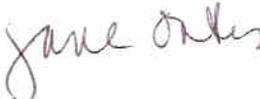


EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210	CLASSIFICATION SCSEP
	CORRESPONDENCE SYMBOL OWI-DAS
	DATE May 10, 2011

ADVISORY: TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 25-10

TO: SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) GRANTEES

FROM: JANE OATES 
Assistant Secretary

SUBJECT: Program Year 2011 Planning Instructions and Allotments for SCSEP Grant Applicants

1. **Purpose.** This guidance provides SCSEP grant applicants with application instructions, procedures, and allotments for Program Year (PY) 2011 funds, with a period of performance beginning July 1, 2011.
2. **References.** For additional information, see:
 - 2006 Older Americans Act Amendments (OAA), (P.L. 109-365; 42 U.S.C. 3056 et. seq. 20 C.F.R. part 641)
 - SCSEP Final Rule (75 Fed. Reg., No. 169, 53785; September 1, 2010)
 - “Revised Income Inclusions and Exclusions and Procedures for Determining SCSEP Eligibility,” Training and Employment Guidance Letter (TEGL) 12-06
 - “2011 Federal Poverty Guidelines,” TEGL 18-10
 - Priority of Service for Covered Persons (Final Rule 20 CFR Part 1010, 73 Fed. Reg. 78132, Dec. 19, 2008)
 - The Americans with Disabilities Act (ADA), as amended (P.L. 110-325)
 - SCSEP Performance Data Collection Approval (OMB No. 1205-0040)
 - Jobs for Veterans Act (JVA) (P.L. 107-288)
3. **Background.** A “planning guidance” TEGL is released each year to assist all SCSEP grant applicants in preparing their application for the annual OAA Title V appropriation (P.L. 109-365 USC 3056 et. seq.; 20 CFR part 641).
4. **Overall Approach.** PY 2011 funding for SCSEP is significantly less than PY 2010 funding. Therefore, the Department requests that applicants address their management strategies for

RESCISSIONS TEGL 28-09	EXPIRATION DATE June 30, 2012
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dealing with the reduced PY 2011 funding, with an overall goal of ensuring the least disruption possible to SCSEP participants.

Individual participant durational limits will come into effect for the first time on July 1, 2011. Applicants will have the opportunity to adjust their recently-approved durational limit policy and to describe transition planning and service strategies during PY 2011 for participants who will reach their individual durational limits in PY 2011. It is especially important that applicants develop a thoughtful overall strategy of participant training and transition, whether to employment or other services.

This year's approach also addresses continuing efforts toward increased minority enrollments and employment outcomes. In addition, grantees will be asked to submit termination and grievance policies that are required by current regulations.

5. **Grant Application Procedural Requirements.** All SCSEP grant applicants must submit a grant application package in order to receive PY 2011 funding. The Grant Officer will not approve a grant application that fails to provide any of the required information outlined in this guidance. The Department requires the following items in the grant application package:

Program Narrative (Attachment B). Applicants must provide a narrative in accordance with the description in Attachment B.

Programmatic Assurances (Attachment C). Applicants must submit signed programmatic assurances that reflect standard grant management requirements.

Optional Special Requests (Attachment D). Additional optional narratives, described in Attachment D, are required from applicants with special requests in one or more of the following areas:

- Waiver for additional funds for training and supportive services
- Administration cap increase
- Extension of maximum project duration
- On-the-job experience (OJE) training option
- Cross-border agreements

Budget Forms (Attachments E-G). A signed Application for Federal Assistance SF-424, a SF-424A Budget Information Form, and a detailed budget narrative must be submitted. These forms and instructions can be found in Attachments E through G.

Applicants should not include manuals and operating procedures in the application. Federal Project Officers (FPOs) may request these separately as needed. When the Grant Officer returns the PY 2011 grant agreement for the applicant's signature, it will incorporate the programmatic assurances and the grant narrative as the Scope of Work.

Geographic Areas to Be Served. List the cities and counties where you will operate the grant. Include the number of SCSEP authorized positions that you will establish in each jurisdiction with PY 2011 funds. Applicants serving a city, as well as its surrounding counties or jurisdictions, must list authorized positions in the surrounding counties and jurisdictions. This information can be submitted in an Excel spreadsheet as a separate attachment, and will also serve to provide information for Item 14 on the Form SF-424.

6. **PY 2011 Program Allotments.** See Attachments A-1 through A-5 for funding levels and authorized positions.
7. **Schedule and Action Requested.** Applicants must comply with the following:
 - Provide grant application forms SF-424 and SF-424A with narrative to the State Office on Aging (if not the grantee) and Area Agencies on Aging (AAAs) no later than the date of submission to the Department.
 - Submit the PY 2011 grant application to the Department of Labor (DOL), Employment and Training Administration, Office of Workforce Investment, Division of Adult Services no later than **Monday, June 6, 2011**. Applicants are encouraged to submit their applications as soon as possible.
8. **Method of Submission.** Applicants must submit electronic copies of the items listed in section 5 of this TEGL. Materials should be sent via email to grants.scsep2011@dol.gov with an electronic copy to the applicant's FPO (Attachment I). If an applicant is unable to submit electronically, the applicant must submit hard copy applications by fax to (202) 693-3817, or by overnight delivery to the address below:

Alina Walker
Division of Adult Services
U.S. Department of Labor
200 Constitution Avenue, NW
Room S-4209
Washington, D.C. 20210-0001

Please note that all application packages must have an electronic or actual date stamp no later than **Monday, June 6, 2011**. Applicants requiring receipt verification for grant documents from the grant email box should use the Return Receipt Request under "Options" in their email program.

9. **Grant Application Intergovernmental Review.** In accordance with section 502(d) of the 2006 Amendments to the OAA, applicants must share applications on an intrastate basis and provide appropriate AAAs with copies of the SF-424, Application for Federal Assistance, a summary of project locations, and an explanation of services that the applicant will provide in each state. In addition, state applicants should follow procedures established by Executive Order 12372, which implements the Single Point of Contact (SPOC) system, unless the state SPOC has waived this requirement. Applicants should include documentation supporting these requirements with the grant application.

10. Eligibility Review/Responsibility Review/Grant Application Review. DOL will conduct a grant application review as provided at section 514 of the 2006 OAA Amendments and 20 CFR 641.430-440 of the current regulations. DOL will not issue final approval for PY 2011 funding if the grantee:

- Fails to meet the eligibility tests of section 514(c) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.430 of the current regulations.
- Fails to meet the responsibility tests of section 514(d) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.440 of the current regulations.
- Fails to submit the materials listed in this TEGL.

