## HURRICANE MARIA CAPACITY BUILDING PROGRAM



Grants.gov



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Part 2

# **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

# **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

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FORM	: Application for Federa	al Assistance (SF-424) [V	/2.1]							Request	View	
FORM	: ED-900P Proposal for	EDA Assistance [V1.0]								Request	View	
FORM	: Budget Information fo	r Non-Construction Prog	grams (SF-424A) [V1.0]	1						Request	View	

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View Application TabGenerate complete Application Forms and attachments

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Workspace Participants: 1-5 of 5 Records		Expo	rt Detailed Data	Add from Workspace Organia	zation » Add by Username » ?					
Username 🗘 Participant N	Name 🗘 Phone Number 🗘	Email Address 💠	Form Access 💠	Authorized to Submit 🗘	Actions					
dsuleiman David Suleiman			All	Yes	Remove   Make Owner   Manage Access					
eliadiz Eliadiz Loperena	a-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					
HEALTH & HUMAN SERVICES: HHS.gov   E	DNNECT WITH US: 🔂 Blog 🔽 Twitter 🕨 YouTube 🕒 Alerts 🔊 RSS   🛃 XML Extract 🔎 Get Adobe Reader 🗗 GRANTS.GOV Applicant Support EALTH & HUMAN SERVICES: HHS.gov   EEOC / No Fear Act   Accessibility   Privacy   Disclaimers   Site Map 1-800-518-4726 DMMUNITY: USA.gov   WhiteHouse.gov   USAspending.gov   SBA.gov   CFDA.gov   SAM.gov   DUNS Request 🖓   Report Fraud									

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Sep 19,	2018 11:01:14 AM ED	T Participant	Added	Jose I Vega	Evelyn Albino	Roles: Workspace Manager	r; Form Access: All Forms includ	ling Budget	
Sep 19,	2018 11:01:14 AM ED	T Participant	Added	Eliadiz Loperena-Lorenzo	Evelyn Albino	Roles: Workspace Manager	r; Form Access: All Forms includ	ling Budget	
Sep 19,	2018 11:01:14 AM ED	T Participant	Added	David Suleiman	Evelyn Albino	Roles: Expanded AOR; For	m Access: All Forms including B	Budget	
Sep 19,	2018 11:01:14 AM ED	T Participant	Added	Hector Segarra	Evelyn Albino	Roles: Workspace Manager	r; Form Access: All Forms includ	ling Budget	
Sep 19,	2018 10:59:45 AM ED	T Workspace	Created	WS00207534	Evelyn Albino	Testing EDA			
1-5 of 5	1-5 of 5 Records       Activity Tab         • Activity Tracking to Monitor Changes to Application Forms								
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SECTIONS:	APPLICATION FOR FEDERAL ASSISTANCE (SF-424) Version 2.1		OMB Number: 4040-0004 Expiration Date: 12/31/2019
1. Type of Submission			
2. Type of Application			
3. Date Received	1. TYPE OF SUBMISSION:		
4. Applicant Identifier	1. TTPE OF SUBMISSION.		
5. Federal Identifiers	Type of Submission:	Preapplication *	
6. Date Received by State		Application	
7. State Application Identifier		Changed/Corrected Application	
8. Applicant Information			
9. Type of Applicant			
10. Name of Federal Agency			
11. CFDA Number	2. TYPE OF APPLICATION:		
12. Funding Opportunity Number			
13. Competition Identification	Type of Application:	New *	
Number		<ul> <li>Continuation</li> </ul>	
14. Areas Affected by Project		Revision	
15. Descriptive Title of Applicant's Project			
16. Congressional Districts			
17. Proposed Project Dates	3. DATE RECEIVED:		
18. Estimated Funding	5. DATE RECEIVED.		
19. E.O. 12372 Review	Date Received:	Completed by Grants.gov upon submission.	
20. Federal Debt Delinquency		Completed by Grants.gov upon submission.	
21. Application Certification			
22. Authorized Representative			
23. Burden Statement	4. APPLICANT IDENTIFIER:		
	Applicant Identifier:		
			4.4
			11

