENTAL IMPACT:

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?

Yes



No

HISTORIC PERFORMANCE SITE:

5. Is the research performance site designated, or eligible to be designated, as a historic place?

Yes



No

ACTIVITIES/PARTNERSHIPS OUTSIDE UNITED STATES:

6. Does this project involve activities outside of the United States or partnerships with international collaborators?

Yes



No

ATTACHMENTS:

7. Project Summary/Abstract:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

8. Project Narrative:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

9. Bibliography & References Cited:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

10. Facilities & Other Resources:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

11. Equipment:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

12. Other Attachments:

ADD ATTACHMENTS



Attachments

ATTACHMENTS FORM

INSTRUCTIONS:

On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

IMPORTANT:

Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

ATTACHMENTS:

1. Please attach Attachment 1:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

2. Please attach Attachment 2:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

3. Please attach Attachment 3:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

SECTIONS:

Note

I. All Projects

I.A. General Information

II. Construction Projects and Design and Engineering Only Projects

II.A. Property Requirements

II.B. Environmental Requirements

Instructions for Form ED-900P

ED-900P – PROPOSAL FOR EDA ASSISTANCE

Read this note!!

NOTE:

Please answer all questions completely and accurately and provide a concise narrative statement for each of the questions below. Should you choose to submit the information in a separate document, the proposal narrative should be no more than five (5) pages in length. Please refer to the form instructions for additional information on each section. Applicants are encouraged to contact an EDA representative for assistance in preparing this proposal.

I. All Projects

I.A. GENERAL INFORMATION:

Please identify all applicants for this project:

	Name	SAM.gov CAGE Code	SAM.gov Registration Expiration Date
Lead Applicant	University of Puerto Rico Mayaguez	<input type="text"/> *	<input type="text"/> *
<input checked="" type="checkbox"/> Co-Applicant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADD CO-APPLICANT

I.A.1. Description of applicant and co-applicants:

*

I.A.2. Description of the region:

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

Note

4 I. All Projects

I.A. General Information

4 II. Construction Projects and Design and Engineering Only Projects

II.A. Property Requirements

II.B. Environmental Requirements

Instructions for Form ED-900P

I.A.1. Description of applicant and co-applicants:

I.A.2. Description of the region:

I.A.3. Description of complete EDA project:

I.A.4. Need for the project:

I.A.5. Basis of economic distress cited for eligibility:

I.A.6. Description of documentable impact:

I.A.7. Funding and cost share matrix:

I.A.8. Description of any known environmental concerns or public controversy:

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

Note

I. All Projects

I.A. General Information

II. Construction Projects and Design and Engineering Only Projects

II.A. Property Requirements

II.B. Environmental Requirements

Instructions for Form ED-900P

I.A.9. Have you reviewed and considered the federal regulations that govern EDA awards, including EDA's regulations at 13 C.F.R. Chapter III and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 C.F.R. Part 200?

Yes *
 No

II. Construction Projects and Design and Engineering Only Projects

II.A. PROPERTY REQUIREMENTS:

II.A.1. Briefly describe plans for the ownership, operation, maintenance and management of project facilities, including any land, improved land, structures, appurtenances thereto, other improvements or personal property.

II.A.2. Will real property or project facilities to be acquired or improved with the EDA investment assistance be owned, operated, managed or maintained by an entity other than the proponent?

Yes
 No

II.A.3. Is or was any real property connected to the proposed project subject to eminent domain proceedings?

Yes
 No

II.B. ENVIRONMENTAL REQUIREMENTS:

II.B.1. Briefly describe the project site's physical attributes, including a description of any known sensitive environmental areas.

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

Note

4 I. All Projects

I.A. General Information

4 II. Construction Projects and Design and Engineering Only Projects

II.A. Property Requirements

II.B. Environmental Requirements

Instructions for Form ED-900P

II.B. ENVIRONMENTAL REQUIREMENTS:

II.B.1. Briefly describe the project site's physical attributes, including a description of any known sensitive environmental areas.