11. Inquiries. Questions may be directed to the applicant's FPO.

12. Attachments.

Attachment A: Funding Allocations and Authorized Positions
Attachment B: Program Narrative Instructions
Attachment C: Programmatic Assurances
Attachment D: Optional Special Requests (Waivers)
Attachment E: SF-424 Instructions
Attachment F: SF-424
Attachment G: SF-424A
Attachment H: List of Federal Project Officers (FPOs)

USDOL/ETA

**Senior Community Service Employment Program
PY 2011 Authorized Positions and Funding*
for State Agencies and Territories, by State**

States	Positions	Dollars
State Agencies		
Alabama	171	\$1,654,281
Alaska	197	1,909,347
Arizona	122	1,187,876
Arkansas	168	1,625,132
California	790	7,659,251
Colorado	93	903,660
Connecticut	101	976,537
Delaware	197	1,909,347
District of Col	53	517,418
Florida	543	5,268,923
Georgia	204	1,982,223
Hawaii	197	1,909,347
Idaho	49	475,366
Illinois	358	3,476,178
Indiana	241	2,339,314
Iowa	118	1,144,150
Kansas	94	910,948
Kentucky	175	1,698,007
Louisiana	156	1,508,530
Maine	57	553,856
Maryland	127	1,231,602
Massachusetts	201	1,945,785
Michigan	307	2,980,622
Minnesota	219	2,120,687
Mississippi	114	1,107,712
Missouri	228	2,208,138
Montana	58	561,144
Nebraska	71	685,033
Nevada	49	475,366
New Hampshire	49	475,366
New Jersey	260	2,521,504
New Mexico	52	502,844
New York	609	5,902,944
North Carolina	241	2,339,314
North Dakota	56	539,281
Ohio	402	3,898,858
Oklahoma	148	1,435,654
Oregon	135	1,311,765
Pennsylvania	493	4,780,655
Puerto Rico	126	1,224,314
Rhode Island	50	480,980
South Carolina	125	1,217,027
South Dakota	64	619,445
Tennessee	188	1,821,896
Texas	511	4,955,557
Utah	62	597,581
Vermont	51	495,555
Virginia	200	1,938,498
Washington	136	1,319,053
West Virginia	104	1,005,686
Wisconsin	236	2,288,302
Wyoming	49	475,366
State Agencies Total	9,805	\$95,073,225
Territories		
American Samoa	104	1,010,475
Guam	104	1,010,475
Northern Marianas	35	336,825
Virgin Islands	104	1,010,475
Territories Total	347	\$3,368,250

* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

Senior Community Service Employment Program

PY 2011 Authorized Positions* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GII	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	0	0	0	197	0	0	0	0	0	0	0	0	470	0	0	667
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	120	0	127	0	0	104	0	0	0	0	0	0	0	0	0	351
Arkansas	184	0	0	0	353	0	0	119	0	0	0	0	0	0	0	656
California	368	0	411	0	318	0	0	0	235	0	0	1,026	386	0	0	2,744
Colorado	141	0	0	0	0	0	0	0	0	0	0	223	0	0	0	364
Connecticut	0	0	0	187	0	0	0	0	0	0	0	0	0	209	0	396
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	63	0	0	0	0	144	0	0	0	0	0	0	0	207
Florida	1,316	0	0	0	513	0	0	151	0	0	0	144	0	0	0	2,124
Georgia	204	0	0	0	453	0	0	0	141	0	0	0	0	0	0	798
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	0	173	0	0	0	0	0	0	0	0	0	0	173
Illinois	86	0	0	177	398	0	0	95	0	0	0	173	403	0	0	1,332
Indiana	236	0	0	0	281	208	0	0	0	0	0	0	218	0	0	943
Iowa	156	0	0	0	210	0	0	0	0	0	0	0	95	0	0	461
Kansas	0	0	0	0	0	0	0	0	0	0	0	355	0	0	0	355
Kentucky	101	0	0	0	344	0	0	0	237	0	0	0	0	0	0	682
Louisiana	127	0	160	0	192	0	0	0	72	0	0	0	0	0	0	551
Maine	0	222	0	0	0	0	0	0	0	0	0	0	0	0	0	222
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	495	0	0	495
Massachusetts	0	199	0	0	0	0	0	0	0	150	0	0	388	0	0	737
Michigan	365	0	0	0	391	0	0	199	0	191	0	0	0	0	0	1,146
Minnesota	0	0	0	0	385	0	0	0	0	0	156	0	296	0	0	837
Mississippi	0	0	0	0	133	0	0	102	0	0	0	0	209	0	0	444
Missouri	265	0	0	0	601	0	0	0	0	0	0	0	0	0	0	866
Montana	0	0	0	0	224	0	0	0	0	0	0	0	0	0	0	224
Nebraska	0	0	0	0	266	0	0	0	0	0	0	0	0	0	0	266
Nevada	177	0	0	0	0	0	0	0	0	0	0	0	0	0	0	177
New Hampshire	0	173	0	0	0	0	0	0	0	0	0	0	0	0	0	173
New Jersey	0	0	0	347	183	0	0	0	356	132	0	0	0	0	0	1,018
New Mexico	0	0	0	0	0	173	0	0	0	0	0	0	0	0	0	173
New York	505	0	0	378	403	0	0	0	335	195	0	0	499	0	0	2,315
North Carolina	0	0	0	0	0	0	0	268	162	0	0	0	512	0	0	942
North Dakota	0	0	0	0	216	0	0	0	0	0	0	0	0	0	0	216
Ohio	262	0	0	0	374	0	530	144	0	138	0	0	122	0	0	1,570
Oklahoma	172	0	0	0	261	0	0	0	0	0	0	0	0	0	0	433
Oregon	0	0	0	179	351	0	0	0	0	0	0	0	0	0	0	530
Pennsylvania	371	0	115	0	208	211	0	178	505	119	0	0	180	0	0	1,887
Puerto Rico	186	0	0	0	309	0	0	0	0	0	0	0	0	0	0	495
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	191	0	0	0	191
South Carolina	204	0	0	0	286	0	0	0	0	0	0	0	0	0	0	490
South Dakota	0	0	0	0	223	0	0	0	0	0	0	0	0	0	0	223
Tennessee	0	0	0	0	0	0	0	0	154	0	0	0	582	0	0	736
Texas	994	0	0	0	431	0	0	0	0	0	0	300	211	0	0	1,936
Utah	0	0	0	240	0	0	0	0	0	0	0	0	0	0	0	240
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	197	197
Virginia	248	0	0	0	88	226	0	0	199	0	0	0	0	0	0	761
Washington	263	0	0	0	0	204	0	0	0	0	0	0	0	0	0	467
West Virginia	0	0	0	0	99	0	0	0	306	0	0	0	0	0	0	405
Wisconsin	0	0	0	0	363	0	0	0	0	0	0	256	275	0	0	894
Wyoming	0	0	0	0	173	0	0	0	0	0	0	0	0	0	0	173
Total	7,051	594	876	1,705	9,203	1,126	530	1,400	2,702	925	156	2,668	5,341	209	197	34,683

* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

Senior Community Service Employment Program

PY 2011 Authorized Funding* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GII	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	\$0	\$0	\$0	\$1,911,239	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,559,809	\$0	\$0	\$6,471,048
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	1,164,775	0	1,232,720	0	0	1,009,471	0	0	0	0	0	0	0	0	0	3,406,966
Arkansas	1,784,356	0	0	0	3,423,248	0	0	1,154,013	0	0	0	0	0	0	0	6,361,617
California	3,569,189	0	3,986,241	0	3,084,245	0	0	0	2,279,238	0	0	9,951,054	3,743,769	0	0	26,613,736
Colorado	1,367,773	0	0	0	0	0	0	0	0	0	0	2,163,216	0	0	0	3,530,989
Connecticut	0	0	0	1,812,104	0	0	0	0	0	0	0	0	0	2,025,293	0	3,837,397
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	610,596	0	0	0	0	1,395,648	0	0	0	0	0	0	0	2,006,244
Florida	12,764,891	0	0	0	4,975,979	0	0	1,464,664	0	0	0	1,396,766	0	0	0	20,602,300
Georgia	1,978,762	0	0	0	4,394,017	0	0	0	1,367,674	0	0	0	0	0	0	7,740,453
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	0	1,681,820	0	0	0	0	0	0	0	0	0	0	1,681,820
Illinois	834,188	0	0	1,716,875	3,860,543	0	0	921,486	0	0	0	1,678,075	3,909,043	0	0	12,920,210
Indiana	2,287,717	0	0	0	2,723,935	2,016,293	0	0	0	0	0	0	2,113,231	0	0	9,141,176
Iowa	1,513,335	0	0	0	2,037,182	0	0	0	0	0	0	0	921,582	0	0	4,472,099
Kansas	0	0	0	0	0	0	0	0	0	0	0	3,443,443	0	0	0	3,443,443
Kentucky	979,931	0	0	0	3,337,585	0	0	0	2,299,441	0	0	0	0	0	0	6,616,957
Louisiana	1,230,876	0	1,550,710	0	1,860,851	0	0	0	697,819	0	0	0	0	0	0	5,340,256
Maine	0	2,152,153	0	0	0	0	0	0	0	0	0	0	0	0	0	2,152,153
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	4,800,394	0	0	4,800,394
Massachusetts	0	1,930,468	0	0	0	0	0	0	0	1,455,127	0	0	3,763,929	0	0	7,149,524
Michigan	3,538,826	0	0	0	3,790,906	0	0	1,929,387	0	1,851,824	0	0	0	0	0	11,110,943
Minnesota	0	0	0	0	3,731,566	0	0	0	0	0	1,512,011	0	2,868,944	0	0	8,112,521
Mississippi	0	0	0	0	1,289,353	0	0	988,827	0	0	0	0	2,026,125	0	0	4,304,305
Missouri	2,569,534	0	0	0	5,827,508	0	0	0	0	0	0	0	0	0	0	8,397,042
Montana	0	0	0	0	2,174,038	0	0	0	0	0	0	0	0	0	0	2,174,038
Nebraska	0	0	0	0	2,582,583	0	0	0	0	0	0	0	0	0	0	2,582,583
Nevada	1,714,426	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,714,426
New Hampshire	0	1,681,820	0	0	0	0	0	0	0	0	0	0	0	0	0	1,681,820
New Jersey	0	0	0	3,364,577	1,774,402	0	0	0	3,451,843	1,279,897	0	0	0	0	0	9,870,719
New Mexico	0	0	0	0	0	1,681,820	0	0	0	0	0	0	0	0	0	1,681,820
New York	4,896,873	0	0	3,665,383	3,907,802	0	0	0	3,248,421	1,890,872	0	0	4,838,693	0	0	22,448,044
North Carolina	0	0	0	0	0	0	0	2,598,598	1,570,795	0	0	0	4,964,487	0	0	9,133,880
North Dakota	0	0	0	0	2,093,789	0	0	0	0	0	0	0	0	0	0	2,093,789
Ohio	2,540,827	0	0	0	3,626,982	0	5,139,841	1,396,485	0	1,338,298	0	0	1,183,133	0	0	15,225,566
Oklahoma	1,666,324	0	0	0	2,528,549	0	0	0	0	0	0	0	0	0	0	4,194,873
Oregon	0	0	0	1,734,606	3,401,378	0	0	0	0	0	0	0	0	0	0	5,135,984
Pennsylvania	3,598,767	0	1,115,521	0	2,017,637	2,046,738	0	1,726,632	4,898,591	1,154,321	0	0	1,746,032	0	0	18,304,239
Puerto Rico	1,803,784	0	0	0	2,996,610	0	0	0	0	0	0	0	0	0	0	4,800,394
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	1,853,040	0	0	0	1,853,040
South Carolina	1,980,308	0	0	0	2,776,314	0	0	0	0	0	0	0	0	0	0	4,756,622
South Dakota	0	0	0	0	2,166,743	0	0	0	0	0	0	0	0	0	0	2,166,743
Tennessee	0	0	0	0	0	0	0	0	1,492,907	0	0	0	5,642,025	0	0	7,134,932
Texas	9,641,411	0	0	0	4,180,531	0	0	0	0	0	0	2,909,883	2,046,617	0	0	18,778,442
Utah	0	0	0	2,327,243	0	0	0	0	0	0	0	0	0	0	0	2,327,243
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,911,403	1,911,403
Virginia	2,403,638	0	0	0	852,904	2,190,413	0	0	1,928,726	0	0	0	0	0	0	7,375,681
Washington	2,551,417	0	0	0	0	1,979,046	0	0	0	0	0	0	0	0	0	4,530,463
West Virginia	0	0	0	0	959,431	0	0	0	2,965,512	0	0	0	0	0	0	3,924,943
Wisconsin	0	0	0	0	3,519,140	0	0	0	0	0	0	2,481,818	2,666,015	0	0	8,666,973
Wyoming	0	0	0	0	1,681,820	0	0	0	0	0	0	0	0	0	0	1,681,820
Total	68,381,928	5,764,441	8,495,788	16,532,027	89,259,391	10,923,781	5,139,841	13,575,740	26,200,967	8,970,339	1,512,011	25,877,295	51,793,828	2,025,293	1,911,403	336,364,073

* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

U. S. Department of Labor / Employment & Training Administration
Senior Community Service Employment Program
PY 2011 Authorized Positions* for Minority National Sponsors, by State

State	IID	NAPCA	NICOA	Total
Alabama	0	0	0	0
Alaska	0	0	0	0
Arizona	0	0	135	135
Arkansas	56	0	0	56
California	0	270	69	339
Colorado	0	0	0	0
Connecticut	0	0	0	0
Delaware	0	0	0	0
District of Col	0	0	0	0
Florida	0	0	0	0
Georgia	0	0	0	0
Hawaii	0	0	0	0
Idaho	0	0	0	0
Illinois	0	69	0	69
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	0	0	0	0
Kentucky	0	0	0	0
Louisiana	75	0	0	75
Maine	0	0	0	0
Maryland	0	0	0	0
Massachusetts	0	47	0	47
Michigan	0	0	0	0
Minnesota	0	0	21	21
Mississippi	26	0	0	26
Missouri	0	0	0	0
Montana	0	0	0	0
Nebraska	0	0	0	0
Nevada	0	0	0	0
New Hampshire	0	0	0	0
New Jersey	0	0	0	0
New Mexico	0	0	48	48
New York	0	64	0	64
North Carolina	0	0	0	0
North Dakota	0	0	0	0
Ohio	0	0	0	0
Oklahoma	0	0	142	142
Oregon	0	0	0	0
Pennsylvania	0	60	0	60
Puerto Rico	0	0	0	0
Rhode Island	0	0	0	0
South Carolina	0	0	0	0
South Dakota	0	0	32	32
Tennessee	0	0	0	0
Texas	0	62	0	62
Utah	0	0	0	0
Vermont	0	0	0	0
Virginia	0	0	0	0
Washington	0	63	0	63
West Virginia	0	0	0	0
Wisconsin	0	0	29	29
Wyoming	0	0	0	0
Total	157	635	476	1,268

* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

U. S. Department of Labor / Employment & Training Administration
Senior Community Service Employment Program
PY 2011 Authorized Funding* for Minority National Sponsors, by State

State	IID	NAPCA	NICOA	Total
Alabama	\$0	\$0	\$0	\$0
Alaska	0	0	0	0
Arizona	0	0	1,308,952	1,308,952
Arkansas	542,973	0	0	542,973
California	0	2,617,904	669,020	3,286,924
Colorado	0	0	0	0
Connecticut	0	0	0	0
Delaware	0	0	0	0
District of Col	0	0	0	0
Florida	0	0	0	0
Georgia	0	0	0	0
Hawaii	0	0	0	0
Idaho	0	0	0	0
Illinois	0	669,020	0	669,020
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	0	0	0	0
Kentucky	0	0	0	0
Louisiana	727,196	0	0	727,196
Maine	0	0	0	0
Maryland	0	0	0	0
Massachusetts	0	455,709	0	455,709
Michigan	0	0	0	0
Minnesota	0	0	203,615	203,615
Mississippi	252,094	0	0	252,094
Missouri	0	0	0	0
Montana	0	0	0	0
Nebraska	0	0	0	0
Nevada	0	0	0	0
New Hampshire	0	0	0	0
New Jersey	0	0	0	0
New Mexico	0	0	465,405	465,405
New York	0	620,540	0	620,540
North Carolina	0	0	0	0
North Dakota	0	0	0	0
Ohio	0	0	0	0
Oklahoma	0	0	1,376,824	1,376,824
Oregon	0	0	0	0
Pennsylvania	0	581,756	0	581,756
Puerto Rico	0	0	0	0
Rhode Island	0	0	0	0
South Carolina	0	0	0	0
South Dakota	0	0	310,270	310,270
Tennessee	0	0	0	0
Texas	0	601,148	0	601,148
Utah	0	0	0	0
Vermont	0	0	0	0
Virginia	0	0	0	0
Washington	0	610,844	0	610,844
West Virginia	0	0	0	0
Wisconsin	0	0	281,182	281,182
Wyoming	0	0	0	0
Total	1,522,263	6,156,921	4,615,268	12,294,452

* Based on cost per position of \$9,698, with enacted minimum wage increase effective 7/24/09

**PROGRAM NARRATIVE INSTRUCTIONS
FOR PROGRAM YEAR 2011 FUNDS**

***Format:** The text of the application must be double-spaced with one-inch margins at the top, bottom, and sides. Pages must be numbered and include the applicant's name. DOL permits the use of graphs, maps, and tables that are properly labeled. DOL encourages applicants to use brief topic headings for paragraphs in the text. The narrative must not exceed 20 pages in length, excluding any attachments.*

***Content:** All applicants must provide a narrative that covers the following areas:*

Management Strategies. PY 2011 funding for SCSEP is significantly less than PY 2010 funding. Applicants should describe their management strategies to address funding reductions in PY 2011, and how funding reductions will impact program operations and participants. This description should include: (a) financial challenges to reducing high enrollment levels; (b) how reduced funding will affect enrollment numbers, and how enrollment numbers will be adjusted to new allotments; (c) how the grantee will address enrollment issues in areas of over-enrollment or under-enrollment; (d) what methods the grantee will implement to accommodate reductions; and (e) how the grantee will implement adjustment.

Individual Durational Limit Policy. In PY 2010, grantees received approval for one of the following durational limit policies to take affect in PY 2011: (1) Option 1: Grantee does not offer extensions to any participants; (2) Option 2: Grantee offers extensions to each and every participant who meets any one of the seven waiver factors; and (3) Option 3: Grantee offers extensions to each and every participant who meets a specific subset of the seven waiver factors. Applicants should describe: (a) their currently-approved individual durational limit policy; (b) whether they intend to continue with this policy; and (c) if not, which of the three options above the applicant proposes to adopt, and the effective date of implementing this revised policy for new and current enrollees. Please note that any new policy requires DOL approval and must have an effective date of at least 120 days after approval is received.

Transition-Planning Activities. Applicants must provide a detailed description of their transition services and planning process for participants who do not achieve unsubsidized employment prior to reaching their individual durational limit. Applicants should list specific action steps taken to ensure participants receive timely and coordinated transition planning to the most appropriate services, and identify relevant community partners and services, including One-Stop Career Centers.

