

commitment that includes, at a minimum, the activities cited in Part II, Section A. The agreement must be signed by an official of the State IV-A agency responsible for administering the JOBS program in the area to be served.

e. *Third-Party Project Evaluation.* A third-party project evaluation plan is included.

f. *Business Plan.* If a third-party private employer is part of the proposed project, a complete business plan is included in the application.

An application will be disqualified from the competition and returned if it does not conform to all of the above requirements.

Part VI—Instructions for Completing the SF-424

(Approved by the Office of Management and Budget under Control Number 0970-0062.)

The standard forms attached to this announcement shall be used to apply for funds under this program announcement.

It is suggested that you reproduce single-sided copies of the SF-424 and SF-424A, and type your application on the copies. Please prepare your application in accordance with instructions provided on the forms as well as with the OCS specific instructions set forth below:

A. SF-424—Application for Federal Assistance

Top of Page. Please enter the single priority area number under which the application is being submitted. An application should be submitted under only one priority area.

Item 1. For the purposes of this announcement, all projects are considered *Applications*; there are no *Pre-Applications*.

Prepare your application in accordance with the standard instructions given in Attachments B and C corresponding to the forms, as well as the OCS specific instructions set forth below:

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*—N/A

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

Items 5 and 6. The legal name of the applicant must match that listed as corresponding to the Employer Identification Number. Where the applicant is a previous Department of Health and Human Services grantee, enter the Central Registry System Employee Identification Number (CRS/EIN) and the Payment Identifying

Number, if one has been assigned, in the Block entitled *Federal Identifier* located at the top right hand corner of the form.

Item 7. If the applicant is a non-profit corporation, enter *N* in the box and specify *non-profit* corporation in the space marked *Other*. Proof of non-profit status, such as IRS determination, Articles of Incorporation, or By-laws, must be included as an appendix to the project narrative.

Item 8. *Type of Application*—Please indicate the type of application.

Item 9. *Name of Federal Agency*—Enter DHHS-ACF/OCS.

Item 10. *The Catalog of Federal Domestic Assistance* number for OCS programs covered under this announcement is 93.647. The title is *Social Services Research Demonstration*.

Item 11. In addition to a brief descriptive title of the project, indicate the priority area for which funds are being requested. Use the following letter designations:

JO—General Project
JS—Community Development Corporation Set-Aside

Item 12. *Areas Affected by Project*—List only the largest unit or units affected, such as State, county or city.

Item 13. *Proposed Project*—The ending date should be calculated based on a 72-month project period.

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.

Item 15a. This amount should be no greater than the amount specified under Part III, Availability of Funds and Grant Amounts.

Item 15b-e. These items should reflect both cash and third-party, in-kind contributions for the budget period requested.

Item 15f. N/A.

Item 15g. Enter the sum of Items 15a-15e.

B. SF-424A—Budget Information—Non-Construction Programs

See Instructions accompanying this form as well as the instructions set forth below:

In completing these sections, the *Federal Funds* budget entries will relate to the requested OCS funds only, and *Non-Federal* will include mobilized funds from all other sources—applicant, state, local, and other. Federal funds other than requested OCS funding should be included in *Non-Federal* entries.

Sections A, B, C and D of SF-424A should reflect budget estimates for the first budget period of the project.

Section A—Budget Summary

Lines 1-4

Col. (a):
Line 1—Enter *Social Services Research and Demonstration*.

Col. (b):
Line 1—Catalog of Federal Domestic Assistance number is 93.647

Col. (c) and (d):
Columns (c) and (d) are not relevant to this program and should not be completed.

Column (e)-(g):
For line 1, enter in columns (e), (f) and (g) the appropriate amounts needed to support the project. (Maximum \$500,000)

Line 5—Enter the figures from *Line 1* for all columns completed (e), (f), and (g).

Section B—Budget Categories

Please Note: This information supersedes the instructions provided following SF-424A.

Columns (1)-(5):
Column 1: Enter the *first* budget period of 12 months.

Column 2: Enter the *second* budget period of 12 months.

Column 3: Enter the third budget period of 12 months.

Column 4: Leave blank.

Column 5: Enter the total requirements for Federal funds by the Object Class Categories of this section.

Allocability of costs are governed by the cost principles set forth in OMB Circular A-122 and 45 CFR Part 74.

Budget estimates for national administrative costs must be supported by adequate detail for the grants officer to perform a cost analysis and review. Adequately detailed calculations for each budget object class are those which reflect estimation methods, quantities, unit costs, salaries, and other similar quantitative detail sufficient for the calculation to be duplicated. For any additional object class categories included under the object class *other* identify the additional object class(es) and provide supporting calculations.

Supporting narratives and justifications are required for each budget category, with emphasis on unique/special initiatives, large dollar amounts; local, regional, or other travels, new positions, major equipment purchases and training programs.

A detailed itemized budget with a separate budget justification for each major item should be included as indicated below: