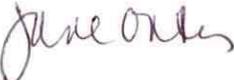


EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210	CLASSIFICATION SCSEP
	CORRESPONDENCE SYMBOL DNPTTA
	DATE June 6, 2012

ADVISORY: TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 26-11, Change 1

TO: SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
NATIONAL GRANTEES

FROM: JANE OATES 
Assistant Secretary

SUBJECT: Revised Program Year 2012 Planning Instructions and Allotments for Senior Community Service Employment Program (SCSEP) National Grantees

1. **Purpose.** This Training and Employment Guidance Letter (TEGL) Change 1 gives current SCSEP national grantees the application instructions, allocations, and the process and procedures for the first quarter of Program Year (PY) 2012. It also provides information on the transition to grants that will be awarded under the SCSEP Solicitation for Grant Applications (SGA) to provide SCSEP services.

2. **References.**

- TEGL 26-11, Program Year 2012 Planning Instructions and Allotments for Senior Community Service Employment Program (SCSEP) State and Territorial Grant Applicants, April 30, 2012;
- SGA/DFA PY-11-04, Solicitation for Grant Applications, March 8, 2012;
- Department of Labor Appropriations Act, 2012, Title I of Division F of the Consolidated Appropriation Act, 2012, P.L. 112-74;
- 2006 Older Americans Act Amendments (OAA), P.L. 109-365, 42 U.S.C. 3056 et.
- 20 CFR Part 641;
 1. SCSEP Final Rule, 75 FR 53785 (Sep 1, 2010)
 2. SCSEP Final Rule, Additional Indicator for Volunteering, 77 FR 4654 (Jan 31, 2012)
- Training and Employment Guidance Letter (TEGL) 12-06, Revised Income Inclusions and Exclusions and Procedures for Determining SCSEP Eligibility;
- TEGL 16-11, 2012 Federal Poverty Guidelines;
- Priority of Service for Covered Persons Final Rule, 20 CFR Part 1010, 73 FR 78132 (Dec 19, 2008);
- Americans with Disabilities Act, as amended, P.L. 110-325;

RESCISSIONS TEGL 26-11	EXPIRATION DATE September 30, 2012
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- Americans with Disabilities Act, as amended, P.L. 110-325;
- SCSEP Performance Data Collection Approval (Office of Management and Budget No. 1205-0040);
- Jobs for Veterans Act, P.L. 107-288.

3. **Background.** The planned transition of participants following the national grantee competition is scheduled for October 1, 2012. Therefore, current national grantees will continue service through the first quarter of PY 2012. The original TEGL 26-11, issued on April 30, 2012, provided funding and allocation information for only the states and territories but did not include the national grantee allocations. This change¹ includes the allocations and necessary planning instructions for current national grantees for the PY 2012 1st quarter.
4. **Overall Approach.** The Department of Labor (the Department) will issue new grants to current grantees for the first quarter of PY 2012 to continue services in their current areas. These new grants will be one quarter's proportional share, i.e. 25 percent of the PY 2012 funding to serve clients during the first quarter (July 1 – September 30, 2012). Current grantees must submit the requested documents (see #7 below) by **June 18, 2012**. The remaining PY 2012 funds will be allocated after the announcement of the SGA results.

After the results of the SGA are announced, current national grantees who applied under the competition and were successful will receive a modification of the new grant for the remainder of the program year October 1, 2012 – June 30, 2013.

5. **Notice of Obligation (NOO).** The Department will issue NOOs with new grant numbers and allocation amounts for the SCSEP program to continuing national grantees for PY 2012 1st quarter.
6. **PY 2012 Program Allotments.** See Attachment A for funding amounts and authorized positions.
7. **Inquiries.** Questions regarding these allotments may be directed to the appropriate Federal Project Officer. Information on the allotments and planning requirements may also be found in the SGA/ DFA PY-11-04 available at www.doleta.gov/grants/find_grants.cfm.
8. **Schedule and Action Requested.** Current national grantees must submit
 - SF-424
 - SF-424A
 - Budget Narrative for the first quarter allocations
 - Signed Programmatic Assurances
 - Program Narrative
 - Any Optional Special Requests