II.B.2. Attach maps of the project site (such as Google maps or other readily available maps) with project components and beneficiaries clearly indicated.

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

II.B.3. Has an Environmental Impact Statement, Environmental Assessment, or other similar analysis been completed for this proposed project or for other activities in the region?

Yes

No

INSTRUCTIONS FOR FORM ED-900P

I. All Projects

I.A. General Information

I.A.1. Description of applicant and co-applicants

Identify and describe entities responsible for the proposed project, including, for construction projects, any entity that will own, operate, maintain or manage project facilities, including any land, improved land, structures, and appurtenances thereto.

I.A.2. Description of the region

Describe the region where the project will be located, including the specific geographic location of the project within the region. Briefly describe the economic conditions of the region where the

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

Note

4 I. All Projects

I.A. General Information

4 II. Construction Projects and Design and Engineering Only Projects

II.A. Property Requirements

II.B. Environmental Requirements

Instructions for Form ED-900P

INSTRUCTIONS FOR FORM ED-900P

I. All Projects

I.A. General Information

I.A.1. Description of applicant and co-applicants

Identify and describe entities responsible for the proposed project, including, for construction projects, any entity that will own, operate, maintain or manage project facilities, including any land, improved land, structures, and appurtenances thereto.

I.A.2. Description of the region

Describe the region where the project will be located, including the specific geographic location of the project within the region. Briefly describe the economic conditions of the region where the project will be located—for example, the economic adjustment problems or severity of the economic dislocations the region has experienced or is about to experience.

I.A.3. Description of complete EDA project

Describe the complete scope of work and the components of the proposed investment. The description of the proposed project should include a clear statement of the overall purpose of the project as well as information about new development resulting from the EDA project or proposed by any identified beneficiary.

I.A.4. Need for the project

Briefly describe the economic development needs that will be met by the proposed investment, including how the proposed investment will address the economic distress identified in question I.A.5. Applicants must clearly detail how the proposed project will support the economic development needs and objectives outlined in the Comprehensive Economic Development Strategy (CEDS) or alternate EDA-approved strategic planning document capable of meeting EDA's CEDS or strategy requirements. The applicants should also highlight any instances where the proposed project will integrate or further leverage other federal support. This could include complementing projects funded through other grant programs (i.e. TIGER, CDBG). If EDA does not already have the applicable plan, the applicant may be required to provide it. Additional information and a summary of EDA's CEDS and strategy requirements may be obtained through your EDA representative.

I.A.5. Basis of economic distress cited for eligibility

Identify the region that will be used as a basis for eligibility and under which distress criterion or criteria the project qualifies:

a. **Unemployment rate:** The project is located in a region that has an unemployment rate that is, for the most recent 24-month period for which data are available, at least one percentage point above the national unemployment rate.

b. **Per capita income:** The project is located in a region that has a per capita income that is, for the most recent period for which data are available, 80 percent or less of the national average per capita income.

c. **Special need:** The project is located in a region that has experienced or is about to experience a "Special Need" (as defined in 13 C.F.R. § 300.3) arising from actual or threatened severe unemployment or economic adjustment problems resulting from severe short-term or long-term changes in economic conditions. See applicable FFO for Special Need Criteria.

SAVE

CHECK FOR ERRORS

CLOSE

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 REQUEST FOR PUBLIC ASSISTANCE

O.M.B. NO. 1660-0017
 Expires April 30, 2013

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless it displays a valid OMB number. **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT (Political subdivision or eligible applicant)		DATE SUBMITTED
<input type="text"/>		<input type="text"/>
COUNTY (Location of Damages. If located in multiple counties, please indicate)	DUNS NUMBER	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT PHYSICAL LOCATION

STREET ADDRESS

CITY	COUNTY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS

POST OFFICE BOX	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Contact/Applicant's Authorized Agent		Alternate Contact	
NAME	<input type="text"/>	NAME	<input type="text"/>
TITLE	<input type="text"/>	TITLE	<input type="text"/>
BUSINESS PHONE	<input type="text"/>	BUSINESS PHONE	<input type="text"/>
FAX NUMBER	<input type="text"/>	FAX NUMBER	<input type="text"/>
HOME PHONE (Optional)	<input type="text"/>	HOME PHONE (Optional)	<input type="text"/>
CELL PHONE	<input type="text"/>	CELL PHONE	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
PAGER & PIN NUMBER	<input type="text"/>	PAGER & PIN NUMBER	<input type="text"/>

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? YES NO

Private Non-Profit Organization? YES NO

If yes, which of the facilities identified below best describe your organization?

