

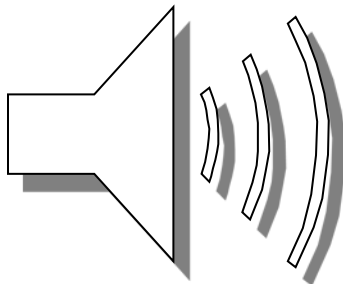
TECHNOLOGY CHECK

Welcome! The webinar will begin shortly...

In the meantime, please take a couple of minutes to prepare your technology for the session:

There is no call-in line for this webinar. All audio will stream from your computer. Please check your speakers to ensure that the volume is turned up to a comfortable listening level.

Participants will not be able to speak during this webinar; however, we will answer questions that participants submit in the Q&A panel.





Fiscal Year 2019 Small, Rural School Achievement Application Webinar

Mr. James Butler

**Director,
Office of Formula Grants –
Rural, Insular, and Native
Achievement Programs**

Mr. Patrick Carr

**REAP Group Leader,
Office of Formula Grants –
Rural, Insular, and Native
Achievement Programs**

Mr. Robert Hitchcock
Ms. Patricia Randall
Mr. Eric Schulz
Mr. Jacob Stern

REAP Program Officers

Introduction

Rural Education Achievement
Program (REAP) Group Leader
Mr. Patrick Carr

Agenda

- Webinar Objectives
- Webinar Procedures
- Education Innovation Research (EIR)
- Pre-Application Overview
- How to Access the SRSA Application
- Overview of Grants.gov Workspaces
- FY 2019 SRSA Application Forms
- Conclusion & Questions

Webinar Objectives

At the conclusion of this webinar, participants will

- Understand the pre-application steps for the SRSA grant application
- Understand how to access the SRSA application in Grants.gov
- Know who to contact if they have technical questions about Grants.gov Workspace
- Know what information to insert into the required form fields for each SRSA application form
- Know how to submit the SRSA application
- Understand the submission confirmation process and how to track an SRSA application in Grants.gov

Webinar Procedures

- All attendees will be muted throughout the webinar.
- Please submit your questions in the Q&A panel.
- We will take time throughout the webinar to answer questions submitted through the Q&A panel.
- Please email **REAP@ed.gov** if you experience technical difficulties during the webinar.

Pre-Application Overview

Mr. Eric Schulz

Pre-Application Overview

LEAs need the following before going into Grants.gov:

1. Data Universal Numbering System (DUNS) Number
2. Active System for Award Management (SAM) registration for that DUNS

LEAs must establish the following in [Grants.gov](https://www.grants.gov) to access the SRSA application:

- 1. Grants.gov Account:** You only need one. Uses unique email, username & password.
- 2. Profile(s):** A user profile corresponds to an applicant organization (i.e. an applicant) that the user represents. Users may have multiple profiles within one Grants.gov account.

Pre-Application Overview

LEAs must do the following to apply for the SRSA grant:

1. Make sure you are eligible by checking the REAP Eligibility Spreadsheet

- 2. Find Your NCES ID**

* Your **NCES ID** is located in Column A on the REAP Eligibility Spreadsheet at:
<https://www2.ed.gov/programs/reapsrsa/fy19mastereligibilityspreadheet.xlsx>

YOU MUST ENTER YOUR NCES ID IN ITEM #4 ON THE SF-424, OR YOUR APPLICATION WILL NOT BE PROCESSED.

Zero Allocations

NCES LEA ID	State ID	District Name	Mailing Address	City	ST	Zip	Zip 4	Phone	SRSA Eligible	SRSA Holds	RLIS Eligible	DUAL Eligible	SRSA \$0 Detected	School Locale Codes (SRSA and RLIS)	Defined as Rural by State (SRSA and RLIS)	Locale codes of 41,42, or 43 (SRSA Rural)	Average Daily Attendance (SRSA Small)	County pop density < 10 (SRSA Small)	Locale codes of 32,33,41,42, or 43 (RLIS Rural)	Pct children below 20% Pov (RLIS Low Income)	LEA met RLIS Low Income criteria	FY17 Title IIA Amount	FY17 Title IV-A Amount
5602870	WY-07010	Fremont C	863 Sweet Lander		WY	82520	.	(307)33					NA	33,43	NO	NO	1,634.39	YES	YES	15.98	NO	\$205,125	\$ 52,197
5602670	WY-07020	Fremont C	P.O. Box 1 Dubois		WY	82513	0188	(307)45	SRSA				Positive Allocation	43	NO	YES	124.34	YES	YES	6.44	NO	\$ 10,717	\$ 10,000
5502910	WI-1218	Crandon S	9750 US H Crandon		WI	54520	8924	(715)47	SRSA		RLIS	DUAL	\$0	43	NO	YES	926.00	YES	YES	22.07	YES	\$ 36,037	\$ 10,000
4700144	TN-00961	Alvin C Yor	P O Box 7C Jamestown		TN	38556	.	(931)87	SRSA				\$0	43	NO	YES	495.67	NO	YES	MISSING	NO	\$ 35,879	\$ 10,000
4663360	SD-54004	Rosholt Sc	PO Box 10 Rosholt		SD	57260	0106	(605)53	SRSA		RLIS	DUAL	Positive Allocation	43	NO	YES	232.25	YES	YES	21.24	YES	\$ 16,062	\$ 10,000
4664140	SD-39004	Rutland Sc	102 Schoo Rutland		SD	57057	.	(605)58	SRSA				Positive Allocation	42	NO	YES	170.00	NO	YES	8.18	NO	\$ 6,088	\$ 10,000
4672090	SD-66001	Todd Cour	PO Box 87 Mission		SD	57555	0087	(605)85			RLIS		NA	33,43	NO	NO	1,671.67	YES	YES	50.98	YES	\$457,817	\$ 57,987

- Check the REAP Eligibility Spreadsheet to see if your district will receive a positive SRSA allocation
- If you are Dual Eligible, understand which program will generate the most amount of grant funding for your district.

1. Pre-application: Acquire a DUNS number

Register to use iUpdate!

Find DUNS or Request new DUNS

Already Registered? - Sign-in to iUpdate

**** Alert ****

2. Pre-application: Register DUNS number in SAM

USER NAME

PASSWORD

LOG IN

Forgot Username?

Forgot Password?

Create an Account

HOME SEARCH RECORDS DATA ACCESS GENERAL INFO HELP

CREATE USER ACCOUNT

REGISTER/UPDATE ENTITY

SEARCH RECORDS

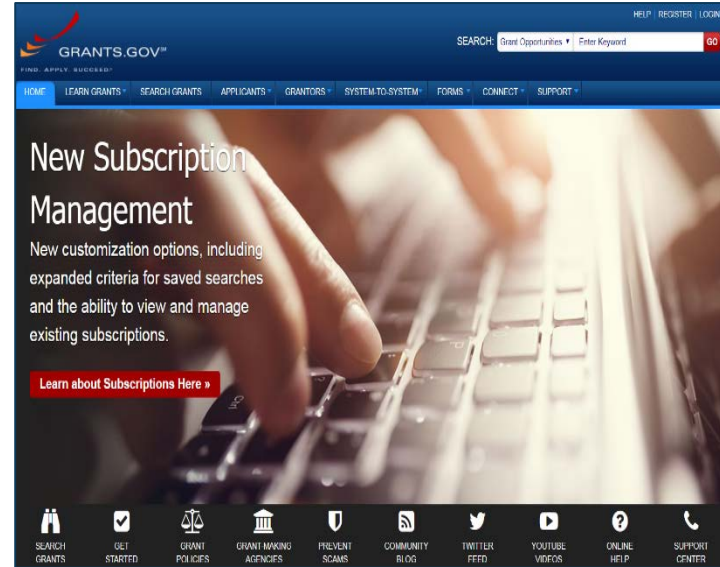
Need Help?



- Register with DNB at <http://fedgov.dnb.com/webform>
- Requires TIN from IRS and organization information
- You will be issued a **DUNS number**
- Takes 1 – 2 business days
- DNB Hotline: 1-800-234-3867

- Use DUNS to register with SAM at www.SAM.gov
- Establish E-Business Point of Contact (**EBiz POC**): Individual who oversees all activities for organization within Grants.gov and approves the Authorized Organization Representative (AOR)
- Establish Marketing Partner Identification Number (**MPIN**)
- Takes 7 – 10 business days
- SAM Hotline: 1-866-606-8220

SAM registration data is transferred to Grants.gov



- Organization data, EBiz POC information, and MPIN are electronically transferred from SAM to Grants.gov
- The organization is set up in Grants.gov and people within the organization are now able to register with Grants.gov and add profile to associate with organization
- **NOTE: EBiz POC must renew (reactivate) SAM registration annually**

3. Pre-Application: Register in Grants.gov

GRANTS.GOV™
FIND. APPLY. SUCCEED.®

HELP REGISTER LOGIN

SEARCH: Grant Opportunities Enter Keyword **1** GO

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

GRANTS.GOV Register

REGISTER

Please enter your information below to create an Account.

- Required fields are denoted with an asterisk (*).
- The following special characters are allowed: question marks, periods, dashes, underscores, and @ symbol (Password is not subject to these restrictions).
- Your password must contain at least eight characters including: at least one uppercase letter (A-Z); at least one lowercase letter (a-z); at least one number (0-9); and at least one special character (e.g. ! @ # \$ % ^ & *).

Contact Information: **3**

*First Name:
Middle Initial:
*Last Name:
*Email Address:
*Phone Number:

Account Details:

*Username:
*Password: (Case Sensitive)
*Confirm Password: (Case Sensitive)
*Secret Question:
*Secret Answer:

Communications:

Subscribe: GRANTS.GOV ALERTS
Yes, I want to receive email messages containing time-sensitive information about Grants.gov changes that potentially impact users.

GRANTS.GOV NEWSLETTER
Yes, I want to receive occasional emails highlighting system enhancements, training resources, and other topics relevant to the federal grant community.

Continue > Cancel

CONNECT WITH US: Blog Twitter YouTube Alerts RSS XML Extract Get Adobe Reader

HEALTH & HUMAN SERVICES: HHS.gov EEOC / No Fear Act Accessibility Privacy Disclaimers Site Map

COMMUNITY: USA.gov WhiteHouse.gov USAspending.gov SBA.gov CFDA.gov SAM.gov DUNS Request Report Fraud

GRANTS.GOV | Support@grants.gov

Registering with Grants.gov
One account to manage all your profiles, applications, and subscriptions.

Applicants

1. Complete the **required form fields**.
2. **Confirm** your email address.
3. **Add** an organization applicant profile or individual an individual applicant profile after registering.

Learn more on the [Applicant Registration page](#).

Grantors

1. Complete the **required form fields**.
2. **Confirm** your email address.
3. Ask your **agency point of contact** to associate your email address with the agency.

Learn more on the [Grantor Registration page](#).

Get Registered Now **2**

[R16.1] How to Register With Grants.gov - FINAL

TO ADD AN ORGANIZATION APPLICANT PROFILE, YOU WILL NEED TO PROVIDE YOUR ORGANIZATION'S DUNS NUMBER

GRANTS.GOV Register

REGISTER

Congratulations! Your Grants.gov Account was created. You can now add Applicant Profile(s) to your account.

How would you like to proceed?

Continue - Skip adding a profile at this time

Add Organization Applicant Profile - After you have provided your organization's DUNS number

Add Individual Applicant Profile - After you have provided your personal information

4. Pre-application: Create Workspace Profile

Profile associates you with organization

GRANTS.GOV > Register

REGISTER



Congratulations! Your Grants.gov Account was successfully created.

If needed, you can add Applicant Profile(s) to your Account now. However, if you do not need a Profile or prefer to add your Profile(s) later, you can Continue to your Grants.gov logged in features.

How would you like to proceed?

- Continue - Skip adding a profile at this time
- Add Organization Applicant Profile - Affiliates you with an Organization and with additional access allows you to apply for Opportunities on behalf of the Organization
- Add Individual Applicant Profile- Allows you to apply for Opportunities on your own behalf

Please complete to Add an Organization Profile and click Save:

*DUNS:

*Profile Name:

*Job Title:

Save

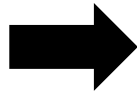
Registration: Grants.gov Roles

EBiz Point of Contact, AOR role, Workspace Manager role

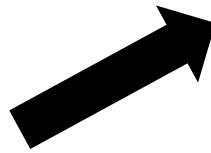


Each **organization** has one EBiz POC

EBiz POCs assigned in SAM.gov

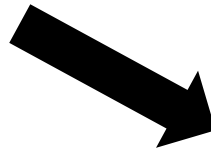


EBiz POC assigns roles:
AOR or Workspace Manager



Users with **Standard AOR role** can submit applications

One organization can have many users with AOR role



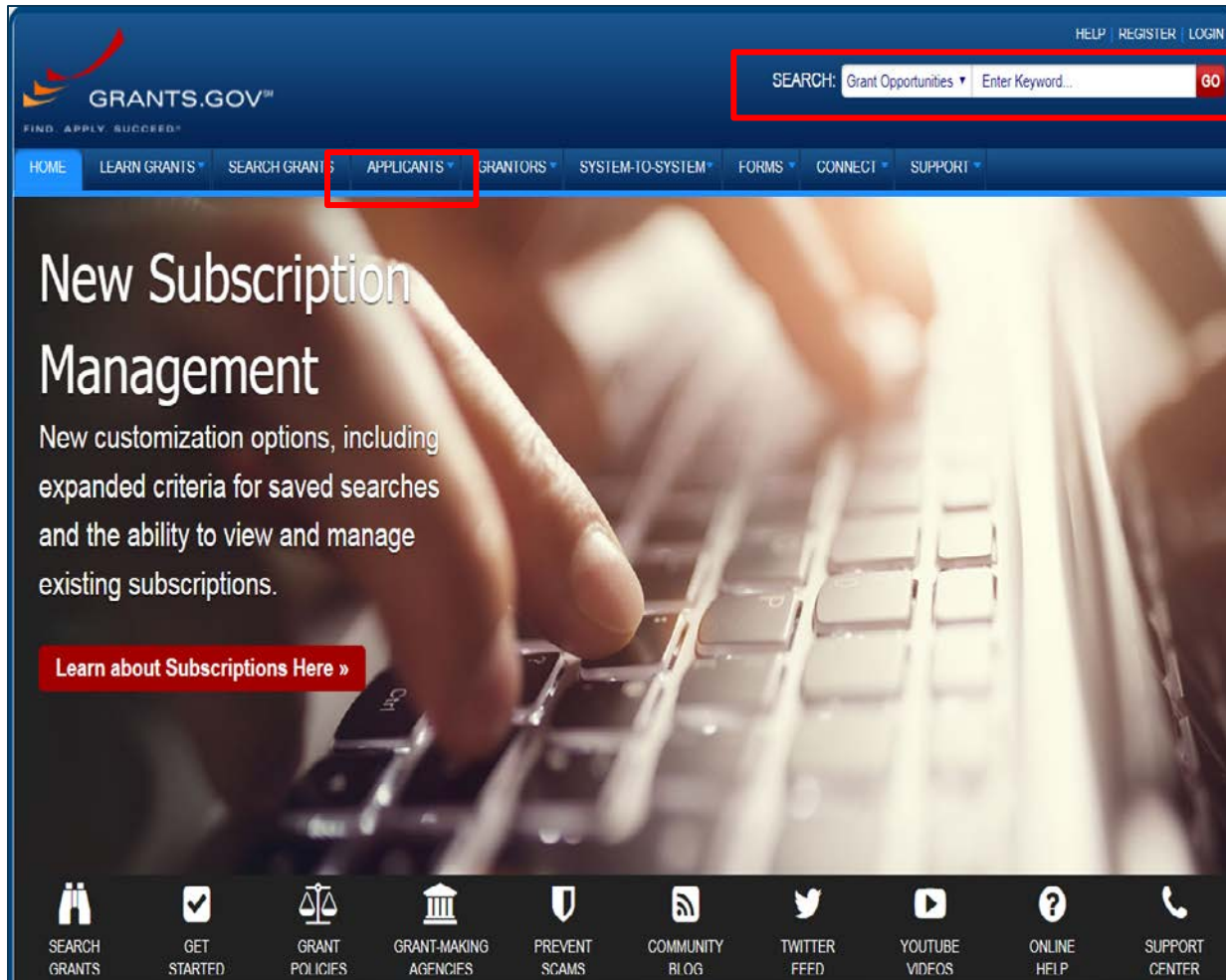
Users with **Workspace Manager role** can create workspaces

Questions? Call Grants.gov: 1-800-518-4726

How to Access the SRSA Application in Grants.gov

Searching for the SRSA Application

Using the Grants.gov Search Field



- Type the words **rural education** into the “Enter Keyword” field within the SEARCH box located on the top right corner on the Grants.gov homepage
- Click “GO”

Searching for the SRSA Application

Search Results

The screenshot shows the Grants.gov search results page. The search criteria include 'rural education' and 'All Agencies'. The results are sorted by 'Posted Date (Descending)'. The top entry is highlighted with a red box.

Opportunity Number	Opportunity Title	Agency	Opportunity Status	Posted Date ↓	Close Date
ED-GRANTS-022019-001	Office of Elementary and Secondary Education (OESE): Small, Rural School Achievement Program CFDA Number 84.358A	ED	Posted	03/12/2019	04/26/2019
HRSA-19-082	Rural Communities Opioid Response Program-Implementation	HHS-HRSA	Posted	03/06/2019	05/06/2019
HRSA-19-088	Rural Residency Planning and Development Program	HHS-HRSA	Posted	11/29/2018	03/25/2019
USDA-NIFA-RIGP-006693	Resident Instruction Grants Program for Institutions of Higher Education in Insular Areas	USDA-NIFA	Posted	02/19/2019	04/19/2019
ED-GRANTS-020119-003	Office of Elementary and Secondary Education (OESE): Education Innovation and Research (EIR) Program: Early-phase Grants CFDA Number 84.411C	ED	Posted	02/01/2019	04/02/2019
ED-GRANTS-020119-001	Office of Elementary and Secondary Education (OESE): Education Innovation and Research (EIR) Program: Expansion Grants CFDA Number 84.411A	ED	Posted	02/01/2019	04/02/2019
ED-GRANTS-020119-002	Office of Elementary and Secondary Education (OESE): Education Innovation and Research (EIR) Program: Mid-phase Grants CFDA Number 84.411B	ED	Posted	02/01/2019	04/02/2019
ED-GRANTS-022719-001	Office of Elementary and Secondary Education (OESE): Full-Service Community Schools (FSCS) Program CFDA Number 84.215J	ED	Posted	02/27/2019	04/15/2019
RUS-19-02-DLT	Distance Learning and Telemedicine Grants.	USDA-RUS	Posted	02/14/2019	05/15/2019
RUS-19-01-DLT	Distance Learning and Telemedicine Grants--Opioid.	USDA-RUS	Posted	02/14/2019	04/15/2019
HRSA-19-065	Rural Health and Economic Development Analysis	HHS-HRSA	Posted	12/27/2018	03/27/2019
HRSA-19-024	Medicare Rural Hospital Flexibility Program	HHS-HRSA	Posted	01/24/2019	03/29/2019

- The top entry on the list should be the REAP SRSA grant.

- Click on the Opportunity Number:
ED-GRANTS-022019-001

Preview Application and Login

GRANTS.GOV > View Opportunity

VIEW GRANT OPPORTUNITY

ED-GRANTS-022019-001
Office of Elementary and Secondary Education (OESE): Small, Rural School Achievement
Program CFDA Number 84.358A
Department of Education

[« Back | Link](#)

[Apply](#) [Subscribe](#)

[SYNOPSIS](#) [VERSION HISTORY](#) [RELATED DOCUMENTS](#) [PACKAGE](#)

[« Back to Packages | Print Package Details](#) [?](#)

Apply for Grant Opportunity

Please review [Applicant FAQs](#) as you prepare and submit your application.

Selected Opportunity Package:

Opportunity Package ID: PKG00248538	Opening Date: Feb 20, 2019
CFDA: 84.358 – Rural Education	Closing Date: Apr 26, 2019
Competition ID – Title: 84-358A2019-01 – Small, Rural School Achievement Grant Program	
Agency Contact Information: Robert Hitchcock Program Analyst E-mail: Robert.Hitchcock@ed.gov Phone: 202-260-1472	
Who Can Apply: Organization Applicants	

- Click on the PACKAGE tab to access the Application Package and the Application Instructions
- Click “Apply” to Log in

Login to Workspace

LOGIN

[Login as EBiz POC »](#)



Login with your Grants.gov Username:

Login below for enhanced features. If you do not have a Username and Password, please [Register as a New User](#).

*Username:

*Password: (Case Sensitive)

Login

[Forgot My Username](#) | [Forgot My Password/Unlock My Account](#)

Federal User - Login with your PIV / CAC Card:



Remember to plug in
your PIV / CAC card

[Go to PIV / CAC Login »](#)

Overview of Grants.gov Workspace

What Is Grants.gov Workspace?

The online space on where you work on your grant application

The screenshot displays the Grants.gov Workspace interface. At the top, there is a navigation bar with links: HOME, LEARN GRANTS, SEARCH GRANTS, APPLICANTS (selected), GRANTORS, SYSTEM-TO-SYSTEM, FORMS, CONNECT, and SUPPORT. Below the navigation bar, the breadcrumb trail reads: GRANTS.GOV > Applicants > Manage Workspace.

MANAGE WORKSPACE

Progress indicators: Created Fill Out Forms Complete and Notify AOR Submit Agency Received «Back ?

VIDEO-SUBFORMS - PKG00034725
Training Video for Sub-Forms Access
QA AGENCY

Application Filing Name: Training Example Workspace [Edit Name]

Workspace ID: WS00015297 Workspace Status: In Progress Opening Date: May 08, 2017

AOR Status: Workspace has AOR Last Submitted Date: --- Closing Date: May 08, 2019

Workspace Owner: Thomas Jefferson SAM Expiration Date: Aug 20, 2020 DUNS: 0000000000000

Navigation tabs: FORMS, VIEW APPLICATION, ATTACHMENTS, PARTICIPANTS, ACTIVITY, DETAILS, PREVIEW GRANTOR VALIDATION

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"/>	SF424 (R & R) [V2.0]	Mandatory	In Progress [Locked]	Apr 10, 2018 10:42:41 PM EDT	Thomas Jefferson	Unlock Download Upload Reuse Webform
<input type="checkbox"/>	PHS 398 Modular Budget [V1.2]	Optional	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	PHS 398 Training Subaward Budget Attachment(s) Form [V2.0]	Optional	In Progress	Apr 10, 2018 10:40:50 PM EDT	---	Lock Download Upload Reuse Webform
Go To Subforms (1)						
<input type="checkbox"/>	Research & Related Budget [V1.4]	Optional	---	---	---	Lock Download Upload Reuse Webform

Workspace is a **shared, online environment** where multiple administrators may simultaneously access and fill out forms within an application.

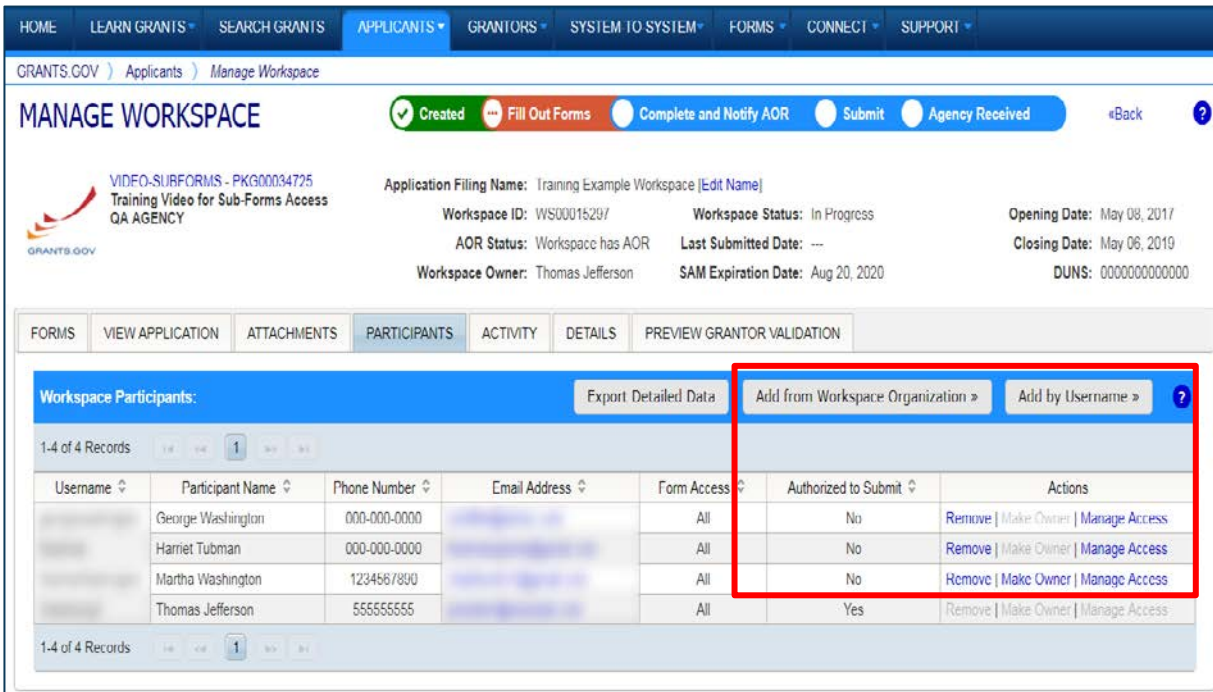
Workspace: Add Participants

The **Participants** tab lists the members, or “Participants,” of a workspace who work together to complete the required forms for a federal grant.

The screenshot displays the Grants.gov workspace interface. At the top, there is a navigation bar with tabs: HOME, LEARN GRANTS, SEARCH GRANTS, APPLICANTS (selected), GRANTORS, SYSTEM TO SYSTEM, FORMS, CONNECT, and SUPPORT. Below this, the breadcrumb path is GRANTS.GOV > Applicants > Manage Workspace. The main heading is 'MANAGE WORKSPACE'. A progress bar shows the following steps: Created (checked), Fill Out Forms (in progress), Complete and Notify AOR (pending), Submit (pending), and Agency Received (pending). A 'Back' button is also present. The workspace details include: Application Filing Name: Training Example Workspace [Edit Name]; Workspace ID: WS00016297; Workspace Status: In Progress; Opening Date: May 08, 2017; AOR Status: Workspace has AOR; Last Submitted Date: ---; Closing Date: May 06, 2019; Workspace Owner: Thomas Jefferson; SAM Expiration Date: Aug 20, 2020; DUNS: 00000000000000. Below the details is a tabbed interface with 'PARTICIPANTS' selected. The 'Workspace Participants' section includes buttons for 'Export Detailed Data', 'Add from Workspace Organization', and 'Add by Username'. A table lists 4 records of participants:

Username	Participant Name	Phone Number	Email Address	Form Access	Authorized to Submit	Actions
[blurred]	George Washington	000-000-0000	[blurred]	All	No	Remove Make Owner Manage Access
[blurred]	Harriet Tubman	000-000-0000	[blurred]	All	No	Remove Make Owner Manage Access
[blurred]	Martha Washington	1234567890	[blurred]	All	No	Remove Make Owner Manage Access
[blurred]	Thomas Jefferson	5555555555	[blurred]	All	Yes	Remove Make Owner Manage Access

Workspace: Add Participants



GRANTS.GOV > Applicants > Manage Workspace

MANAGE WORKSPACE

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

VIDEO-SUBFORMS - PKG00034725
Training Video for Sub-Forms Access
QA AGENCY

Application Filing Name: Training Example Workspace [Edit Name]

Workspace ID: WS00016297 Workspace Status: In Progress Opening Date: May 08, 2017

AOR Status: Workspace has AOR Last Submitted Date: --- Closing Date: May 06, 2019

Workspace Owner: Thomas Jefferson SAM Expiration Date: Aug 20, 2020 DUNS: 00000000000000

FORMS VIEW APPLICATION ATTACHMENTS **PARTICIPANTS** ACTIVITY DETAILS PREVIEW GRANTOR VALIDATION

Workspace Participants: Export Detailed Data **Add from Workspace Organization >** **Add by Username >** ?