No other narrative information will be required. We will provide a generic Statement of Work to grantees for PY 2012 to use in place of a more detailed Program Narrative. Funding

7. **Attachments.**

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

U. S. Department of Labor / Employment & Training Administration
Senior Community Service Employment Program
PY 2012 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	196	0	0	0	0	0	0	0	0	467	0	0	663
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	119	0	126	0	0	104	0	0	0	0	0	0	0	0	0	349
Arkansas	183	0	0	0	351	0	0	118	0	0	0	0	0	0	0	652
California	366	0	408	0	316	0	0	0	234	0	0	1,019	384	0	0	2,727
Colorado	140	0	0	0	0	0	0	0	0	0	0	0	222	0	0	362
Connecticut	0	0	0	186	0	0	0	0	0	0	0	0	0	207	0	393
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	1,308	0	63	0	510	0	0	143	0	0	0	0	0	0	0	206
Florida	203	0	0	0	450	0	0	150	0	0	0	143	0	0	0	2,111
Georgia	0	0	0	0	0	0	0	0	140	0	0	0	0	0	0	793
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	0	172	0	0	0	0	0	0	0	0	0	0	172
Illinois	85	0	0	176	396	0	0	94	0	0	0	172	401	0	0	1,324
Indiana	234	0	0	279	207	207	0	0	0	0	0	0	217	0	0	937
Iowa	155	0	0	0	209	0	0	0	0	0	0	0	94	0	0	458
Kansas	0	0	0	0	0	0	0	0	0	0	0	353	0	0	0	353
Kentucky	100	0	0	0	342	0	0	0	236	0	0	0	0	0	0	678
Louisiana	126	0	159	0	191	0	0	0	71	0	0	0	0	0	0	547
Maine	0	220	0	0	0	0	0	0	0	0	0	0	0	0	0	220
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Massachusetts	0	198	0	0	0	0	0	0	0	0	0	0	492	0	0	492
Michigan	362	0	0	0	388	0	0	198	0	149	0	0	385	0	0	732
Minnesota	0	0	0	0	382	0	0	0	0	190	0	0	0	0	0	1,138
Mississippi	0	0	0	0	132	0	0	101	0	0	155	0	294	0	0	831
Missouri	263	0	0	0	597	0	0	0	0	0	0	0	208	0	0	441
Montana	0	0	0	0	223	0	0	0	0	0	0	0	0	0	0	860
Nebraska	0	0	0	0	265	0	0	0	0	0	0	0	0	0	0	223
Nevada	176	0	0	0	0	0	0	0	0	0	0	0	0	0	0	265
New Hampshire	0	172	0	0	0	0	0	0	0	0	0	0	0	0	0	176
New Jersey	0	0	0	345	182	0	0	0	353	131	0	0	0	0	0	1,011
New Mexico	0	0	0	0	0	172	0	0	0	0	0	0	0	0	0	172
New York	502	0	0	375	400	0	0	0	333	194	0	0	496	0	0	2,300
North Carolina	0	0	0	0	0	0	0	266	161	0	0	0	509	0	0	936
North Dakota	0	0	0	0	215	0	0	0	0	0	0	0	0	0	0	215
Ohio	260	0	0	0	372	0	527	143	0	137	0	0	121	0	0	1,560
Oklahoma	171	0	0	0	259	0	0	0	0	0	0	0	0	0	0	1,560
Oregon	0	0	0	178	348	0	0	0	0	0	0	0	0	0	0	430
Pennsylvania	368	0	114	0	207	210	0	177	502	118	0	0	179	0	0	526
Puerto Rico	185	0	0	0	307	0	0	0	0	0	0	0	0	0	0	1,875
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	190	0	0	0	492
South Carolina	203	0	0	0	284	0	0	0	0	0	0	0	0	0	0	190
South Dakota	0	0	0	0	222	0	0	0	0	0	0	0	0	0	0	487
Tennessee	0	0	0	0	428	0	0	0	153	0	0	0	578	0	0	222
Texas	988	0	0	238	0	0	0	0	0	298	0	0	210	0	0	731
Utah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	196	238
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	196
Virginia	246	0	0	87	225	0	0	0	198	0	0	0	0	0	0	756
Washington	261	0	0	0	203	0	0	0	0	0	0	0	0	0	0	464
West Virginia	0	0	0	98	0	0	0	0	304	0	0	0	0	0	0	402
Wisconsin	0	0	0	361	0	0	0	0	0	0	0	254	273	0	0	888
Wyoming	0	0	0	172	0	0	0	0	0	0	0	0	0	0	0	172
Total	7,004	590	870	1,694	9,145	1,121	527	1,390	2,685	919	155	2,651	5,308	207	196	34,462