Termination Policies. Grantees may terminate participants from SCSEP under circumstances described in 20 C.F.R 641.580 (a)-(e). Grantees must “provide each participant at the time of enrollment with a written copy of its policies for terminating a participant for cause or otherwise” as described in 20 CFR 641.580 (g). Applicants must submit a copy of: (a) their current termination policies; (b) if applicable, optional policies governing “for cause” terminations, as permitted by sub-section d (must be approved by DOL); (c) if applicable,

optional termination policies “for failure to accept a reasonable number of job offers or referrals to unsubsidized employment consistent with the Individual Employment Plan (IEP) and there are no extenuating circumstances,” as permitted by 20 CFR 641.580 (e).

Grievance Procedures. Grantees are required by 20 C.F.R. 641.910 to establish grievance procedures for handling applicant, participant, sub-recipient, and employee complaints. Applicants should submit a copy of their current written grievance procedures as an attachment. In addition, in the narrative, applicants should describe when and how the procedures are conveyed to applicants, participants, sub-recipients, and employees.

Service to Minorities (OAA title V, section 515). Applicants must include a detailed description of their efforts to serve minority individuals. In April 2011, applicants received an analysis of their service to minorities for PY 2009. Using this information, and building upon their PY 2010 grant applications, applicants should describe: (a) changes in enrollment levels or outcomes for minority individuals during PY 2009 and PY 2010; (b) to what factors these changes in enrollment and outcomes are attributed; and (c) what steps the applicant will take to address any under-service to minorities or disparities in outcomes for minorities.

Organizational Structure, Monitoring, and Audits. Applicants must describe their organizational structure:

- a) Identify the grant’s key staff; briefly identify their primary responsibilities and the amount of time they are assigned to the grant. Include an organizational chart depicting key staff as an attachment.
- b) Indicate whether the applicant has sub-recipients or local affiliates implementing the grant.
 - (1) Describe the grantee’s communication strategy for ensuring that policy and other important information is effectively transmitted to sub-recipients or local affiliates;
 - (2) Identify what training the grantee provides to sub-recipient or local staff; and.
 - (3) Describe how the grantee ensures that policy and other important information is communicated and implemented throughout the program area.

PROGRAMMATIC ASSURANCES—PROGRAM YEAR 2011 GRANT

The programmatic assurances below reflect standard grant requirements that DOL has determined are consistent with sound program practices.

Applicants, please certify that your agency or organization conforms - and will continue to conform - to these assurances throughout the period of the grant by checking off the assurances below. This form is designed to be filled out electronically; to check off the assurances, go to the “View” function, choose “Toolbars,” click on the left side of “Forms,” then click on small lock.

PARTICIPANT ASSURANCES

The Applicant agrees to:

Recruitment and Selection of Participants

- Developed and implements methods to recruit and select participants to assure that a maximum number of eligible individuals are able to participate in the program.
- Uses income definitions and income inclusions and exclusions for SCSEP eligibility, as described in TEGL 12-06, to determine and document participant eligibility. (TEGL 12-06 may be accessed at olderworkers.workforce3one.org under “Resources.”)
- Developed and implements methods to recruit minority populations to ensure they are enrolled at least in proportion to their numbers in the population in the area.
- Developed and implements strategies to recruit applicants who have priority of service as defined in OAA section 518(b)(1)-(2) and by the Jobs for Veterans Act, P.L. 107-288. Individuals have priority who:
 - a) Are covered persons in accordance with the Jobs for Veterans Act (covered persons – veterans and eligible spouses, including widows and widowers – who are eligible for SCSEP must receive services instead of, or before, non-covered persons);
 - b) Are 65 years or older;
 - c) Have a disability;
 - d) Have limited English proficiency;
 - e) Have low literacy skills;
 - f) Reside in a rural area;
 - g) Have low employment prospects;
 - h) Have failed to find employment after utilizing services provided through the One-Stop Delivery System;
 - i) Are homeless or are at risk for homelessness.

Assessment

- Assesses participants at least twice per 12 month period.

- Uses assessment information to determine the most appropriate community service assignments for participants.

Individual Employment Plan (IEP)

- Establishes an initial goal of unsubsidized employment for all participants.
- Updates the IEP at least as frequently as assessments occur (at least twice per 12 month period).
- Modifies the IEP as necessary to reflect other approaches to self-sufficiency, if it becomes clear that unsubsidized employment is not feasible for a participant.
- For participants who will reach the individual durational limit or would not otherwise achieve unsubsidized employment, includes provision in the IEP to transition to other services.

Community Service Assignment (CSA)

- Ensures that the initial CSA is based on the assessment done at enrollment.
- Uses the IEP to determine when, if appropriate, to rotate participants through assignments- to acquire skills necessary for unsubsidized employment.
- Selects host agencies that are designated 501(c)(3) organizations or public agencies.
- Ensures procedures are in place to assure adequate supervision of participants at host agencies.
- Ensures procedures are in place to ensure safe and healthy working conditions.

Recertification of Participants

- Recertifies the income eligibility of each participant at least once every 12 months, or more frequently if circumstances warrant.

Physical Examinations

- Offers physical examinations to participants upon program entry, and each year thereafter, as a benefit of enrollment.
- Obtains a written waiver from each participant who declines to have a physical examination.
- Grantee does not receive a copy or use the results of the physical examination.

Host Agencies

- Developed and implemented methods for recruiting new host agencies to provide a variety of training options that will enable participants to increase their skill level and transition to unsubsidized employment.
- Maintenance of Effort:* Community service assignments do not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals who are not SCSEP participants.

- Community service assignments do not displace currently employed workers (including partial displacement, such as a reduction in non-overtime work, wages, or employment benefits).
- Community service assignments do not impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be performed.
- Community service assignments do not assign or continue to assign a participant to perform the same work, or substantially the same work, as that performed by an individual who is on layoff.

Orientation

Provides orientations for its participants and host agencies, including information on:

Program Overview

- Project goals and objectives
- Community service assignments
- Training opportunities
- Available supportive services
- Availability of a free physical examination
- Participant rights and responsibilities
- Host agencies
- Sub-recipients must also provide sufficient orientation to applicants and participants, which should include the following information:
 - Maximum individual duration policy, including the possibility of waiver
 - Termination policies
 - Grievance procedures
 - Holiday and sick leave
 - Grantee and local project roles, policies, and procedures
 - SCSEP goals and objectives
 - Role of supervisors and host agencies
 - Evaluation of participant progress
 - Provision of safe working environment
 - Annual monitoring and safety assessment
 - Documentation requirements
 - Development of Individual Employment Plans

Wages

- Provides participants with the highest applicable required wage for time spent while in orientation, training and community service assignment. The applicable wage is either the highest of the Federal, state, or local minimum wage.