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). **Please do not send your completed survey to the above address.**

FEMA and State personnel will use this questionnaire to determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization (See 44 CFR 206.221). Owners of critical facilities (i.e., power, water (including providing by an irrigation organization or facility, if it is not provided solely for irrigation purposes), sewer, wastewater treatment, communications and emergency medical care) can apply directly to FEMA for assistance for emergency work (debris removal and emergency protective measures) and permanent work (repair, restore or replace a damaged facility). Owners of non-critical facilities can apply directly to FEMA for assistance for emergency work, but must first apply to the U. S. Small Business Administration (SBA) for assistance for permanent work. If the owner of a non-critical facility does not qualify for an SBA loan or the cost to repair the damaged facility exceeds the SBA loan amount, the owner may apply to FEMA for assistance.

1. Name of PNP Organization

2. Name of the damaged facility and location

3. What was the primary purpose of the damaged facility

4. Is the facility a critical facility as described above? Yes No

5. Who may use the facility

6. What fee, if any, is charged for the use of the facility

7. Was the facility in use at the time of the disaster? Yes No

8. Did the facility sustain damage as a direct result of the disaster? Yes No

9. What type of assistance is being requested?

10. Does the PNP organization own the facility? Yes No

11. If "Yes" obtain proof of ownership; check here if attached.

12. Does the PNP organization have the legal responsibility to repair the facility? Yes No

13. If "Yes", provide proof of legal responsibility; check here if attached. Yes No

14. Is the facility insured? Yes No

15. If "Yes", obtain a copy of the insurance policy; check here if attached.



SF 424A – Budget Information for Non- Constructions Programs

SECTIONS:

- Section A - Budget Summary
- Section B - Budget Categories
- Section C - Non-Federal Resources
- Section D - Forecasted Cash Needs
- Section E - Budget Estimates of Federal Funds Needed for Balance of the Project
- Section F - Other Budget Information
- Section G - Burden Statement

Section A - Budget Summary:

Instructions:

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).

	Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
			Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.	*	*	\$ *	\$ *	\$ *	\$ *	\$
2.	*	*	*	*	*	*	
3.	*	*	*	*	*	*	
4.	*	*	*	*	*	*	
5. Totals			\$	\$	\$	\$	\$

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

Section A - Budget Summary

Section B - Budget Categories

Section C - Non-Federal Resources

Section D - Forecasted Cash Needs

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

Section F - Other Budget Information

Section G - Burden Statement

Section B - Budget Categories:					
	Grant Program, Function or Activity				Total (5)
	(1)	(2)	(3)	(4)	
6. Object Class Categories					
a. Personnel	\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
c. Travel	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
d. Equipment	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
e. Supplies	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
f. Contractual	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
g. Construction	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
h. Other	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
i. Total Direct Charges (sum of 6a-6h)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
j. Indirect Charges	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	\$ <input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Program Income	\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/>

Section C - Non-Federal Resources:

SAVE

CHECK FOR ERRORS

CLOSE

SECTIONS:

- Section A - Budget Summary
- Section B - Budget Categories
- Section C - Non-Federal Resources
- Section D - Forecasted Cash Needs
- Section E - Budget Estimates of Federal Funds Needed for Balance of the Project
- Section F - Other Budget Information
- Section G - Burden Statement