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

Senior Community Service Employment Program
 PY 2012 Authorized Funding* for Non-Minority National Sponsors, by State X .25

State	AARP	ABLE	ANPPM	ES	EW	GHI	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	\$0	\$0	\$0	\$475,189	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,132,210	\$0	\$0	\$1,607,399
Alaska	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Arizona	\$288,562	\$0	\$305,536	\$0	\$0	\$252,188	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$46,286
Arkansas	\$443,527	\$0	\$0	\$0	\$850,699	\$0	\$0	\$285,990	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,580,216
California	\$887,260	\$0	\$989,077	\$0	\$766,050	\$0	\$0	\$0	\$567,265	\$0	\$0	\$2,470,267	\$930,896	\$0	\$0	\$6,610,814
Colorado	\$339,207	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$537,886	\$0	\$0	\$0	\$77,093
Connecticut	\$0	\$0	\$0	\$451,135	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$502,069	\$0	\$0	\$93,204
Delaware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
District of Col	\$3,170,913	\$0	\$152,408	\$0	\$0	\$0	\$0	\$345,941	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$498,348
Florida	\$492,196	\$0	\$0	\$0	\$1,236,365	\$0	\$0	\$363,637	\$0	\$0	\$0	\$346,667	\$0	\$0	\$0	\$5,117,582
Georgia	\$0	\$0	\$0	\$0	\$1,091,076	\$0	\$0	\$0	\$339,446	\$0	\$0	\$0	\$0	\$0	\$0	\$1,922,718
Hawaii	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Idaho	\$0	\$0	\$0	\$0	\$417,762	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$417,762
Illinois	\$206,039	\$0	\$0	\$426,622	\$959,900	\$0	\$0	\$227,855	\$0	\$0	\$0	\$416,926	\$972,020	\$0	\$0	\$3,209,362
Indiana	\$567,058	\$0	\$0	\$676,108	\$0	\$501,628	\$0	\$0	\$0	\$0	\$0	\$0	\$525,861	\$0	\$0	\$2,270,655
Iowa	\$375,947	\$0	\$0	\$506,922	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$227,994	\$0	\$0	\$1,110,863
Kansas	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$855,347	\$0	\$0	\$0	\$85,347
Kentucky	\$242,425	\$0	\$0	\$0	\$829,094	\$0	\$0	\$0	\$572,123	\$0	\$0	\$0	\$0	\$0	\$0	\$1,643,643
Louisiana	\$305,559	\$0	\$385,586	\$0	\$463,188	\$0	\$0	\$0	\$172,180	\$0	\$0	\$0	\$0	\$0	\$0	\$1,326,512
Maine	\$0	\$534,592	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$534,592
Maryland	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,192,411	\$0	\$0	\$1,192,411
Massachusetts	\$480,375	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$934,062	\$0	\$0	\$1,775,931
Michigan	\$877,943	\$0	\$0	\$0	\$941,000	\$0	\$0	\$480,201	\$0	\$561,494	\$0	\$0	\$0	\$0	\$0	\$2,759,942
Minnesota	\$0	\$0	\$0	\$0	\$926,333	\$0	\$0	\$0	\$0	\$0	\$375,868	\$0	\$712,937	\$0	\$0	\$2,015,139
Mississippi	\$0	\$0	\$0	\$0	\$320,028	\$0	\$0	\$244,870	\$0	\$0	\$0	\$0	\$504,286	\$0	\$0	\$1,069,183
Missouri	\$637,871	\$0	\$0	\$0	\$1,447,942	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,085,813
Montana	\$0	\$0	\$0	\$0	\$540,028	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$540,028
Nebraska	\$0	\$0	\$0	\$0	\$641,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$641,510
Nevada	\$425,861	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$425,861