Participant Benefits

- Provides benefits that are required by state or Federal law (such as workers' compensation and unemployment insurance), and the costs of physical examinations.
- Includes established written policies relating to compensation for scheduled work hours during which grantee or sub-recipients are closed for Federal holidays.
- Includes established written policies relating to approved breaks in participation and any necessary sick leave that is not part of an accumulated sick leave program.
- Does not use grant funds to pay the cost of pension benefits, annual leave, accumulated sick leave, or bonuses.

Durational Limits

Maximum Average Project Duration: 27 Months

- Complies with an average project duration of 27 months or less, unless DOL approves an extension to 36 months.

Maximum Participant Duration: 48 Months

- Complies with the requirement that participants may participate in the program no longer than 48 months (whether or not consecutively) unless the grantee's approved policy allows for an extension of time and the participant meets the extension criteria.
- Notifies participants of its policy pertaining to the maximum duration requirement, including the possibility of a waiver, if applicable, at the time of enrollment and each year.

Transition Services

- Has a system in place to transition participants to unsubsidized employment or other assistance before the participants' maximum enrollment duration has expired.
- Provides 30-day written notice to participants prior to durational limit exit from the program.

Termination Procedures

- Provides a 30-day written notice for all terminations that states the reason for termination and informs the participants of grievance policies.

Written Termination Policies

Written termination policies are in effect and provided to participants at enrollment for:

- Provision of false information
- Incorrect initial eligibility determination
- Income ineligibility determined at recertification
- Participant has reached individual durational limit

- Participant has become employed while enrolled
- Cause (a for-cause termination policy must be approved by the Department prior to implementation)
- IEP-related termination (an IEP termination policy must be approved by the Department prior to implementation).
 - IEP terminations are based on a participant's refusal to accept a reasonable number of job offers or referrals to unsubsidized employment consistent with their IEP, unless there are extenuating circumstances.

Equitable Distribution

- Manages slot allotments within equitable distribution guidelines, to the extent feasible, so that potential participants have equal access to the program.

Over-Enrollment

- Manages over-enrollment to minimize impact on participants and avoid layoffs.

Administrative Systems

- Ensures representation at any and all DOL-sponsored required grantee meetings.
- Communicates grant policy, data collection, and performance developments and directives to staff, sub-recipients, and local project operators on a regular basis.
- Has a written monitoring tool that lists items the grantee will review during monitoring visits, and provides this tool to sub-recipients and local project operators.
- Has a monitoring schedule; notifies sub-grantees and local project operators of monitoring plans; and monitors sub-grantees and local project operators on a regular basis.
- Provides training to increase sub-recipients' and local project operators' skills, knowledge, and abilities.
- When appropriate, prescribes corrective action and follow-up procedures for sub-recipients and local project operators to ensure that identified problems are remedied.
- Monitors the financial systems and expenditures of sub-recipients and local project operators on a regular basis.
- Ensures that sub-recipients and local project operators receive adequate resources to effectively operate local projects.
- Trains sub-recipients and local project operators on SCSEP financial requirements to help them effectively manage their own expenditures, and provides more general financial training as needed.
- Ensures that all financial reports are accurate and submits them in a timely manner, as required.

- Has a written plan in place for both disaster response and recovery so SCSEP may continue to operate and provide services.

Collaboration and Leveraged Resources

- Collaborates with other organizations to maximize opportunities for participants to obtain workforce development, education, and supportive services to help them move into unsubsidized employment. These organizations may include but are not limited to: workforce investment boards, One-Stop Career Centers, vocational rehabilitation providers, basic education and literacy providers, and community colleges.

Supportive Services

- Provides supportive services, as needed, to help participants participate in their community service assignment and to obtain and retain unsubsidized employment.
- Has established criteria to assess the need for supportive services and to determine when participants will receive supportive services, including after obtaining unsubsidized employment.

Sub-Recipient Selection (If Applicable)

- In selecting sub-recipients in areas with a substantial population of individuals with barriers to employment, national grantees give special consideration to organizations (including former recipients of national grants) with demonstrated expertise in serving individuals with barriers to employment, as defined in the statute.

Complaint Resolution

- Establishes and uses written grievance procedures for complaint resolution for applicants, employees, sub-recipients, and participants.
- Provides applicants, employees, sub-recipients, and participants with a copy of grievance procedures.

Procedures for Payroll and Workers' Compensation

- Makes all required payments for participant payroll and pays workers' compensation premiums on a timely basis.
- Ensures that host agencies do not pay workers' compensation costs for participants.

Maintenance of Files and Privacy Information

- Maintains participant files for three program years after the program year in which all follow-up activity for a participant is completed.
- Ensures that participant records are securely stored and access is limited to appropriate staff in order to safeguard personal identifying information.
- Ensures that participant medical records are securely stored separately from all other participant records and access is limited to authorized staff for authorized purposes.

- Has established safeguards to preclude tampering with electronic media, e.g., personal identification numbers (PINs).
- Ensures that the SCSEP national office at DOL is immediately notified in the event of any potential security breach of personal identifying information, whether electronic files, paper files, or equipment are involved.
- Complies with, and ensures that authorized users under its grant comply with all SPARQ access and security rules.

Documentation

- Maintains documentation of waivers of physical examinations by participant.
- Maintains documentation of the provision of complaint procedures to participants.
- Maintains documentation of eligibility determinations and recertifications.
- Maintains documentations of terminations and reasons for termination.
- Maintains records of grievances and outcomes.
- Maintains records required for data validation.

Data Collection and Reporting

- Ensures that accurate data are submitted in a timely manner to SPARQ, as required by the national office.
- Ensures that those capturing and recoding data are familiar with the latest instructions for data collection, including DOL administrative issuances, e.g., Older Worker Bulletins, TEGs, Data Collection Handbook, Data Validation Handbook, and Internet postings.
- Legally obligates sub-recipients to turn over complete data files in the specified electronic format, as well as hard copy case files, to the grantee when sub-recipients cease to administer SCSEP.
- Legally obligates new sub-recipients to enter complete data related to any participants whom they acquire upon becoming sub-recipients, including any participants who are still in the follow-up period.
- Non-Web Data Collection System users ensure that accurate data are uploaded to SPARQ in accordance with Department timelines and administrative guidance.