Section C - Non-Federal Resources:					
	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/>
9.		<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
10.		<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
11.		<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
12.	TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Section D - Forecasted Cash Needs:					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input type="text"/>	\$ <input type="text"/> *			
14. Non-Federal	\$ <input type="text"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
15. TOTAL (sum of lines 13-14)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTIONS:

- Section A - Budget Summary
- Section B - Budget Categories
- Section C - Non-Federal Resources
- Section D - Forecasted Cash Needs
- Section E - Budget Estimates of Federal Funds Needed for Balance of the Project
- Section F - Other Budget Information
- Section G - Burden Statement

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.	\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/> *	\$ <input type="text"/> *
17.	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
18.	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
19.	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
20.TOTAL (sum of lines 16-19)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Section F - Other Budget Information:	
21. Direct Charges:	<input type="text"/> *
22. Indirect Charges:	<input type="text"/> *
23. Remarks	<input type="text"/> *

SECTION G - BURDEN STATEMENT:

SAVE CHECK FOR ERRORS CLOSE



R&R Budget

ORGANIZATION

ORGANIZATION INFORMATION:

Organizational DUNS:

1753032620000

Enter name of Organization:

Budget Type:

- Project *
- Subaward/Consortium

BUDGET PERIOD(S)

Budget Period 1

DELETE PERIOD

BUDGET PERIOD DATES:

Start Date:

End Date:

 *

A. SENIOR / KEY PERSON:

Senior Key Person, Project Role	Base Salary (\$)	Calendar Months	Academic Months	Summer Months	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
  , PD/PI	<input type="text"/> *	<input type="text"/> *	<input type="text"/>				

(+) ADD ADDITIONAL KEY PERSON

Total Funds requested for all Senior Key Persons in the attached file:

Total Senior / Key Person:

Additional Senior Key Persons:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

B. OTHER PERSONNEL:

Number of Personnel	Project Role	Calendar Months	Academic Months	Summer Months	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
---------------------	--------------	-----------------	-----------------	---------------	-----------------------	----------------------	----------------------

<input type="text"/>	Post Doctoral Associates	<input type="text"/>					
----------------------	--------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	Graduate Students	<input type="text"/>					
----------------------	-------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	Undergraduate Students	<input type="text"/>					
----------------------	------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	Secretarial / Clerical	<input type="text"/>					
----------------------	------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------



<input type="text"/>							
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	Total Number Other Personnel					Total Other Personnel:	<input type="text"/>
----------------------	-------------------------------------	--	--	--	--	-------------------------------	----------------------

Total Salary, Wages and Fringe Benefits (A + B):

C. EQUIPMENT DESCRIPTION:

List items and dollar amount for each item exceeding \$5,000

Equipment Item	Funds Requested (\$)
<input type="text"/>	<input type="text"/>

(+) ADD ADDITIONAL EQUIPMENT

Total funds requested for all equipment listed in the attached file:

Total Equipment:

Additional Equipment:

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

D. TRAVEL:

Item	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost:	<input type="text"/>

E. PARTICIPANT / TRAINEE SUPPORT COSTS:

Item	Funds Requested (\$)
1. Tuition / Fees / Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other	<input type="text"/>
<input type="text"/>	
<input type="text"/> Number of Participants / Trainees	Total Participant / Trainee Support Costs:
	<input type="text"/>

F. OTHER DIRECT COSTS:

Item	Funds Requested (\$)
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP / Computer Services	<input type="text"/>
5. Subawards / Consortium / Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental / User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
Total Other Direct Costs:	<input type="text"/>

Add text to describe any Other Direct Costs not requested above. Use the budget justification to further itemize and justify.

G. DIRECT COSTS:

Funds Requested (\$)

Total Direct Costs (A thru F):

H. INDIRECT COSTS:

Indirect Cost Type

Indirect Cost Rate (%)

Indirect Cost Base (\$)

Funds Requested (\$)



(+) ADD ADDITIONAL INDIRECT COST

Total Indirect Costs:

Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):

Enter the Name of the Cognizant Federal Agency, Name and Phone Number of the individual responsible for negotiating your rate. If no Cognizant Agency is known, enter "None".

