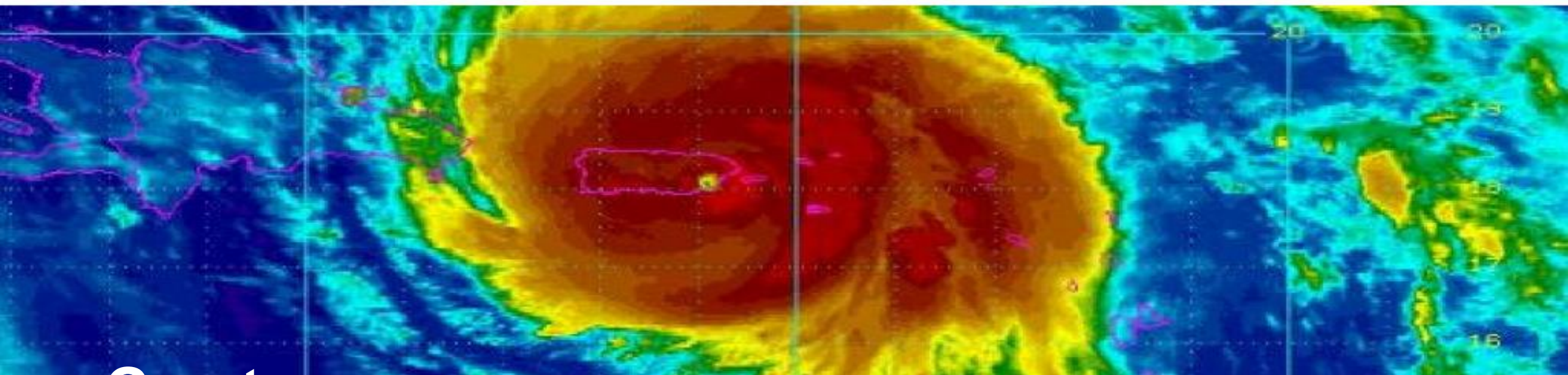


HURRICANE MARIA CAPACITY BUILDING PROGRAM



FEMA



Grants.gov

Evelyn Albino, CRA



GRANTS.GOVSM

FIND. APPLY. SUCCEED.SM

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

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 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

«Back ?



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]	

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

1

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

1

Participant Tab

- Add/Remove Participants

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 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

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: WS00112

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 L...

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: NON-CONSTRUCTION – EDA Non-Construction Full Application
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.

Workspace Grant Tracking Numbers:

Export Detailed Data



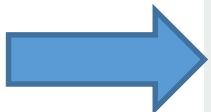
1-1 of 1 Records

Navigation icons: First, Previous, 1, Next, Last

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

Status BAR

Tracking Number



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:

[Check Application](#) | [Complete and Notify AOR](#) | [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	---	---	---	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

- 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
- 8. Applicant Information
- 9. Type of Applicant
- 10. Name of Federal Agency
- 11. CFDA Number
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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

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
- 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
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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

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:

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
- 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

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
- 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

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:

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
- 7. State Application Identifier
- 8. Applicant Information
- 9. Type of Applicant
- 10. Name of Federal Agency
- 11. CFDA Number
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- 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:

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	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

Please fill out the following form. 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:

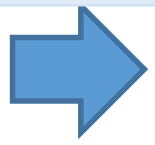
Opportunity Number:	EDA-2018-DISASTER
Opportunity Title:	FY 2018 EDA Disaster Supplemental
Opportunity Package ID:	PKG00240451
CFDA Number:	11.307
CFDA Description:	Economic Adjustment Assistance
Competition ID:	PROPOSAL-NON-CONSTRUCTION
Competition Title:	EDA Proposal Only - Non-Construction
Opening 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.

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00207534
Application Filing Name:	Testing EDA

Cover page of the Downloaded PDF SF424 form Identifies the opportunity



WS00207534-SF424_2_1-V2.1.pdf

Open Create 144% Tools Fill & Sign Comment

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
Form State:	

FORM ACTIONS:

CHECK FOR ERRORS SAVE PRINT

Identifies the Form Name

SF-424

SF424 Form (page 1)

Basic organizational Information:

- Name
- EIN number
- DUNS
- Address

Open Create 144% Tools Fill & Sign Comment Customize

Please fill out the following form. Highlight Existing Fields

[View Burden Statement](#) OMB Number: 4040-0004
Expiration Date: 12/31/2019

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="Completed by Grants.gov upon submission."/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="University of Puerto Rico Mayaguez"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text" value="1753032620000"/>	
d. Address:		
* Street1:	<input type="text"/>	
Street2:	<input type="text"/>	
* City:	<input type="text"/>	

20

Please fill out the following form.

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name: Division Name:

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:

Contact person for this application



SF424 Form (page 2)

Select Type
of Applicant

The form
already has
the specific
program
information for
your funding
opportunity

WS00207534-SF424_2_1-V2.1.pdf

Open Create 144% Tools Fill & Sign Comment

Please fill out the following form. Highlight Existing Fields

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**
Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:
11.307

CFDA Title:
Economic Adjustment Assistance

*** 12. Funding Opportunity Number:**
EDA-2018-DISASTER

* Title:
FY 2018 EDA Disaster Supplemental

13. Competition Identification Number:

- 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)

22



CFDA Title:

Economic Adjustment Assistance

*** 12. Funding Opportunity Number:**

EDA-2018-DISASTER

* Title:

FY 2018 EDA Disaster Supplemental

13. Competition Identification Number:

PROPOSAL-NON-CONSTRUCTION

Title:

EDA Proposal Only - Non-Construction

14. 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

Delete Attachments

View Attachments

Add your
Project Title

SF424 Form (page 3)

PR
Congressional
District: PR-
098

- Key Project
Information:
- Start Date
 - End Date
 - Estimated
Funding

W300207834-SF424_z_1-v2.1.pdf

Open Create Save Print Mail Settings Help Tools Fill & Sign Comment

4 / 4 144% Highlight Existing Fields

Please fill out the following form.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant PR-098 * b. Program/Project

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

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

*** 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

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

WS0020/534-SF424_2_1-V2.1.pdf

Open Create Save Print Mail Settings Help Tools Fill & Sign Comment

Please fill out the following form. Highlight Existing Fields

*** 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

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)

**** 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.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission. 25

WS00207534-SF424_2_1-V2.1.pdf

Open Create 144% Tools Fill & Sign Comment

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

Form State:

FORM ACTIONS:

CHECK FOR ERRORS SAVE PRINT

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

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

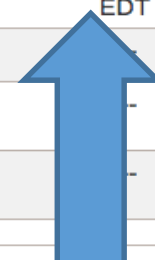
- FORMS
- VIEW APPLICATION
- ATTACHMENTS
- PARTICIPANTS
- ACTIVITY
- DETAILS

Workspace Actions:

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	In Progress [Locked]	Sep 22, 2018 06:54:22 PM EDT	Madeline Mendez	Unlock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	ED-900P Proposal for EDA Assistance [V1.0]	Mandatory	In Progress		---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Budget Information for Non-Construction Programs (SF-424A) [V1.0]	Mandatory	In Progress		---	Lock Download Upload Reuse Webform
<input type="checkbox"/>	Attachments [V1.2]	Optional	---		---	Lock Download Upload Reuse Webform



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:

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:

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

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:

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

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

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/workspace-overview/workspace-process.html>



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

eda.recoveryprogram@gmail.com