New Hampshire	\$0	\$417,762	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$417,762
New Jersey	\$0	\$0	\$0	\$836,693	\$441,386	\$0	\$0	\$0	\$856,094	\$317,701	\$0	\$0	\$0	\$0	\$0	\$2,451,873
New Mexico	\$0	\$0	\$0	\$909,141	\$969,750	\$417,762	\$0	\$0	\$807,317	\$470,329	\$0	\$0	\$1,202,490	\$0	\$0	\$4,177,662
New York	\$1,217,036	\$0	\$0	\$0	\$0	\$0	\$0	\$644,778	\$390,261	\$0	\$0	\$0	\$1,233,805	\$0	\$0	\$5,576,062
North Carolina	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
North Dakota	\$0	\$0	\$0	\$0	\$520,094	\$0	\$1,277,640	\$346,684	\$0	\$332,138	\$0	\$0	\$293,348	\$0	\$0	\$2,009,094
Ohio	\$630,335	\$0	\$0	\$0	\$901,864	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,782,009
Oklahoma	\$414,377	\$0	\$0	\$0	\$627,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,042,001
Oregon	\$0	\$0	\$0	\$431,725	\$844,046	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,275,771
Pennsylvania	\$892,375	\$0	\$276,442	\$0	\$501,961	\$509,236	\$0	\$429,213	\$1,217,316	\$286,142	\$0	\$0	\$434,063	\$0	\$0	\$4,546,747
Puerto Rico	\$448,366	\$0	\$0	\$0	\$744,045	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,192,411
Rhode Island	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
South Carolina	\$492,510	\$0	\$0	\$0	\$689,028	\$0	\$0	\$0	\$0	\$0	\$0	\$460,292	\$0	\$0	\$0	\$460,292
South Dakota	\$0	\$0	\$0	\$0	\$538,216	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,181,538
Tennessee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$370,948	\$0	\$0	\$0	\$1,401,359	\$0	\$0	\$1,772,307
Texas	\$2,395,303	\$0	\$0	\$578,084	\$1,037,642	\$0	\$0	\$0	\$0	\$0	\$0	\$722,470	\$509,123	\$0	\$0	\$4,664,538
Utah	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vermont	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Virginia	\$596,162	\$0	\$0	\$0	\$210,838	\$545,271	\$0	\$0	\$479,838	\$0	\$0	\$0	\$0	\$0	\$0	\$78,084
Washington	\$633,015	\$0	\$0	\$0	\$492,345	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$474,790	\$474,790
West Virginia	\$0	\$0	\$0	\$0	\$237,675	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,832,109
Wisconsin	\$0	\$0	\$0	\$0	\$875,207	\$0	\$0	\$737,276	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,125,361
Wyoming	\$0	\$0	\$0	\$0	\$417,762	\$0	\$0	\$0	\$0	\$0	\$0	\$615,797	\$661,860	\$0	\$0	\$974,950
Total	16,979,847	1,432,728	2,109,048	4,108,587	22,171,139	2,718,430	1,277,640	3,369,168	6,510,062	2,228,602	375,868	6,425,651	12,868,724	502,069	474,790	83,552,353

* 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 2012 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	134	134
Arkansas	56	0	0	56
California	0	268	68	336
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	68	0	68
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	0	0	0	0
Kentucky	0	0	0	0
Louisiana	74	0	0	74
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	63	0	63
North Carolina	0	0	0	0
North Dakota	0	0	0	0
Ohio	0	0	0	0
Oklahoma	0	0	141	141
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	156	631	473	1,260

* 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 2012 Authorized Funding* for Minority National Sponsors, by State X .25