I. TOTAL DIRECT AND INDIRECT COSTS:

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H):

J. FEE:

Funds Requested (\$)

Fee:

K. TOTAL COSTS AND FEE:

Funds Requested (\$)

Total Costs and Fee (I + J):

BUDGET JUSTIFICATION

BUDGET JUSTIFICATION:

Only attach one file:

[ADD ATTACHMENT](#)[DELETE ATTACHMENT](#)[VIEW ATTACHMENT](#)

CUMULATIVE BUDGET

Item	Totals (\$)
Section A, Senior/Key Person	<input type="text"/>
Section B, Other Personnel	<input type="text"/>
Total Number Other Personnel	<input type="text"/>
Total Salary, Wages and Fringe Benefits (A + B)	<input type="text"/>
Section C, Equipment	<input type="text"/>
Section D, Travel	<input type="text"/>
1. Domestic	<input type="text"/>
2. Foreign	<input type="text"/>
Section E, Participant/Trainee Support Costs	<input type="text"/>
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other	<input type="text"/>
6. Number of Participants/Trainees	<input type="text"/>



SF 424C – Budget Information for Construction Programs

BUDGET INFORMATION - Construction Programs

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

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
2. Land, structures, rights-of-way, appraisals, etc.	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
3. Relocation expenses and payments	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
4. Architectural and engineering fees	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
5. Other architectural and engineering fees	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
6. Project inspection fees	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
7. Site work	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
8. Demolition and removal	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
9. Construction	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
10. Equipment	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
11. Miscellaneous	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
12. SUBTOTAL (sum of lines 1-11)	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
13. Contingencies	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
14. SUBTOTAL	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
15. Project (program) income	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter eligible costs from line 16c Multiply X <input style="width: 50px;" type="text"/> % Enter the resulting Federal share.			\$ <input style="width: 100%;" type="text"/>

After Competing
the Forms...



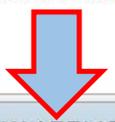
MANAGE WORKSPACE

Created
 Fill Out Forms
 Complete and Notify AOR
 Submit
 Agency Received

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EDA-2018-DISASTER - PKG00240451
FY 2018 EDA Disaster Supplemental
Department of Commerce
Economic Development Administration



Application Filing Name: Testing EDA Training [\[Edit Name\]](#)
Workspace ID: WS00207819 **Workspace Status:** New
AOR Status: Organization has AOR **Last Submitted Date:** ---
Workspace Owner: Evelyn Albino **SAM Expiration Date:** Apr 19, 2019
Opening Date: Apr 10, 2018
Closing Date: Apr 10, 2022
DUNS: 1753032620000

- FORMS
- VIEW APPLICATION
- ATTACHMENTS
- PARTICIPANTS
- ACTIVITY
- DETAILS

Previously generated Application/Form Views including Attachments are available by clicking Download on the REQUEST rows. For an updated view click the Request action on the Application/Form rows.

Application Forms:				Refresh Status
Form Name / Request Status	Requested By	Requested Date/Time	Completed Date/Time	Actions
APPLICATION: ALL FORMS				Request View
FORM: Application for Federal Assistance (SF-424) [V2.1]				Request View
FORM: ED-900P Proposal for EDA Assistance [V1.0]				Request View
FORM: Budget Information for Non-Construction Programs (SF-424A) [V1.0]				Request View

View Application Tab

- Generate complete Application Forms and attachments

MANAGE WORKSPACE

Created Fill Out Forms Complete and Notify AOR Submit Agency Received

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EDA-2018-DISASTER - PKG00240451
FY 2018 EDA Disaster Supplemental
Department of Commerce
Economic Development Administration

Application Filing Name: Testing EDA Training [\[Edit Name\]](#)

Workspace ID: WS00207819

Workspace Status: New

Opening Date: Apr 10, 2018

AOR Status: Organization has AOR

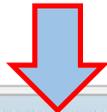
Last Submitted Date: ---

Closing Date: Apr 10, 2022

Workspace Owner: Evelyn Albino

SAM Expiration Date: Apr 19, 2019

DUNS: 1753032620000



FORMS | VIEW APPLICATION | **ATTACHMENTS** | PARTICIPANTS | ACTIVITY | DETAILS

Attachments:

Form Name / Attachment File Name (Click to Download PDF Attachments)	File Size
FORM: Application for Federal Assistance (SF-424) [V2.1]	
FORM: ED-900P Proposal for EDA Assistance [V1.0]	
FORM: Budget Information for Non-Construction Programs (SF-424A) [V1.0]	

Attachment Tab

- See all the attachment

MANAGE WORKSPACE

Created
 Fill Out Forms
 Complete and Notify AOR
 Submit
 Agency Received

«Back 



EDA-2018-DISASTER - PKG00240451
FY 2018 EDA Disaster Supplemental
Department of Commerce
Economic Development Administration

Application Filing Name: Testing EDA [Edit Name]

Workspace ID: WS00207534

Workspace Status: New

Opening Date: Apr 10, 2018

AOR Status: Workspace has AOR

Last Submitted Date: ---

Closing Date: Apr 10, 2022

Workspace Owner: Evelyn Albino

SAM Expiration Date: Apr 19, 2019

DUNS: 1753032620000



[FORMS](#) | [VIEW APPLICATION](#) | [ATTACHMENTS](#) | **[PARTICIPANTS](#)** | [ACTIVITY](#) | [DETAILS](#)

Workspace Participants:

[Export Detailed Data](#)

[Add from Workspace Organization »](#)

[Add by Username »](#) 

1-5 of 5 Records



Username ▾	Participant Name ▾	Phone Number ▾	Email Address ▾	Form Access ▾	Authorized to Submit ▾	Actions
dsuleiman	David Suleiman			All	Yes	Remove Make Owner Manage Access
eliadiz	Eliadiz Loperena-Lorenzo			All	No	Remove Make Owner Manage Access
ealbino	Evelyn Albino			All	No	Remove Make Owner Manage Access
hsegarra	Hector Segarra			All	No	Remove Make Owner Manage Access
josevega18	Jose I Vega			All	No	Remove Make Owner Manage Access

1-5 of 5 Records



Participant Tab

- [Add/Remove Participants](#)

MANAGE WORKSPACE

Created
 Fill Out Forms
 Complete and Notify AOR
 Submit
 Agency Received

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EDA-2018-DISASTER - PKG00240451
FY 2018 EDA Disaster Supplemental
Department of Commerce
Economic Development Administration

Application Filing Name: Testing EDA [\[Edit Name\]](#)

Workspace ID: WS00207534

Workspace Status: New

Opening Date: Apr 10, 2018

AOR Status: Workspace has AOR

Last Submitted Date: ---

Closing Date: Apr 10, 2022

Workspace Owner: Evelyn Albino

SAM Expiration Date: Apr 19, 2019

DUNS: 1753032620000

[FORMS](#) | [VIEW APPLICATION](#) | [ATTACHMENTS](#) | [PARTICIPANTS](#) | **[ACTIVITY](#)** | [DETAILS](#)

Workspace Activity:

[Export Detailed Data](#) ?

1-5 of 5 Records

⏪ ⏴ 1 ⏵ ⏩

Timestamp ▾	Category ⚡	Action ⚡	Performed On ⚡	Performed By ⚡	Details ⚡
Sep 19, 2018 11:01:14 AM EDT	Participant	Added	Jose I Vega	Evelyn Albino	Roles: Workspace Manager; Form Access: All Forms including Budget
Sep 19, 2018 11:01:14 AM EDT	Participant	Added	Eliadiz Loperena-Lorenzo	Evelyn Albino	Roles: Workspace Manager; Form Access: All Forms including Budget
Sep 19, 2018 11:01:14 AM EDT	Participant	Added	David Suleiman	Evelyn Albino	Roles: Expanded AOR; Form Access: All Forms including Budget
Sep 19, 2018 11:01:14 AM EDT	Participant	Added	Hector Segarra	Evelyn Albino	Roles: Workspace Manager; Form Access: All Forms including Budget
Sep 19, 2018 10:59:45 AM EDT	Workspace	Created	WS00207534	Evelyn Albino	Testing EDA