1-4 of 4 Records

Username	Participant Name	Phone Number	Email Address	Form Access	Authorized to Submit	Actions
	George Washington	000-000-0000		All	No	Remove Make Owner Manage Access
	Harriet Tubman	000-000-0000		All	No	Remove Make Owner Manage Access
	Martha Washington	1234567890		All	No	Remove Make Owner Manage Access
	Thomas Jefferson	5555555555		All	Yes	Remove Make Owner Manage Access

1-4 of 4 Records

Adding Participants:
Click the **Add from Workspace Organization** button to search for a user within your organization

Click the **Add by Username** button to add a user from outside your organization

Removing Participants:
Click the **Remove** link on the Participant record in the workspace

Reassigning Ownership:
Click the **Make Owner** link in the Actions column

Workspace: Add Participants

The screenshot displays the 'MANAGE WORKSPACE' interface on Grants.gov. At the top, there is a navigation bar with tabs for HOME, LEARN GRANTS, SEARCH GRANTS, APPLICANTS (selected), GRANTORS, SYSTEM TO SYSTEM, FORMS, CONNECT, and SUPPORT. Below this, the breadcrumb path is 'GRANTS.GOV > Applicants > Manage Workspace'. The main header includes a progress bar with steps: Created (checked), Fill Out Forms, Complete and Notify AOR, Submit, and Agency Received. A 'Back' button is also present. The workspace details section shows: Application Filing Name: Training Example Workspace [Edit Name], Workspace ID: WS00016297, Workspace Status: In Progress, Opening Date: May 08, 2017, AOR Status: Workspace has AOR, Last Submitted Date: ---, Closing Date: May 06, 2019, Workspace Owner: Thomas Jefferson, SAM Expiration Date: Aug 20, 2020, and DUNS: 0000000000000. A secondary navigation bar includes tabs for FORMS, VIEW APPLICATION, ATTACHMENTS, PARTICIPANTS (selected), ACTIVITY, DETAILS, and PREVIEW GRANTOR VALIDATION. The 'Workspace Participants' section features buttons for 'Export Detailed Data', 'Add from Workspace Organization', and 'Add by Username'. A table below lists participants with columns for Username, Participant Name, Phone Number, Email Address, Form Access, Authorized to Submit, and Actions. The 'Form Access' and 'Authorized to Submit' columns are highlighted with a red box. The table contains four records, with the last one, Thomas Jefferson, having 'All' form access and being 'Authorized to Submit'.

Username	Participant Name	Phone Number	Email Address	Form Access	Authorized to Submit	Actions
	George Washington	000-000-0000		All	No	Remove Make Owner Manage Access
	Harriet Tubman	000-000-0000		All	No	Remove Make Owner Manage Access
	Martha Washington	1234567890		All	No	Remove Make Owner Manage Access
	Thomas Jefferson	5555555555		All	Yes	Remove Make Owner Manage Access

Core Roles:

- Standard AOR role
- Expanded AOR role*
- Workspace Manager role

* **Expanded AOR role** enables a user to view and submit the application for any workspace within the organization. Not all organizations will use this version of the AOR role



Workspace: Add Participants

GRANTS.GOV > Applicants > Manage Workspace

MANAGE WORKSPACE

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

VIDEO-SUBFORMS - PKG00034725
Training Video for Sub-Forms Access
QA AGENCY

Application Filing Name: Training Example Workspace [Edit Name]

Workspace ID: WS00016297 Workspace Status: In Progress Opening Date: May 08, 2017

AOR Status: Workspace has AOR Last Submitted Date: --- Closing Date: May 06, 2019

Workspace Owner: Thomas Jefferson SAM Expiration Date: Aug 20, 2020 DUNS: 0000000000000

FORMS VIEW APPLICATION ATTACHMENTS **PARTICIPANTS** ACTIVITY DETAILS PREVIEW GRANTOR VALIDATION

Workspace Participants: Export Detailed Data Add from Workspace Organization > Add by Username > ?

1-4 of 4 Records

Username	Participant Name	Phone Number	Email Address	Form Access	Authorized to Submit	Actions
	George Washington	000-000-0000		All	No	Remove Make Owner Manage Access
	Harriet Tubman	000-000-0000		All	No	Remove Make Owner Manage Access
	Martha Washington	1234567890		All	No	Remove Make Owner Manage Access
	Thomas Jefferson	5555555555		All	Yes	Remove Make Owner Manage Access

1-4 of 4 Records

Account Types:

- E-Business Point of Contact (EBiz POC)
- Applicant

Access Levels:

- Workspace Owner
- Workspace Participant



Completing Workspace Forms

Key Actions:

- Fill out webforms
- Lock/unlock forms
- Reuse forms from prior SRSA applications

MANAGE WORKSPACE

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

Application Filing Name: Example Workspace [Edit Name]

Workspace ID: WS00014392 | Workspace Status: In Progress | Opening Date: Oct 09, 2017

AOR Status: Active | Last Submitted Date: --- | Closing Date: Oct 09, 2018

Workspace Owner: James Madison | SAM Expiration Date: Aug 20, 2020 | DUNS: 0000000000000

Workspace Actions: Preview Application Forms | 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 Preview)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	SF424 (R & R) [V2.0]	Mandatory	In Progress [Locked]	Nov 15, 2017 04:13:37 PM EST	James Madison	Unlock Download Upload Reuse Webform
<input type="checkbox"/>	PHS Fellowship Supplemental Form [V4.0]	Optional	---	---	---	Lock Download Upload Reuse Webform
<input type="checkbox"/>	Research And Related Other Project Information [V1.4]	Optional	---	---	---	Lock Download Upload Reuse Webform

Actions

[Lock](#) | [Download](#) | [Upload](#) | [Reuse](#) | [Webform](#)

Reusing Workspace Forms

- Click Reuse link to import a form from another workspace
- Reusing an old form will overwrite all current form data

The screenshot displays the 'MANAGE WORKSPACE' interface on Grants.gov. A modal dialog titled 'Reuse Workspace Form' is centered on the screen. The dialog contains the following text: 'If you continue with the Reuse process, this form (and any Subforms) will be overwritten once you Select a form to reuse. Due to form version differences, not all data may be copied. Please check forms for completeness. Do you want to continue?'. At the bottom of the dialog, there are two buttons: 'Yes' and 'No', with the 'Yes' button highlighted by a red rectangular box. Below the dialog, a table lists 'Application Package Forms'. The table has columns for 'Include in Package', 'Form Name (Click to Edit)', 'Requirement', 'Form Status', 'Last Updated Date/Time', 'Locked By', and 'Actions'. The 'Actions' column for the first row, 'SF424 (R & R) [V2.0]', contains a 'Reuse' link, which is highlighted by a red arrow.

Include in Package	Form Name (Click to Edit)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	SF424 (R & R) [V2.0]	Mandatory	In Progress	Apr 09, 2018 10:48:20 PM EDT	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Attachments [V1.2]	Optional	---	---	---	Lock Download Upload Reuse Webform

Reusing Workspace Forms

HOME | EARN GRANTS | SEARCH GRANTS | **APPLICANTS** | GRANTORS | SYSTEM-TO-SYSTEM | FORMS | CONNECT | SUPPORT

GRANTS.GOV > Applicants > Manage Workspace > Reuse Workspace Form

REUSE WORKSPACE FORM

02032018-KJ-TEST - PKG00035918
SYS-PACK
QA AGENCY

Application Filing Name: Test Application Filing Name
Workspace ID: WS00015267
Workspace Owner: Organization Applicant

Select form to reuse. Please enter criteria and click Search:

Workspace ID: Funding Opportunity Number: Application Filing Name:

Workspace Status: Workspace DUNS: Form Last Updated Date: From: To:

Select form to reuse for SF424 (R & R) [V2.0]:

1-1 of 1 Records

Workspace ID	Workspace DUNS	Application Filing Name	Workspace Status	Funding Opportunity Number	Agency Code	Form Version	Form Last Updated Date	Action
WS00014392	00000000000000	Example Workspace	Submitted	09212017-SA-WS-1	GDI1	V2.0	11/21/2017	Preview Select

1-1 of 1 Records

- Search through past workspace forms with the same form title
- Click Select to import that form into workspace

Completing Webforms

SF-424 (R&R)
Version 2.0

OMB Number: 4040-0001
Expiration Date: 10/31/2019

SECTIONS:

- 1. Type of Submission
- 2. Date Submitted
- 3. Date Received by State
- 4. Identifiers
- 5. Applicant Information
- 5.A. Person to be Contacted
- 6. Employer Identification
- 7. Type of Applicant
- 8. Type of Application
- 9. Name of Federal Agency
- 10. Catalog of Federal Domestic Assistance Number
- 11. Descriptive Title of Applicant's Project
- 12. Proposed Project
- 13. Congressional District of Applicant
- 14. Project Director/Principal Investigator Contact Information
- 15. Financial Information

1. TYPE OF SUBMISSION:

Select Type of Submission:

- Pro-application
- Application
- Changed/Corrected Application

2. DATE SUBMITTED:

Date Submitted:

Applicant Identifier:

3. DATE RECEIVED BY STATE:

Date Received by State:

State Application Identifier:

SAVE CHECK FOR ERRORS CLOSE

- Complete online forms in web browser
- Navigate by clicking sections
- Tab through form fields
- Required fields have red asterisk

Completing Webforms

- Open text entry

- Drop-down menu

- Dates/calendar

14. PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR CONTACT INFORMATION:

Prefix:

First Name: *

Middle Name:

Last Name: *

Suffix:

Position/Title:

7. TYPE OF APPLICANT:

Type of Applicant:

8. TYPE OF APPLICATION:

Type of Application:

Is this application being submitted to other agencies?:

- 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

11. DESCRIPTIVE TITLE OF APP

« April 2018 » T:

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

12. PROPOSED PROJECT:

Start Date:

End Date: *

Completing Webforms

- Radio buttons (multiple choice)

8. TYPE OF APPLICATION:

Type of Application: *

New
 Resubmission
 Renewal
 Continuation
 Revision

Is this application being submitted to other agencies?: *

Yes
 No

- Attach files within online form

20. PRE-APPLICATION:

Attachment:

ExampleDocument.txt

ADD ATTACHMENT DELETE ATTACHMENT VIEW ATTACHMENT

21. COVER LETTER ATTACHMENT:

Attachment

ADD ATTACHMENT DELETE ATTACHMENT VIEW ATTACHMENT

Completing Webforms

SECTIONS:

- 1. Type of Submission
- 2. Date Submitted
- 3. Date Received by State
- 4. Identifiers
- 5. Applicant Information
- 5.A. Person to be Contacted
- 6. Employer Identification
- 7. Type of Applicant
- 8. Type of Application
- 9. Name of Federal Agency
- 10. Catalog of Federal Domestic Assistance Number
- 11. Descriptive Title of Applicant's Project
- 12. Proposed Project
- 13. Congressional District of Applicant
- 14. Project Director/Principal Investigator Contact Information
- 15. Estimated Project Funding
- 16. E.O. 12372 Review
- 17. Application Certification

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Descriptive Title of Applicant's Project is required. Enter a brief Descriptive Title of the Project.

Enter a brief Descriptive Title of the Project. This field is required.

12. PROPOSED PROJECT:

Start Date: 04/01/2018 *

End Date: *

End Date is required:
Enter the Proposed
End Date of the
Project.

13. CONGRESSIONAL DISTRICT OF APPLICANT:

Congressional District Code: *

Congressional District of Applicant is required. Enter the Congressional District in the format: 2 character State abbreviation - 3 character District number. Examples: CA-005 for California's 5th District, CA-012 for California's 12th District. If outside the US, enter 00-000. To

SAVE CHECK FOR ERRORS CLOSE

More Features:

- Hover mouse over form fields for help
- Error messages explain how to fill out form fields

Completing Webforms

SF-424 (R&R)
Version 2.0

OMB Number: 4040-0001
Expiration Date: 10/31/2019

SECTIONS:

1. Type of Submission
2. Date Submitted
3. Date Received by State
4. Identifiers
5. Applicant Information
- 5.A. Person to be Contacted
6. Employer Identification
7. Type of Applicant
8. Type of Application
9. Name of Federal Agency
10. Catalog of Federal Domestic Assistance Number
11. Descriptive Title of Applicant's Project
12. Proposed Project
13. Congressional District of Applicant
14. Project Director/Principal Investigator Contact Information
15. Estimated Project

1. TYPE OF SUBMISSION:

Select Type of Submission:

- Pro-application *
- Application
- Changed/Corrected Application

2. DATE SUBMITTED:

Date Submitted:

Applicant Identifier:

3. DATE RECEIVED BY STATE:

Date Received by State:

State Application Identifier:

SAVE CHECK FOR ERRORS CLOSE

More Features:

- Autosave occurs every 5 minutes
- Complete SF-424 first to pre-populate form fields and save time

Completing Webforms

Applicant's Project

12. Proposed Project

13. Congressional District of Applicant

14. Project Director/Principal Investigator Contact Information

15. Estimated Project

3. DATE RECEIVED BY STATE:

Date Received by State:

State Application Identifier:

SAVE CHECK FOR ERRORS CLOSE

- **Save:** Stores your form data & attachments to Workspace
- **Check for Errors:** Form validation & field-level errors
- **Close:** Exits the online form

SUCCESS

Success: Form successfully saved.

OK

OMB Number: 4040-0001
Expiration Date: 10/31/2019

2. Date Submitted

3. Date Received by State

4. Identifiers

5. Applicant Information

6. A. Person to be Contacted

6. Employer Identification

7. Type of Applicant

8. Type of Application

9. Name of Federal Agency

10. Catalog of Federal Domestic Assistance Number

Errors!

Check for Errors revealed the following errors:

- 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Descriptive Title of Applicant's Project is required: Enter a brief Descriptive Title of the Project.
- 12. PROPOSED PROJECT:
End Date is required: Enter the Proposed End Date of the Project.
- 13. CONGRESSIONAL DISTRICT OF APPLICANT:
Congressional District of Applicant is required: Enter the Congressional District in the format: 2 character State abbreviation - 3 character District number. Examples: CA-005 for California's 5th District, CA-012 for California's 12th District. If outside the US, enter 00-000. To locate your Congressional District, visit the Grants.gov website.

1. TYPE OF SUBMISSION:

Select Type of Submission:

Pre-application *

Application

Workspace: Submit Application

GRANTS.GOV > Applicants > Manage Workspace

MANAGE WORKSPACE

Created Forms Passed Complete and Notify AOR Submit Agency Received ?