State	IID	NAPCA	NICOA	Total
Alabama	\$0	\$0	\$0	\$0
Alaska	\$0	\$0	\$0	0
Arizona	\$0	\$0	\$324,782	324,782
Arkansas	\$135,730	\$0	\$0	135,730
California	\$0	\$649,565	\$164,815	814,380
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	\$164,815	\$0	164,815
Indiana	\$0	\$0	\$0	0
Iowa	\$0	\$0	\$0	0
Kansas	\$0	\$0	\$0	0
Kentucky	\$0	\$0	\$0	0
Louisiana	\$179,357	\$0	\$0	179,357
Maine	\$0	\$0	\$0	0
Maryland	\$0	\$0	\$0	0
Massachusetts	\$0	\$113,916	\$0	113,916
Michigan	\$0	\$0	\$0	0
Minnesota	\$0	\$0	\$50,899	50,899
Mississippi	\$63,018	\$0	\$0	63,018
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	\$116,340	116,340
New York	\$0	\$152,696	\$0	152,696
North Carolina	\$0	\$0	\$0	0
North Dakota	\$0	\$0	\$0	0
Ohio	\$0	\$0	\$0	0
Oklahoma	\$0	\$0	\$341,749	341,749
Oregon	\$0	\$0	\$0	0
Pennsylvania	\$0	\$145,425	\$0	145,425
Puerto Rico	\$0	\$0	\$0	0
Rhode Island	\$0	\$0	\$0	0
South Carolina	\$0	\$0	\$0	0
South Dakota	\$0	\$0	\$77,560	77,560
Tennessee	\$0	\$0	\$0	0
Texas	\$0	\$150,273	\$0	150,273
Utah	\$0	\$0	\$0	0
Vermont	\$0	\$0	\$0	0
Virginia	\$0	\$0	\$0	0
Washington	\$0	\$152,696	\$0	152,696
West Virginia	\$0	\$0	\$0	0
Wisconsin	\$0	\$0	\$70,289	70,289
Wyoming	\$0	\$0	\$0	0
Total	378,105	1,529,386	1,146,433	3,053,924

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

**PROGRAM NARRATIVE INSTRUCTIONS
FOR PROGRAM YEAR 2012 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. The Department of Labor permits the use of graphs, maps, and tables that are properly labeled. The Department encourages applicants to use brief topic headings for paragraphs in the text. The narrative must not exceed five pages in length, excluding any attachments.

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

Organizational Structure, Monitoring, and Audits (OMB Circular A-102) as an attachment to SF-424, Item f. Applicants should describe their organizational structure:

- (a) Identify the grant's key staff; briefly identify their primary responsibilities and the amount of time assigned to the grant. Include an organizational chart, as an attachment, depicting key staff.
- (b) Indicate whether the applicant has sub-recipients or local affiliates implementing the grant.
- (c) Describe how the grantee ensures that policy and other important information is communicated and implemented throughout the program area.

PROGRAMMATIC ASSURANCES—PROGRAM YEAR 2012 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 will conform to these assurances throughout the period of the grant by checking off the assurances below. This form can be completed 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

- Develops 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.”)
- Develops 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.
- Develops 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 to establish eligibility or for any other purpose.

Host Agencies

- Develops and implements 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 free physical examinations
- Participant rights and responsibilities
- Host agencies
- Sub-recipients must also provide sufficient orientation to applicants and participants, which should include the following information:
 - SCSEP goals and objectives
 - Grantee and local project roles, policies, and procedures
 - Documentation requirements
 - Holiday and sick leave
 - Assessment process
 - Development and implementation of Individual Employment Plans
 - Evaluation of participant progress
 - Provision of safe working environment
 - Annual monitoring and safety assessment
 - Role of supervisors and host agencies
 - Maximum individual duration policy, including the possibility of waiver, if applicable

- Termination policies
- Grievance procedures

Wages

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

Participant Benefits

- Provides workers' compensation and other benefits that are required by state or Federal law (such as unemployment insurance), and the costs of physical examinations.
- Establishes written policies relating to compensation for scheduled work hours during which grantee or sub-recipients are closed for Federal holidays.
- Establishes 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 average project duration of 27 months or less, unless DOL approves an extension to 36 months.