SECTIONS:	5. FEDERAL IDENTIFIERS:	
1. Type of Submission		
2. Type of Application	a. Federal Entity Identifier:	
3. Date Received	b. Federal Award Identifier:	
4. Applicant Identifier		
5. Federal Identifiers		
6. Date Received by State		
7. State Application Identifier	6. DATE RECEIVED BY STATE:	
8. Applicant Information	State Use Only	
9. Type of Applicant	State Use Only: Date Received by State:	
10. Name of Federal Agency		
11. CFDA Number		
12. Funding Opportunity Number		
13. Competition Identification Number	7. STATE APPLICATION IDENTIFIER:	
14. Areas Affected by Project	State Use Only:	
15. Descriptive Title of Applicant's Project	State Applicant Identifier:	
16. Congressional Districts		
17. Proposed Project Dates		
18. Estimated Funding	8. APPLICANT INFORMATION:	
19. E.O. 12372 Review		
20. Federal Debt Delinquency	a. Legal Name:	*
21. Application Certification	b. Employer/Taxpayer Identification Number (EIN/TIN):	*
22. Authorized Representative		
23. Burden Statement	c. Organizational DUNS: 175303262	20000
	d. Address:	
	Street1:	*
	Street2:	
	City:	*
	County / Parish:	12
	SAVE CHECK FOR	ERRORS

SECTIONS:	f. Name and contact information of person to be contacted on matters involving this application:					
1. Type of Submission	Prefix:	\$				
2. Type of Application	First Name:					
3. Date Received	First Name.	*				
4. Applicant Identifier	Middle Name:					
5. Federal Identifiers	Last Name:	*				
6. Date Received by State	Last Name.	*				
7. State Application Identifier	Suffix:	\$				
8. Applicant Information						
9. Type of Applicant						
10. Name of Federal Agency	Title:					
11. CFDA Number	Organizational Affiliation:					
12. Funding Opportunity Number						
13. Competition Identification Number	Telephone Number:	<b>x</b> _				
14. Areas Affected by Project						
15. Descriptive Title of Applicant's	Fax Number:					
Project	Email:	*				
16. Congressional Districts						
17. Proposed Project Dates						
18. Estimated Funding						
19. E.O. 12372 Review	9. TYPE OF APPLICANT:					
20. Federal Debt Delinquency						
21. Application Certification	Select Applicant Type 1:	* \$				
22. Authorized Representative	Select Applicant Type 2:	\$				
23. Burden Statement						
	Select Applicant Type 3:	\$				
	10. NAME OF FEDERAL AGENCY:					
	Name of Federal Agency:	Economic Development Administration				
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	SAVE	CHECK FOR ERRORS CLOSE				

SECTIONS:	CFDA Number:	11.307			
1. Type of Submission					
. Type of Application	CFDA Title:	Economic Adjustment Assi	stance		
. Date Received					
Applicant Identifier					
Federal Identifiers	12. FUNDING OPPORTUNITY NUMB	ER:			
. Date Received by State					
State Application Identifier	Funding Opportunity Number:	EDA-2018-DISASTER			
Applicant Information					
Type of Applicant	Title:	FY 2018 EDA Disaster Sup	plemental		
0. Name of Federal Agency					
I. CFDA Number					
2. Funding Opportunity Number	13. COMPETITION IDENTIFICATION	NUMBER:			
<ol> <li>Competition Identification lumber</li> </ol>					
4. Areas Affected by Project	Competition Identification Number:	PROPOSAL-NON-CONST	RUCTION		
5. Descriptive Title of Applicant's roject	Title:	EDA Proposal Only - Non-	Construction		
6. Congressional Districts					
7. Proposed Project Dates					
8. Estimated Funding	14. AREAS AFFECTED BY PROJEC	T:			
9. E.O. 12372 Review					
0. Federal Debt Delinquency 1. Application Certification	Areas Affected by Project (Cities, Counties, States, etc.):		ADD ATTACHMENT	DELETE ATTACHMENT VIEW AT	TACHMENT
2. Authorized Representative					
3. Burden Statement	15. DESCRIPTIVE TITLE OF APPLIC				*
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#### SECTIONS:

	Туре	of	Submission
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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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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 Proiect

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

#### 16. CONGRESSIONAL DISTRICTS:

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

SAVE

#### 18. ESTIMATED FUNDING (\$):

a. Federal:	*
b. Applicant:	*
c. State:	*
d. Local:	*
e. Other:	*
f. Program Income:	*
g. TOTAL:	

#### SECTIONS:

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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

#### 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)

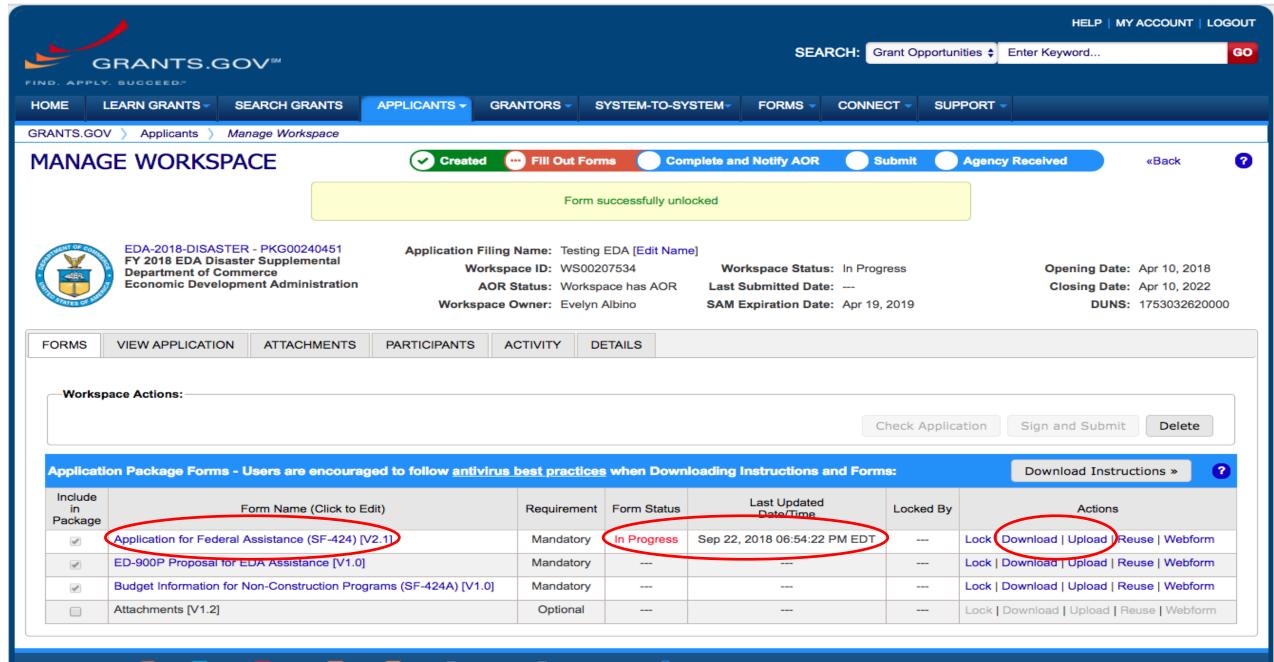
🗆 I AGREE\* 🕷

\*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:

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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.	
		10



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se fill out the following form.		Highlight Existing Fields
GBANTS GOV*	WORKSPACE FORM	1-800-518-4726 SUPPORT@GRANTS.GOV

SUPPORT@GRANTS.GOV

Cover page of the **Downloaded** PDF SF424 form Identifies the opportunity



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 & PACK	AGE 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.
APPLICANT & WORKSP	ACE DETAILS:
Workspace ID:	WS00207534 18
Application Filing Name:	Testing EDA

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	Please f	ill out the following form.		Highlight E	Existing Fields
		Competition ID:	PROPOSAL-NON-CONSTRUCTION		
		Competition Title:	EDA Proposal Only - Non-Construction		
	Ø	Opening Date:	04/10/2018		
	<b>\$</b>	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 & WORKSP	ACE DETAILS:		
		Workspace ID:	WS00207534		
		Application Filing Name:	Testing EDA		
dentifies the Form		DUNS:	1753032620000		
lame		Organization:	UNIVERSITY OF PUERTO RICO		
		Form Name:	Application for Federal Assistance (SF-424)		
<b>CE 434</b>		Form Version:	2.1		
SF-424		Requirement:	Mandatory		
		Download Date/Time:	Sep 22, 2018 07:53:42 PM EDT		
		Form State:			
		FORM ACTIONS:			
			CHECK FOR ERRORS SAVE PRINT	19	