1-5 of 5 Records

⏪ ⏴ 1 ⏵ ⏩

Activity Tab

- Activity Tracking to Monitor Changes to Application Forms

Complete all Workspace Forms – Reminders

- Preview individual forms by clicking the form name
- Preview the complete application including the attachments in the VIEW APPLICATION tab.
- Required forms with no editable fields still need to be downloaded, viewed as a webform or previewed to acknowledge that the form has been read
- Always click the “Check for Errors” and “Save” buttons
- Ensure you have a compatible version of Adobe Reader
- Watch the Grants.gov Workspace training videos

Submit your Application

- When the application is completed, all the forms uploaded or completed in the webform, and free from errors (Form status: **Passed**) then the application is ready to submit
- Always check your attached files to make sure you have the last version
- The Complete and Notify AOR button should be active
- If the “Complete and Notify AOR” button is not active, look for alert messages highlighting a submission issue.

Submit Application – AOR Role

MANAGE WORKSPACE

Created
 Forms Passed
 Completed and Notified AOR
 Submit
 Agency Received



USDA-NIFA-HSI-006509 - PKG00238108
 Hispanic-Serving Institutions - Education
 Grants Program
 Department of Agriculture
 National Institute of Food and Agriculture

Application Filing Name: F Roman - NIFA [\[Edit Name\]](#)

Workspace ID: WS00099490

Workspace Status: Ready for Submission

Opening Date: Feb 07, 2018

AOR Status: Active

Last Submitted Date: ---

Closing Date: Apr 05, 2018

Workspace Owner: Eliadiz Loperena-Lorenzo

SAM Expiration Date: Apr 25, 2018

DUNS: 1753032620000

[FORMS](#)
[PARTICIPANTS](#)
[ACTIVITY](#)
[DETAILS](#)

Workspace Actions:

[Preview Application Forms](#)
[Check Application](#)
[Sign and Submit](#)
[Reopen](#)
[Delete](#)

Application Package Forms - Users are encouraged to follow [antivirus best practices](#) when Downloading Instructions and Forms:

[Download Instructions »](#)



Include in Package	Form Name (Click to Preview)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	SF424 (R & R) [V2.0]	Mandatory	Passed	Feb 16, 2018 08:06:58 AM EST	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	NIFA Supplemental Information [V1.2]	Mandatory	Passed	Feb 16, 2018 08:11:56 AM EST	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Research & Related Personal Data [V1.2]	Mandatory	Passed	Feb 16, 2018 08:12:46 AM EST	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Research And Related Other Project Information [V1.4]	Mandatory	Passed	Feb 16, 2018 08:33:45 AM EST	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Research and Related Senior/Key Person Profile (Expanded) [V2.0]	Mandatory	Passed	Feb 16, 2018 08:16:16 AM EST	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	RR FedNonFed Budget [V1.2]	Mandatory	Passed	Feb 16, 2018 08:23:29 AM EST	---	Lock Download Upload Reuse
<input checked="" type="checkbox"/>	Project/Performance Site Location(s) [V2.0]	Mandatory	Passed	Feb 16, 2018 08:20:56 AM EST	---	Lock Download Upload Reuse Webform
<input type="checkbox"/>	Research & Related Subaward Budget (Total Fed + Non-Fed) 5 YR 30 ATT [V1.3] <i>MANAGE SUBFORMS: 0</i>	Optional	---	---	---	Lock Download Upload Reuse

MANAGE WORKSPACE

Created
 Forms Passed
 Completed and Notified AOR
 Submitted
 Agency Received

«Back ?