Maximum Individual 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.
- Provides 30-day written notice to participants prior to durational limit exit from the program

Transition Services

- Develops a system to transition participants to unsubsidized employment or other assistance before the participants' maximum enrollment duration has expired.

Termination Procedures

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

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
 - IEP terminations are based solely on a participant's refusal to accept a reasonable number of job offers or referrals to unsubsidized employment (or to conduct a reasonable search for employment) consistent with their IEP, unless there are extenuating circumstances.

Equitable Distribution

- Complies with the Equitable Distribution (ED) plan for each state in which grantee operates and will only make changes in the location of authorized positions within a state in accordance with the state ED plan and with the approval of the Department.

Over-Enrollment

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

Administrative Systems

- Ensures representation at 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.
- Develops 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.
- Develops 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.
- Develops and 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 provide more general financial training as needed.
- Ensures that all financial reports are accurate and submits them in a timely manner, as required.
- Develops a written plan 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, disability networks, 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.
- Establishes 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 the grievance policy and 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.
- Establishes 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 the collection and reporting of all SCSEP required data according to specified time schedules.
- Ensures the use of the OMB-approved SCSEP data collection forms and the SCSEP data collection and evaluation system, SPARQ, including in WDCS.
- Ensures data will be entered directly into the WDCS.
- 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.

If any box(es) is 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 will comply 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

PROGRAM YEAR 2012 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 2012 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 – Older Americans Act (OAA), Section 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 SF-424 and SF-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 will improve.

Increase in Administrative Cost Limitations – 20 CFR 641.870. The Department of Labor (Department) 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 if 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.

Change 4-Year Durational Limit Waiver Options. Grantees received approval for one of the following durational limit policies to take effect 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
- (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; and (b) 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 for 2012 requires Departmental approval and must have an effective date of at least 120 days after approval receipt.

Extension of Maximum Project Duration – OAA Section. 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) Training Option. 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 the Department 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 the Department.

STANDARD FORM (SF)-424 INSTRUCTIONS

Applicant must prepare their application using SF-424 (Attachment F).

The following instructions are intended to clarify the process of completing the SF-424 grant application for Senior Community Service Employment Program. The applicant should review the current authorizing legislation and regulations, as well as Older Worker Bulletin No. 00-20, "Allocation of Indirect Costs"; Office of Management and Budget (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."

ATTACHMENT F

SF-424

APPLICATION FOR FEDERAL ASSISTANCE

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

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:
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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:	

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency:	
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:**

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant:

*b. Program/Project:

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 _____

***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:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

This is a standard form required for use as a cover sheet for submission of pre-applications 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 fields on the form are identified with an asterisk (*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other 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"> • Pre-application • Application • Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form 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. <p>A. Increase Award D. Decrease Duration B. Decrease Award E. Other (specify) C. Increase Duration</p>	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: This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment 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 pre-applications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the 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: 15a. (Required) Enter the applicant's congressional district. 15b. 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 5th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. 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. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed.
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:		
	a. Legal Name: (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting www.Grants.gov .	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
	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.	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.
	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 www.Grants.gov .	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? (Required) Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
	d. Address: Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US).	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 federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.