# SF424 Form (page 1)

## Basic organizational Information:

- Name
- EIN number
- DUNS
- Address

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<ul> <li>* 1. Type of Submission:</li> <li>Preapplication</li> <li>Application</li> <li>Changed/Corrected Application</li> </ul>	X New	* If Revision, select appropriate letter(s):  * Other (Specify):		
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:			
5a. Federal Entity Identifier:		5b. Federal Award Identifier:		
State Use Only:				
6. Date Received by State:	7. State Application	Identifier:		
8. APPLICANT INFORMATION:	-			
* a. Legal Name: University of E	Puerto Rico Mayaguez			]
* b. Employer/Taxpayer Identification Nu	nber (EIN/TIN):	* c. Organizational DUNS: 1753032620000		
d. Address:				
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		e. Organizational	Unit:			
		Department Name:		C	Division Name:	
		f. Name and cont	act information of person to be	contacted on matte	ers involving this application:	
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SF424 Form (page 2)		Application for Federal Assistance SF-424 * 9. Type of Applicant 1: Select Applicant Type:			
Select Type of Applicant	** ***	Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type:	<ul> <li>A: State Government</li> <li>B: County Government</li> <li>C: City or Township Government</li> <li>D: Special District Government</li> <li>E: Regional Organization</li> <li>F: U.S. Territory or Possession</li> </ul>		
		* Other (specify):	G: Independent School District H: Public/State Controlled Institution of Higher Education I: Indian/Native American Tribal Government (Federally Recogn		
		* 10. Name of Federal Agency: Economic Development Administration	J: Indian/Native American Tribal Government (Other than Fede K: Indian/Native American Tribally Designated Organization L: Public/Indian Housing Authority	rally Recogn	zed)
The form already has		11. Catalog of Federal Domestic Assistance Number:         11.307         CFDA Title:         Economic Adjustment Assistance	M: Nonprofit with 501C3 IRS Status (Other than Institution of H N: Nonprofit without 501C3 IRS Status (Other than Institution of O: Private Institution of Higher Education P: Individual Q: For-Profit Organization (Other than Small Business) R: Small Business	-	
the specific program information for your funding opportunity		* 12. Funding Opportunity Number: EDA-2018-DISASTER * Title: FY 2018 EDA Disaster Supplemental	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)		
		13. Competition Identification Number:		22	$\left  \right $

* 12. Funding Opportu	ity Number:	_
EDA-2018-DISASTER		
* Title:		
FY 2018 EDA Disa:	ter Supplemental	
13. Competition Identi	ication Number:	
PROPOSAL-NON-CONS	TRUCTION	
Title:		
	- Non-Construction	
14. Areas Affected by	Project (Cities, Counties, States, etc.): Add Attachment	Delete Attachment View Attachment
* 15. Descriptive Title	f Applicant's Project:	

Add your Project Title

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SF424	Please fill or	it the following form.	Highlight Exis	sting Field
Form		Application for Federal Assistance SF-424		
(page 3)		16. Congressional Districts Of:         * a. Applicant       PR-098         * b. Program/Project		
PR Congressional	* ***	Attach an additional list of Program/Project Congressional Districts if needed.         Add Attachment       Delete Attachment	t	
District: PR- 098		17. Proposed Project:         * a. Start Date:         * b. End Date:		
		18. Estimated Funding (\$):		
<ul> <li>Key Project</li> <li>Information:</li> <li>Start Date</li> <li>End Date</li> <li>Estimated Funding</li> </ul>		* a. Federal* b. Applicant* c. State* d. Local* e. Other* f. Program Income* g. TOTAL		
		* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?     a. This application was made available to the State under the Executive Order 12372 Process for review on     b. Program is subject to E.O. 12372 but has not been selected by the State for review.     c. Program is not covered by E.O. 12372.		
		* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)     Yes     No     If "Yes", provide explanation and attach	24	
		Add Attachment Delete Attachment View Attachment	1	