EDA-2018-DISASTER - PKG00240448
 FY 2018 EDA Disaster Supplemental
 Department of Commerce
 Economic Development Administration

Application Filing Name: J. Vega - EDA-Disaster Relief [\[Edit Name\]](#)

Workspace ID: WS00169452

Workspace Status: Submitted

Opening Date: Apr 10, 2018

AOR Status: Organization has AOR

Last Submitted Date: Jun 29, 2018

Closing Date: Apr 10, 2022

Workspace Owner: Jose I Vega

SAM Expiration Date: Apr 19, 2019

DUNS: 1753032620000

- FORMS
- VIEW APPLICATION
- ATTACHMENTS
- PARTICIPANTS
- ACTIVITY
- DETAILS

Workspace Actions:

Application Package Forms - Users are encouraged to follow [antivirus best practices](#) when Downloading Instructions and Forms:

[Download Instructions »](#) ?

Include in Package	Form Name (Click to Edit)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	Application for Federal Assistance (SF-424) [V2.1]	Mandatory	Passed	Jun 29, 2018 12:15:41 PM EDT	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	ED-900 General Application for EDA Programs [V1.0]	Mandatory	Passed	Jun 29, 2018 12:17:48 PM EDT	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Budget Information for Non-Construction Programs (SF-424A) [V1.0]	Mandatory	Passed	Jun 29, 2018 12:32:37 PM EDT	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	ED-900A Additional Assurances for Construction or Non-Construction [V1.0] READ-ONLY	Mandatory	Passed	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Assurances for Non-Construction Programs (SF-424B) [V1.1] READ-ONLY	Mandatory	Passed	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	CD511 Form [V1.1]	Mandatory	Passed	Jun 29, 2018 12:38:42 PM EDT	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Attachments [V1.2]	Optional	Passed	Jun 29, 2018 03:36:56 PM EDT	---	Lock Download Upload Reuse Webform



EDA-2018-DISASTER - PKG00240448
FY 2018 EDA Disaster Supplemental
Department of Commerce
Economic Development Administration

Application Filing Name: J. Vega - EDA-Disaster Relief [Edit Name]

Workspace ID: WS00169452

Workspace Status: Submitted

Opening Date: Apr 10, 2018

AOR Status: Organization has AOR

Last Submitted Date: Jun 29, 2018

Closing Date: Apr 10, 2022

Workspace Owner: Jose I V

SAM Expiration Date: Apr 19, 2019

DUNS: 1753032620000



- FORMS
- VIEW APPLICATION
- ATTACHMENTS
- PARTICIPANTS
- ACTIVITY
- DETAILS**

Workspace Details:

DUNS: 1753032620000 Created on: Jun 28, 2018
Organization: UNIVERSITY OF PUERTO RICO Last Activity Date: Aug 06, 2018

Package Details:

CFDA: 11.307 – Economic Adjustment Assistance

Competition ID – Title:

Details Tab

- Status Information. It will not indicate if the proposal was approved.

Contact Information:

appropriate Disaster POC/Regional Environmental Officer listed at www.eda.gov/contact.

Workspace Grant Tracking Numbers:

Export Detailed Data

1-1 of 1 Records

Tracking Number

Grants.gov Number	Date/Time Received	Status	Status Date	Submitted By	Agency Tracking Number	Actions
GRANT12664944	Jun 29, 2018 03:46:53 PM EDT	Received by Agency	Jul 02, 2018 09:13:03 AM EDT	David Suleiman	---	Details Download

Need more help? Ways to learn Federal Grants

- Grants.gov Online User Guide 
- Grants.gov YouTube Channel
- Grants Learning Center
 - In the Grants.gov webpage
- Grants.gov Community Blog
 - Follow blog and receive notifications of new post
- Follow on Twitter
 - @grantsdotgov
 - #LEARNGRANTS
- <https://www.grants.gov/web/grants/applicants/workspace-overview/workspace-process.html>



Lets Practice!!!



Reference

- <https://www.grants.gov/forms.html>

***For further questions and
individual assistance:***

cnde@uprm.edu