

It is imperative that an applicant submits all required materials and indicate the date of the submittal (or date SPOC was contacted, if no submittal is required) on the SF 424, item 16a.

Under 45 CFR 100.8(a)(2), a SPOC has 60 days from the application due date to comment on proposed new or competing continuation awards. These comments are reviewed as part of the award process. Failure to notify the SPOC can result in delays in awarding grants.

SPOCs are encouraged to eliminate the submission of routine endorsements as official recommendations. Additionally, SPOCs are requested to clearly differentiate between mere advisory comments and those Official State process recommendations that may trigger the "accommodate or explain" rule.

When comments are submitted directly to ACF, they should be addressed to: Department of Health and Human Services, Administration for Children and Families, Office of Grants Management, 370 L'Enfant Promenade, SW., 8th Floor, Washington, DC 20447, Attn: 93.618. ADD—Training and Technical Assistance To Improve Voting Access for People with Disabilities.

Contact information for each State's SPOC is found at the ADD Web site (<http://www.acf.dhhs.gov/programs/add>) or by contacting Carla R. Brown, ADD, 370 L'Enfant Promenade SW., Washington, DC, 20447, (202) 690-8332.

#### *B. Instructions for Preparing the Application and Completing Application Forms*

The SF 424, SF 424A, SF 424A-Page 2 and Certifications/Assurances are contained in the application package that can be accessed as mentioned earlier in this announcement. *Please prepare your application in accordance with the following instructions:*

##### 1. SF 424 Page 1, Application Cover Sheet

Please read the following instructions before completing the application cover sheet. An explanation of each item is included. Complete only the items specified.

Top of Page. Please indicate that you are applying for new or implementation funds.

*Item 1. "Type of Submission"*—Preprinted on the form.

*Item 2. "Date Submitted" and "Applicant Identifier"*—Date application is submitted to ACF and applicant's own internal control number, if applicable.

*Item 3. "Date Received By State"*—State use only (if applicable).

*Item 4. "Date Received by Federal Agency"*—Leave blank.

*Item 5. "Applicant Information"*.

"Legal Name"—Enter the legal name of applicant organization. For applications developed jointly, enter the name of the lead organization only. There must be a single applicant for each application.

"Organizational Unit"—Enter the name of the primary unit within the applicant's organization that will actually carry out the project activity. Do not use the name of an individual as the applicant. If this is the same as the applicant organization, leave the organizational unit blank.

"Address"—Enter the complete address that the organization actually uses to receive mail, since this is the address to which all correspondence will be sent. Do not include both street address and P.O. Box number unless both must be used in mailing.

"Name and telephone number of the person to be contacted on matters involving this application (give area code)"—Enter the full name (including academic degree, if applicable) and telephone number of a person who can respond to questions about the application. This person should be accessible at the address given here and will receive all correspondence regarding the application.

*Item 6. "Employer Identification Number (EIN)"*—Enter the employer identification number of the applicant organization, as assigned by the Internal Revenue Service, including, if known, the Central Registry System suffix.

*Item 7. "Type of Applicant"*—Self-explanatory.

*Item 8. "Type of Application"*—Preprinted on the form.

*Item 9. "Name of Federal Agency"*—Preprinted on the form.

*Item 10. "Catalog of Federal Domestic Assistance Number and Title"*—Enter the Catalog of Federal Domestic Assistance (CFDA) number assigned to the program under which assistance is requested and its title.

*Item 11. "Descriptive Title of Applicant's Project"*—Enter the project title. The title is generally short and is descriptive of the project, not the priority area title.

*Item 12. "Areas Affected by Project"*—Enter the governmental unit where significant and meaningful impact could be observed. List only the largest unit or units affected, such as State, county, or city. If an entire unit is affected, list it rather than subunits.

*Item 13. "Proposed Project"*—Enter the desired start date for the project and projected completion date.

*Item 14. "Congressional District of Applicant/Project"*—Enter the number of the Congressional district where the applicant's principal office is located and the number of the Congressional district(s) where the project will be located. If Statewide, a multi-State effort, or nationwide, enter "00."

*Item 15. Estimated Funding Levels.*

In completing 15a through 15f, the dollar amounts entered should reflect, for a 12 month project period, the total amount requested.

*Item 15a.* Enter the amount of Federal funds requested in accordance with the preceding paragraph. This amount should be no greater than the maximum amount specified in the priority area description.

*Items 15b-e.* Enter the amount(s) of funds from non-Federal sources that will be contributed to the proposed project. Items b-e are considered cost sharing or "matching funds." The value of third party in-kind contributions should be included on appropriate lines as applicable. For more information regarding funding as well as exceptions to these rules, see Part III, Sections C and D.

*Item 15f.* Enter the estimated amount of program income, if any, expected to be generated from the proposed project. Do not add or subtract this amount from the total project amount entered under item 15g. Describe the nature, source and anticipated use of this program income in the Project Narrative Statement.

*Item 15g.* Enter the sum of items 15a-15e.

*Item 16a. "Is Application Subject to Review By State Executive Order 12372 Process? Yes."*—Enter the date the applicant contacted the SPOC regarding this application. Select the appropriate SPOC from the listing provided online at [www.whitehouse.gov/omb/grants/spoc.html](http://www.whitehouse.gov/omb/grants/spoc.html). The review of the application is at the discretion of the SPOC. The SPOC will verify the date noted on the application.

*Item 16b. "Is Application Subject to Review By State Executive Order 12372 Process? No."*—Check the appropriate box if the application is not covered by E.O. 12372 or if the program has not been selected by the State for review.

*Item 17. "Is the Applicant Delinquent on any Federal Debt?"*—Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include audit disallowances, loans and taxes.