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		* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
		a. This application was made available to the State under the Executive Order 12372 Process for review on		
	<u>II</u>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
	*	c. Program is not covered by E.O. 12372.		
	<b>E</b> 44	* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)		1
		Yes No		
by		If "Yes", provide explanation and attach		
J		Add Attachment Delete Attachment View Attachment		
		21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements		
		herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may		
		subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
		** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency		
		specific instructions.		
		Authorized Representative:		1
rue		Prefix:       First Name:		1
nply		Middle Name:		
		* Last Name:		
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		* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.	25	i
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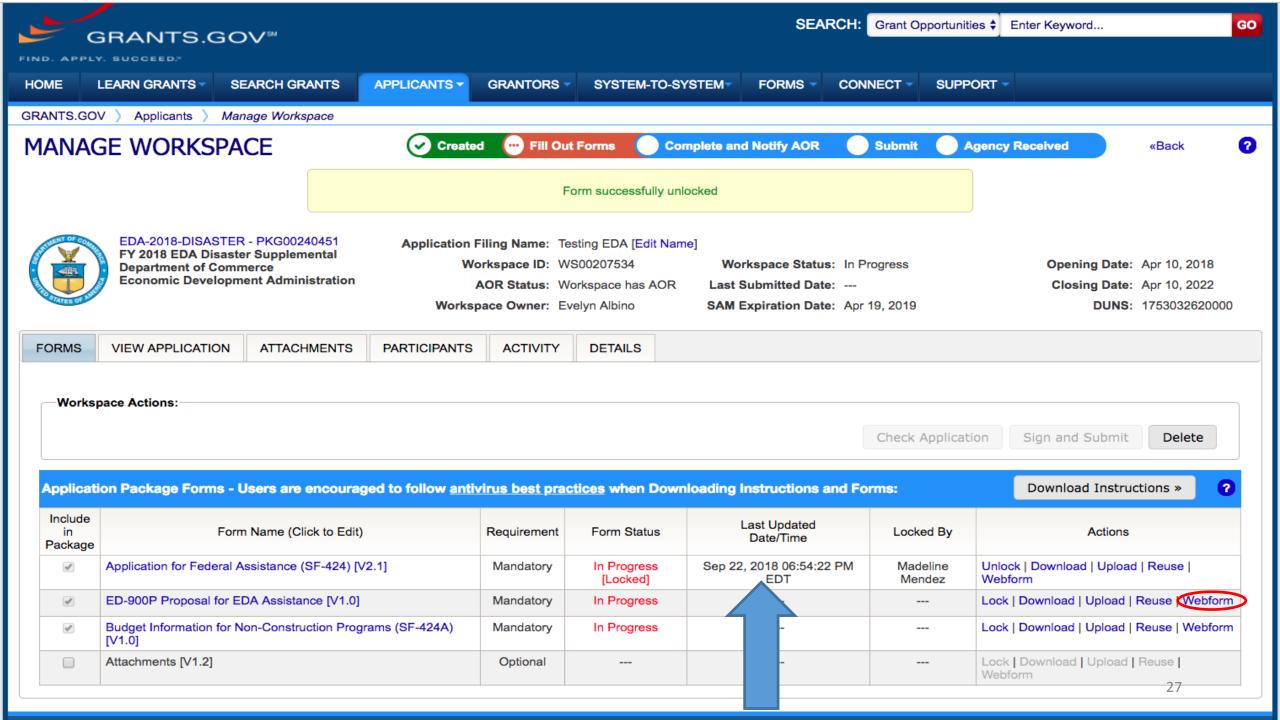
Key Certification by Authorized Organizational Representative (AOR)

**AOR Certifies:** 

- Statements are true
- Assurance to comply T&C
- Aware any false statements may subject AOR to criminal, civil, administrative penalties

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

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Pleas	e fill out the following form.		Highlight Exis	ting Fields
	Competition ID:	PROPOSAL-NON-CONSTRUCTION		
P	Competition Title:	EDA Proposal Only - Non-Construction		
Q	Opening Date:	04/10/2018		
۵	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 & WORKSPA			- II
	Workspace ID:	WS00207534		
	Application Filing Name:	Testing EDA		
	DUNS:	1753032620000		
- L	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		.
	Form State:			
	FORM ACTIONS:	CHECK FOR ERRORS SAVE PRINT	26	