If any box(es) are not checked, information must be provided on a separate attachment indicating what specific steps the grantee is taking to conform to those standard grant requirement(s).

By checking the boxes above, I certify that my organization currently complies with each of the listed requirements and will remain in compliance for the program year for which we are submitting this application.

Signature of Authorized Representative

Date

ATTACHMENT D

PROGRAM YEAR 2011 OPTIONAL SPECIAL REQUESTS

Applicants with special requests in one or more of the following areas must submit their requests and any supporting documentation as an attachment to their PY 2011 grant applications. Requests for approval should provide a substantive rationale, e.g., improved program management, better service to participants, or least disruption possible to participants.

Additional Funds for Participant Training and Supportive Services – OAA, sec.

502(c)(6)(C). Any applicant that wishes to request additional funds must provide the specific information listed in this section. Applicants requesting additional funds for participant training and supportive services should *not* submit a separate budget narrative for these activities. Instead, the detailed budget narrative in the grant application should identify the specific training and supportive service activities that, if approved, the applicant will provide to participants. The applicant should also include costs associated with this request in the Forms SF 424 and 424A.

The 2006 amendments to the OAA permit an exception to the 75 percent minimum level of expenditures on participant wages and fringe benefits. This exception allows grantees to request to use not less than 65 percent of program funds for wages, benefits, and other costs, so that up to an additional 10 percent of funds are available for training and supportive services to directly benefit participants. As required in section 502(C)(6)(C)(IV) of the OAA, applicants seeking this waiver must provide a work plan that includes the following:

- (a) A detailed description of the additional training and supportive services;
- (b) An explanation of how activities will directly benefit participants, improve project effectiveness, and improve employment outcomes for individuals served;
- (c) A sequence and timeline for these activities;
- (d) If applicable, an explanation concerning whether displacement of eligible individuals or elimination of positions will occur, and information on the number of individuals displaced or positions eliminated; and
- (e) Which performance measures the applicant expects will improve from the expenditure of additional funds, and the amounts by which it expects each measure to improve.

Increase in Administrative Cost Limitations - 20 CFR 641.870. DOL may authorize an increase in the amount available for administrative costs to not more than 15 percent if it determines that it is necessary to carry out the project, and the applicant demonstrates that:

- (a) It is incurring major administrative cost increases in necessary program components;
or

- (b) The number of employment positions or eligible minority individuals participating in the project will decline if administrative costs are not increased; or
- (c) The project size is so small that the amount of administrative expenses incurred to carry out the project necessarily exceeds 13.5 percent of project funding.

General statements that costs have increased do not constitute adequate justification. The applicant must identify which costs have increased, why they have increased, and how these costs relate to program operations.

Extension of Maximum Project Duration - OAA sec. 502 (b)(1)(C)(ii). The maximum average project duration based on overall participation is 27 months. Applicants may request permission from the Department to increase their maximum average project duration to 36 months.

On-the-Job Experience (OJE). If an applicant wishes to utilize OJE as an additional training option, it must meet the requirements stipulated in Older Worker Bulletin 04-04. Applicants must provide an OJE policy and sample contracts to DOL for approval before they can exercise this option.

Cross-Border Agreements - 20 CFR 641.515(c). State applicants may enter into agreements to permit cross-border enrollment of eligible participants. These agreements must cover both state and national grantee slots, and must be submitted for approval by DOL.

ATTACHMENT E

SF-424 INSTRUCTIONS

Applicant must prepare their application using Standard Form (SF) 424 (*Attachment F*).

The following instructions are intended to clarify the process of completing the SF-424 grant application for SCSEP. The applicant should review the current authorizing legislation and regulations, as well as Older Worker Bulletin (OWB) No. 00-20, Allocation of Indirect Costs; OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments; and OMB Circular A-122, Cost Principles for Non-Profit Organizations. Sufficient administrative funding must go to local levels of program operation.

Clarifying Instructions for SF-424. Grantees must complete all required items, which are identified with asterisks, as well as items that are noted below. If additional space is needed to complete an item, use an additional electronic document page.

Item 1. For type of submission, check “Application.”

Item 2. For type of application, check “New.”

Item 10. For name of Federal agency, list “U.S. Department of Labor, Employment and Training Administration”.

Item 12. This item does not need to be filled in as this is not a competitive grant.

Item 14. This item must be completed; however, it contains similar information to that requested in the program narrative (*Attachment B*) under “Geographic Areas Served.” Grantees should indicate in this box to “See attached Excel spreadsheet” and thoroughly address this item in “Geographic Areas Served.”

Application for Federal Assistance SF-424

Version 02

<p>*1. Type of Submission</p> <p><input type="checkbox"/> Preapplication</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>*2. Type of Application</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>*If Revision, select appropriate letter(s):</p> <p>* Other (Specify)</p>
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*3. Date Received:	4. Application Identifier:
---------------------------	-----------------------------------

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
---------------------------------------	---------------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*** a. Legal Name:**

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
--	---------------------------------

d. Address:

***Street 1:**
 Street 2:
***City:**
 County:
***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:**

Application for Federal Assistance SF-424

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9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:
- Select One -

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify):

*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

*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

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$0.00

***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.)**

- Yes
- No

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:

Date Signed:

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 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 (0348-0043), 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.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the 	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
		<p>20. Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
<p>9.</p>	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="136 457 808 1012"> <tr> <td data-bbox="136 457 475 1012"> <p>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</p> </td> <td data-bbox="475 457 808 1012"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) D. 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)</p> </td> </tr> </table>	<p>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</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) D. 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)</p>	<p>21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>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</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) D. 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)</p>			

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SCSEP	17.235	\$ -	\$ -	\$ -	\$ -	\$ -
2.		-	-	-	-	-
3.		-	-	-	-	-
4.		-	-	-	-	-
5. Totals		\$ -	\$ -	\$ -	\$ -	\$ -

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				
	(1)	(2)	(3)	(4)	(5)
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
a. Fringe Benefits	-	-	-	-	-
b. Travel	-	-	-	-	-
c. Equipment	-	-	-	-	-
d. Supplies	-	-	-	-	-
e. Contractual	-	-	-	-	-
f. Construction	-	-	-	-	-
g. Other	-	-	-	-	-
h. Total Direct Charges (sum of 6a - 6h)	\$ -	\$ -	\$ -	\$ -	\$ -
i. Indirect Charges	-	-	-	-	-
j. TOTALS (sum of 6i and 6 j)	\$ -	\$ -	\$ -	\$ -	\$ -
k 7. Program Income	\$ -	\$ -	\$ -	\$ -	\$ -