TEST 1 VIDEO SUBFORMS PKG00034725
Training Video for Sub-Forms Access

Application Filing Name: Example Workspace Application [Edit Name]

Workspace ID: WS00010875 Workspace Status: In Progress Opening Date: May 08, 2017
AOR Status: Active Last Submitted Date: --- Closing Date: May 08, 2019
Workspace Owner: Thomas Jefferson SAM Expiration Date: Aug 20, 2020 DUNS: 0000000000000

FORMS PARTICIPANTS ACTIVITY DETAILS GRANTOR IMAGE PREVIEW GRANTOR VALIDATION

Workspace Actions:

Preview Application Forms 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 Preview)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	SF424 (R & R) [V2.0]	Mandatory	Passed	Jun 07, 2017 03:37:56 PM EDT	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	PHS 388 Modular Budget				Thomas Jefferson	Unlock Download Upload Reuse Webform
<input type="checkbox"/>	PHS 388 Training Subaward					Lock Download Upload Reuse Webform

Sign and Submit

If you want to submit the application package, enter your password and click the 'Sign and Submit' button below to complete the process.

*Password:

Sign and Submit Cancel

Process:

- User with AOR role submits
- Workspace Owner or user with AOR role may choose to Reopen Workspace

Workspace: Submit Application

- Once Submitted, confirmation message appears

GRANTS.GOV > Applicants > Manage Workspace

MANAGE WORKSPACE

Created | Fill Out Forms | Complete and Notify AOR | Submit | Agency Received | «Back

Form successfully reused.

02032010-KJ-TEST - PKC00035910
SYS-PACK
QA AGENCY

Application Filing Name: Test Application Filing Name [Edit Name]
Workspace ID: WS00015267 | Workspace Status: In Progress | Opening Date: ---
AOR Status: Workspace has AOR | Last Submitted Date: --- | Closing Date: Feb 20, 2020
Workspace Owner: Organization Applicant | SAM Expiration Date: Aug 20, 2020 | DUNS: 000000000000

FORMS | VIEW APPLICATION | ATTACHMENTS | PARTICIPANTS | ACTIVITY | DETAILS | PREVIEW GRANTOR VALIDATION

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"/>	SF-424 (R & R) [V2.0]	Mandatory	Passed	Apr 24, 2018 02:50:55 PM EDT	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Attachments [V1.2]	Optional	---	---	---	Lock Download Upload Reuse Webform

After Submitting Your Application

- Make sure you receive an on-screen confirmation receipt
 - The date/time stamp is the official time of submission
 - Document your Grants.gov Tracking Number
- You will also receive email confirmations from Grants.gov
 - Save the email that contains your “Agency Tracking Number”
 - G5.Gov calls the Agency Tracking Number the “**PR Award number**”. Your FY2019 SRSA PR Award Number will begin with this sequence: **S358A19**.
 - Reference your **PR Award Number** (i.e. “Agency Tracking Number”) if you call the REAP Team with a question about your application.
- You will receive an email confirmation from the Department that received your application from Grants.gov.

Tracking Your Application

Details Tab of Submitted Workspace

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

GRANTS.GOV > Applicants > Manage Workspace

MANAGE WORKSPACE

Created Forms Passed Completed and Notified AOR Submitted Agency Received

09212017-SA-WS-1 - PKG00035576
Multiple Forms Versions - Reuse
GRANTS GOV QA AGENCY

TEST 1

Application Filing Name: Example Workspace [Edit Name]

Workspace ID: WS00014392 Workspace Status: Submitted Opening Date: Oct 09, 2017

AOR Status: Active Last Submitted Date: Nov 21, 2017 Closing Date: Oct 09, 2018

Workspace Owner: James Madison SAM Expiration Date: Aug 20, 2020 DUNS: 00000000000000

FORMS PARTICIPANTS ACTIVITY DETAILS GRANTOR IMAGE PREVIEW GRANTOR VALIDATION

Workspace Details:

DUNS: 00000000000000 Created on: Nov 15, 2017
Organization: ITS Test DUNS Last Activity Date: Nov 21, 2017

Package Details:

CFDA: 00.000 - Not Elsewhere Classified
Competition ID - Title: CID-S2S-11 - S2S-PKG
Contact Information: Alex Test 1234 Email:sfds@dsfsf.com 231232dff3423.

Workspace Grant Tracking Numbers: Export Detailed Data

1-1 of 1 Records

Grants.gov Number	Date/Time Received	Status	Status Date	Submitted By	Agency Tracking Number	Actions
GRANT10601618	Nov 21, 2017 02:27:28 PM EST	Validated	Nov 21, 2017 02:27:36 PM EST	James Madison	---	Details Download

1-1 of 1 Records

- Track your application status and information by accessing the **Details tab** of the submitted Workspace
- Download link** provides a .zip file of the submission

Workspace Resources

- [Workspace Overview](#) page on Grants.gov
- [Video: Learning Workspace Series](#) on Youtube.com
- [Latest Blog Posts about Workspace](#) at Blog.Grants.gov

Information About Application Tracking

- [Track My Application](#)

Questions?

Grants.gov Hotline: 1-800-518-4726

FY 2019 SRSA Application Forms

Complete SRSA Application In Grants.gov

The application package consists of the following forms:

- Application for Federal Assistance (SF-424) [V2.1]
- ED GEPA 427 Form
- U.S. Department of Education Budget Information Non-Construction Programs
- Assurances for Non-Construction Programs (SF-424B)
- ED SF-424 Supplement
- Disclosure of Lobbying Activities (SF-LLL)
- Grants.gov Lobbying Form

SF 424 – Application for Federal Assistance

OMB Number: 4040-0004
Expiration Date: 10/31/2019

Application for Federal Assistance SF-424		
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/></p>		
<p>* 3. Date Received: <input type="text"/></p>		<p>4. Applicant Identifier: <input type="text"/></p>
<p>5a. Federal Entity Identifier: <input type="text"/></p>		<p>5b. Federal Award Identifier: <input type="text"/></p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: <input type="text"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/></p>		<p>* c. Organizational DUNS: <input type="text"/></p>
<p>d. Address:</p>		
<p>* Street1: <input type="text"/></p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text"/></p>		
<p>County/Parish: <input type="text"/></p>		
<p>* State: <input type="text"/></p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/></p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text"/></p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/></p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/></p>		
<p>Organizational Affiliation: <input type="text"/></p>		
<p>* Telephone Number: <input type="text"/></p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text"/></p>		

Note:
Webform
may appear
different

SF 424 – Application for Federal Assistance

1. *Type of Submission:* Check "Application"
2. *Type of Application:* Check "New"
3. *Date Received:* Leave this blank; pre-populated field
4. *Applicant Identifier:* Enter LEA's NCES ID (**Although it is not highlighted, this is a mandatory field. If your NCES ID is not entered correctly, the Department will not process your application.**)
 - 8a. *Legal Name:* Enter the LEA Name, not a person's name
 - 8b. Enter LEA Employer ID/Tax ID
 - 8c: *Organizational DUNS:* Enter LEA DUNS (**Your LEA's DUNS number must be active in SAM.gov. If your DUNS is inactive, your application cannot be submitted.**)
 - 8d: *Address:* Enter LEA's physical address (use nine-digit zip code)
 - 8f: Enter name and contact information of the District Official that will be responsible for this grant. (usually Superintendent)

SF 424 – Application for Federal Assistance

9. *Type of Applicant:* Select “G. Independent School District”
10. Name of Federal Agency is pre-populated
12. Funding Opportunity Number is pre-populated
15. *Descriptive Title of Applicant’s Project:* Enter “SRSA Application”

16. *Congressional District:* Enter Congressional District in the format of “SS-NNN”
(www.house.gov click link “Find Your Representative”)

17. Select the following for START for FY 2019: 7/1/2019 END: 9/30/2020
18. *Estimated Funding:* Enter “0” for fields a-e
- 19: Check “c. Program is not covered by E.O. 12372”
- 20: Check Yes or No, as applicable. If yes, attach explanation.
- 21: *Authorized Representative:* Read and check box; Name and contact information of Authorized Representative (usually Superintendent)

General Education Provisions Act (GEPA) Form

This form is **mandatory**. You must upload a PDF version of your GEPA statement with your application.

The General Education Provisions Act (GEPA) statement consists of:

- ✓ A specific explanation of **your LEA's proposed use(s) of SRSA grant funds**; and
- ✓ A specific explanation of **how your LEA will use SRSA funds in a way that addresses barriers to access** and does not discriminate on the basis of any federally-protected category.

EXAMPLE:

“Our district will use SRSA grant funds to purchase computers and laptops as part of our school-wide technology upgrade. **Because a significant portion of our students are from families where Spanish is the primary language spoken at home, we will provide user instructions for the computers both in Spanish and in English.**”

Budget Information Non-Construction Programs

Section A – Budget Summary U.S. Department of Education Funds

- Enter "0" throughout column A – "Project Year 1"

U.S. DEPARTMENT OF EDUCATION BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS					OMB Number: 1894-0008 Expiration Date: 08/31/2020	
Name of Institution/Organization <input style="width: 100%;" type="text"/>			Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.			
SECTION A - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS						
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs*						
11. Training Stipends						
12. Total Costs (lines 9-11)						
<p>*Indirect Cost Information (To Be Completed by Your Business Office): If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:</p> <p>(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(2) If yes, please provide the following information: Period Covered by the Indirect Cost Rate Agreement: From: <input type="text"/> To: <input type="text"/> (mm/dd/yyyy) Approving Federal agency: <input type="checkbox"/> ED <input type="checkbox"/> Other (please specify): <input type="text"/> The Indirect Cost Rate is <input type="text"/> %.</p> <p>(3) If this is your first Federal grant, and you do not have an approved indirect cost rate agreement, are not a State, Local government or Indian Tribe, and are not funded under a training rate program or a restricted rate program, do you want to use the <u>de minimis</u> rate of 10% of MTDC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must comply with the requirements of 2 CFR § 200.414(f).</p> <p>(4) If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560.</p> <p>(5) For Restricted Rate Programs (check one)-- Are you using a restricted indirect cost rate that: <input type="checkbox"/> Is included in your approved Indirect Cost Rate Agreement? Or, <input type="checkbox"/> Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is <input type="text"/> %.</p>						

Note:
Webform
may appear
different

Budget Information Non-Construction Programs

Section B – Budget Summary Non-Federal Funds

- Enter “0” throughout column A – “Project Year 1”

Name of Institution/Organization		Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.				
SECTION B - BUDGET SUMMARY NON-FEDERAL FUNDS						
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs						
11. Training Stipends						
12. Total Costs (lines 9-11)						
SECTION C - BUDGET NARRATIVE (see instructions)						

SF 424 – Assurances for Non-Construction Programs

- Read pages 1-2
- Page 2 is pre-populated with authorizing official information

OMB Number: 4040-0007
Expiration Date: 01/31/2019

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.





NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended,

Note: Webform may appear different

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE 
APPLICANT ORGANIZATION 	DATE SUBMITTED 

Standard Form 424B (Rev. 7-97) Back

Supplemental Information for SF 424

- Complete Mandatory fields
- This is your second point of contact, separate from your Authorizing Official, who will receive communications and have access to view the GAN in G5
- This should generally be your business officer or someone **other** than your Superintendent

U. S. DEPARTMENT OF EDUCATION
SUPPLEMENTAL INFORMATION
FOR THE SF-424

DMB Number: 1894-0007
ExpirationDate: 09/30/2020

1. Project Director:

Prefix: First Name: Middle Name: Last Name: Suffix:

Address:

Street1:

Street2:

City:

County:

State:

Zip Code:

Country:

Phone Number (give area code) Fax Number (give area code)

Email Address:

2. Novice Applicant:

Are you a novice applicant as defined in the regulations in 34 CFR 75.225 (and included in the definitions page in the attached instructions)?

Yes No Not applicable to this program

3. Human Subjects Research:

a. Are any research activities involving human subjects planned at any time during the proposed Project Period?

Yes No

b. Are ALL the research activities proposed designated to be exempt from the regulations?

Yes Provide Exemption(s) #: 1 2 3 4 5 6

No Provide Assurance #, if available:

c. If applicable, please attach your "Exempt Research" or "Nonexempt Research" narrative to this form as indicated in the definitions page in the attached instructions.

Note: Webform may appear different

Disclosure of Lobbying Activities

- Complete, as applicable
- If you do not sponsor lobbying activities, complete fields 1-6 & 11, and type "NA" in mandatory fields for 10a, 10b

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
4040-0013

Note: Webform
may appear
different

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Congressional District, if known: <input type="text"/>		

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name
 * Last Name Suffix

Title: Telephone No.: Date:

Certification Regarding Lobbying

- Read and complete all mandatory fields

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Note:
Webform
may appear
different

* APPLICANT'S ORGANIZATION	
<input type="text"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
* Title: <input type="text"/>	
* SIGNATURE: <input type="text"/>	* DATE: <input type="text"/>

Tips for Applicants

- Register and submit early. You must submit your application by 11:59 p.m. Eastern time on **April 26, 2019**.
 - We *recommend* submitting your application at least one week prior to the deadline to ensure timely submission.
- Thoroughly read and follow all of the application instructions
- Activate your DUNS number at: www.SAM.gov.
- Your application **will not be processed** if your NCES ID number is incorrect and/or missing from the Applicant Identifier field (#4) of the SF-424.
- Find your NCES ID in Column A here:
<https://www2.ed.gov/programs/reapsrsa/fy19mastereligibilityspreadheet.xlsx>

Resources for SRSA Grant Applicants

Grants.gov	SRSA application	https://www.grants.gov/view-opportunity.html?dpp=1&oppId=313089 1-800-518-4726
G5	Site where LEAs access SRSA grant funds	www.g5.gov 1-888-336-8930
System for Award Management (SAM)	Required registration of DUNS number	www.sam.gov 1-866-606-8220
REAP eligibility spreadsheet		https://www2.ed.gov/programs/reapsrsa/eligibility.html
SRSA/RLIS Comparison Chart	Tool that shows similarities and differences between SRSA and RLIS	https://www2.ed.gov/programs/reapsrsa/reapdualeligibilityside-by-side.pdf
Questions?	Contact REAP@ed.gov	

Grants.gov Planned Outages

Date	Details
March 16-18, 2019	Scheduled Maintenance Outage: Saturday, March 16, 2019 at 12:01 AM ET through Monday, March 18, 2019 at 6:00 AM ET.
April 20-22, 2019	Scheduled Maintenance Outage: Saturday, April 20, 2019 at 12:01 AM ET through Monday, April 22, 2019 at 5:59 AM ET.

Questions?