#### 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

NOTE:

Version 1.0

### Read this 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:

ED-900P - PROPOSAL FOR EDA ASSISTANCE

#### Please identify all applicants for this project:

		Name	SAM.gov CAGE Code	SAM.gov Registration Expiration Date
	Lead Applicant	University of Puerto Rico Mayaguez	*	*
x	Co-Applicant 1			

ADD CO-APPLICANT

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

\*

I.A.2. Description of the region:

		-
SAVE	CHECK FOR ERRORS	CLOSE

	• •	-
SE	CTIC	ONS:

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.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	29

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ECTIONS:	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?
ote	Ves *
All Projects	○ No
I.A. General Information	
Construction Projects and Design and ngineering Only Projects	II. Construction Projects and Design and Engineering Only Projects
II.A. Property Requirements	
II.B. Environmental Requirements	II.A. PROPERTY REQUIREMENTS:
structions for Form ED-900P	
	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?
	Ves Ves
	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	
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SECTIONS:	
Note	II.B. ENVIRONMENTAL REQUIREMENTS:
I. All Projects	
I.A. General Information	II.B.1. Briefly describe the project site's physical attributes, including a description of any known sensitive environmental areas.
II. Construction Projects and Design and Engineering Only Projects	
II.A. Property Requirements	
II.B. Environmental Requirements	
Instructions for Form ED-900P	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?
	Ves
	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

CHECK FOR ERRORS

CLOSE

SAVE

31

#### 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

#### **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.

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## **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

MANAG	GE WORKSPACE	Created 🛛 🖌 Forms P	'assed 🕑	Completed and Notified AOR	Subm	it Agency Received
USDA	Hispanic-Serving Institutions - Education Grants Program Workspa Department of Agriculture AOR S National Institute of Food and Agriculture	Name: F Roman - NIFA ace ID: WS00099490 Status: Active Owner: Eliadiz Loperen	La	Workspace Status: Ready for Su ast Submitted Date: AM Expiration Date: Apr 25, 2018		Opening Date: Feb 07, 2018 Closing Date: Apr 05, 2018 DUNS: 1753032620000
FORMS	PARTICIPANTS ACTIVITY DETAILS					
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Include	Form Name (Click to Preview)	best practices when I	Downloading	Instructions and Forms:		Download Instructions »
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Include in Package	Form Name (Click to Preview) SF424 (R & R) [V2.0]	Requirement Mandatory	Downloading Form Status Passed	Last Updated Date/Time Feb 16, 2018 08:06:58 AM EST	Locked By	Download Instructions » ? Actions Lock   Download   Upload   Reuse   Webform
Include in Package I	Form Name (Click to Preview) SF424 (R & R) [V2.0] NIFA Supplemental Information [V1.2]	Requirement Mandatory Mandatory	Passed	Last Updated Date/Time Feb 16, 2018 08:06:58 AM EST Feb 16, 2018 08:11:56 AM EST	Locked By	Download Instructions » 2 Actions Lock   Download   Upload   Reuse   Webform Lock   Download   Upload   Reuse   Webform
Include in Package I	Form Name (Click to Preview) SF424 (R & R) [V2.0] NIFA Supplemental Information [V1.2] Research & Related Personal Data [V1.2]	Requirement Mandatory Mandatory Mandatory	Passed Passed Passed	Last Updated Date/Time Feb 16, 2018 08:06:58 AM EST Feb 16, 2018 08:11:56 AM EST Feb 16, 2018 08:12:46 AM EST	Locked By	Download Instructions >       ?         Actions       ?         Lock   Download   Upload   Reuse   Webform
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A.	ED-900 General Ap	plication for EDA Program	as [V1.0]		Mandatory	Passed	Jun 29, 2018 ED			Lock   Download   Up Webform	load   Reuse
4	Budget Information	for Non-Construction Prog	grams (SF-424A) [V1.0	[0	Mandatory	Passed	Jun 29, 2018 ED			Lock   Download   Up Webform	load   Reuse
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## Need more help? Ways to learn Federal Grants

- Grants.gov Online User Guide
- Grants.gov You Tube 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/workspaceoverview/workspace-process.html



# For further questions and individual assistance:

# eda.recoveryprogram@gmail.com