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.		\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8 - 11)		\$	\$	\$	\$
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$ -	\$ -	\$ -	\$ -
14. NonFederal		-	-	-	-
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES FOR FEDERAL FUNDS FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. SCSEP	\$ -	\$ -	\$ -	\$ -	\$ -
17. Amount of Grant Funds Remaining after first year estimates are entered:	\$ -				
18. Amount of Grant Funds Remaining after future funding periods are estimated:	\$ -				
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	\$
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges <small>See Budget Narrative</small>			22. Indirect Charges <small>See Budget Narrative</small>		
23. Remarks <small>See Budget Narrative</small>					

Name of Grantee Organization
Amount Awarded

Funding Period		
	to	
# of Months:		

Object Class Category (a.): PERSONNEL				
A Position	B % of Time	C Monthly Salary/Wage	D # of Months	E Cost
1.		\$		\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL PERSONNEL				\$

Budget Narrative - PERSONNEL <i>(Responses exceeding 250 characters should use separate sheet)</i>

Object Class Category (b.): FRINGE BENEFITS				
A	B	C	D	E
Position/s	Benefit/s	Rate	Base Amount	Cost
1.			\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
14.				
16.				
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28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
TOTAL FRINGE BENEFITS				\$

Budget Narrative - FRINGE BENEFITS (Responses exceeding 250 characters should use separate page)

Object Class Category (c.): TRAVEL					
A Item	B # of Staff	C # of Units	D Unit Type	E Cost per Unit	F Cost
1.				\$	\$
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
14.					
16.					
17.					
18.					
19.					
20.					
TOTAL TRAVEL					\$

Budget Narrative: TRAVEL (Responses exceeding 250 characters should use separate sheet)

Object Class Category (d.): EQUIPMENT
 (Includes equipment costing \$5,000 or more and a useful life of more than one year)

A	B	C	D
Item	# of Items	Cost per Item	Cost
1.		\$	\$
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
14.			
16.			
17.			
18.			
19.			
20.			
TOTAL EQUIPMENT			\$

Budget Narrative: EQUIPMENT (Responses exceeding 250 characters should use separate sheet)

Object Class Category (e.): SUPPLIES

(Includes equipment costing less than \$5,000)

A Item	B # of Units	C Unit Type	D Cost per Unit	E Cost
1.			\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
14.				
16.				
17.				
18.				
19.				
20.				
TOTAL SUPPLIES				\$

Budget Narrative: SUPPLIES (Responses exceeding 250 characters should use separate sheet)

Object Class Category (f.): CONTRACTUAL

A		B
Brief Description		Cost
1.		\$
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
14.		
16.		
17.		
18.		
19.		
20.		
TOTAL CONTRACTUAL		\$

Budget Narrative: CONTRACTUAL (Responses exceeding 250 characters should use separate sheets)

Object Class Category (h.): OTHER COSTS

(Including Training Expenses)

A Item	B # of Units	C Unit Type	D Cost per Unit	E Cost
1.			\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
14.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER COSTS				\$

Budget Narrative: OTHER COSTS (Responses exceeding 250 characters should use separate

Object Class Category (i.): INDIRECT CHARGES

Choose one of the following options to apply indirect charges to the grant:

OPTION A

For grantees that have an approved Indirect Cost Rate Agreement	
Federal agency that issued the agreement	
What is the approved rate (%)?	
What is the base against which rate is applied? (Note: enter description as specified in the agreement)	
What is the the base amount (\$)?	
Enter the rate (%) that will be used for this grant	
Enter the amount (\$) that will be used for this grant	\$ -

OPTION B

For grantees that DO NOT have an approved Indirect Cost Rate Agreement	
Enter fixed amount (\$) that will be used	\$ -

(Note: This will be only temporary until your Indirect Cost Rate Application is Submitted and Approved)

TOTAL INDIRECT CHARGES \$

Budget Narrative - INDIRECT CHARGES (Responses exceeding 250 characters should use separate

ADMINISTRATIVE COSTS

Pursuant to 20 CFR 641.867 and 641.870, grantees are advised that there is a 13.5% limitation on administrative costs on funds administered under this grant. The Grant Officer may, however, approve additional administrative costs up to a maximum of 15% of the total grant award amount, if adequate justification is provided by the grantee at the time of the award. In no event, may administrative costs exceed 15% of the total award amount. The cost of administration shall include those activities enumerated in 20 CFR 641.853-861.

Budget Narrative - ADMINISTRATIVE COSTS



PY 2011 FEDERAL PROJECT OFFICER (FPO) LIST FOR SCSEP GRANTEES

Grantee	Region	FPO Name	Phone	E-Mail
Alabama	III	Terri Lonowski	(404) 302-5377	lonowski.terri@dol.gov
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American Samoa	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Guam	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Northern Mariana Islands	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Virgin Islands	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
AARP Foundation	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Asociacion Nacional Pro Personas Mayores	VI	Marc Lambert	(415) 625-7957	lambert.marc@dol.gov
Easter Seals, Inc.	V	Lori Harris	(312) 596-5496	harris.lori@dol.gov
Experience Works, Inc.	III	Eugene Caso	(404) 302-5333	ecaso@doleta.gov
Goodwill Industries International, Inc.	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Institute for Indian Development, Inc.	IV	Cynthia Joseph	(972) 850-4645	joseph.cynthia@dol.gov
Mature Services, Inc.	V	Rochelle Bradley	(312) 596-5530	bradley.rochelle@dol.gov
National Able Network	I	Suzanne Pouliot	(617) 788-0180	pouliot.suzanne@dol.gov
National Asian Pacific Center on Aging	VI	Karen Connor	(415) 625-7962	connor.karen@dol.gov
National Caucus and Center on Black Aged, Inc.	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
National Council on the Aging, Inc.	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
National Indian Council on Aging	IV	Brie Burleson	(972) 850-4652	burleson.brie@dol.gov
National Urban League	I	Suzanne Pouliot	(617) 788-0180	pouliot.suzanne@dol.gov
Quality Career Services, Inc.	V	Rochelle Bradley	(312) 596-5530	bradley.rochelle@dol.gov
Senior Service America, Inc.	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
SER - Jobs for Progress National, Inc.	IV	Patricia Evans	(972) 850-4644	evans.patricia@dol.gov
Vermont Associates for Training and Development, Inc.	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
The Workplace, Inc.	I	Suzanne Pouliot	(617) 788-0180	pouliot.suzanne@dol.gov