	<p>e. Organizational Unit: Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.</p>	21.	<p>Authorized Representative: To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. 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>f. Name and contact information of person to be contacted on matters involving this application: Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.</p>																										
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="162 331 808 963"> <tr> <td data-bbox="162 331 487 359">A. State Government</td> <td data-bbox="487 331 808 359">M. Nonprofit</td> </tr> <tr> <td data-bbox="162 359 487 386">B. County Government</td> <td data-bbox="487 359 808 407">N. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="162 386 487 434">C. City or Township Government</td> <td data-bbox="487 407 808 434">O. Individual</td> </tr> <tr> <td data-bbox="162 434 487 483">D. Special District Government</td> <td data-bbox="487 434 808 510">P. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="162 483 487 510">E. Regional Organization</td> <td data-bbox="487 510 808 537">Q. Small Business</td> </tr> <tr> <td data-bbox="162 510 487 558">F. U.S. Territory or Possession</td> <td data-bbox="487 537 808 585">R. Hispanic-serving Institution</td> </tr> <tr> <td data-bbox="162 558 487 606">G. Independent School District</td> <td data-bbox="487 585 808 661">S. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="162 606 487 682">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="487 661 808 716">T. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="162 682 487 737">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="487 716 808 791">U. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="162 737 487 812">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="487 791 808 819">V. Non-US Entity</td> </tr> <tr> <td data-bbox="162 812 487 867">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="487 819 808 846">W. Other (specify)</td> </tr> <tr> <td data-bbox="162 867 487 915">L. Public/Indian Housing Authority</td> <td></td> </tr> </table>	A. State Government	M. Nonprofit	B. County Government	N. Private Institution of Higher Education	C. City or Township Government	O. Individual	D. Special District Government	P. For-Profit Organization (Other than Small Business)	E. Regional Organization	Q. Small Business	F. U.S. Territory or Possession	R. Hispanic-serving Institution	G. Independent School District	S. Historically Black Colleges and Universities (HBCUs)	H. Public/State Controlled Institution of Higher Education	T. Tribally Controlled Colleges and Universities (TCCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Alaska Native and Native Hawaiian Serving Institutions	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Non-US Entity	K. Indian/Native American Tribally Designated Organization	W. Other (specify)	L. Public/Indian Housing Authority			
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ATTACHMENT G

SF-424A

The Employment and Training Administration's Region Offices 2 and 6 developed a helpful budget tool that consisted of an interactive SF-242A with tabs and instructions, "How to Develop a Budget." We have included with this planning Training and Employment Guidance Letter the interactive form. The instructions are available upon request to grants.scsep2012@dol.gov. Grantees are encouraged to use this tool in developing their budget narratives. **NOTE:** The narrative tabs in this budget tool will hold a maximum of 251 characters without spaces. When the user exceeds 251 characters, the form will display "#####." Please use additional electronic pages if you exceed the 251 character maximum.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
		Department:	
Organizational DUNS:		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix:	First Name:
City:		Middle Name	
County:		Last Name	
State:	Zip Code	Suffix:	
Country:		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
<input type="text"/>			
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
TITLE (Name of Program): Public Health and Social Services Emergency Fund			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date:	Ending Date:	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	a. YES: <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	-	
c. State	\$	-	
d. Local	\$	-	
e. Other	\$	-	
f. Program Income	\$	b. NO: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL	\$	-	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT	
		<input type="checkbox"/> Yes. If "Yes," attach an explanation. <input type="checkbox"/> No.	
a. Authorized Representative			
Prefix		First Name	Middle Name
Last Name		Suffix	
b. Title		c. Telephone Number (give area code)	
d. Signature of Authorized Representative		e. Date Signed	

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		\$0	\$0			
2						
3.						
4.						
5. TOTALS		\$0	\$0			

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
			(3)	(4)	(5)
a. Personnel					\$0.00
b. Fringe Benefits					\$0.00
c. Travel					\$0.00
d. Equipment					\$0.00
e. Supplies					\$0.00
f. Contractual					\$0.00
g. Construction					\$0.00
h. Other					\$0.00
i. Total Direct Charges (sum of 6a - 6h)					\$0.00
j. Indirect Charge					\$0.00
k. TOTALS (sum of 6i and 6j)					\$0.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Resources	(e) TOTALS	
8.				\$0	
9.					
10.					
11.					
12. TOTALS (sum of lines 8-11)	\$0	\$0	\$0	\$0	
SECTION D - FORECASTED CASH NEEDED					
	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 OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
				\$0.00	
17.				\$0	
18.				\$0	
19.				\$0	
20. Totals (sum of lines 16-19)				\$0.00	
SECTION F - OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)					
21. Direct Charges:					
22. Indirect Changes: Preliminary Indirect Cost Rate					
23. Remarks:					

PROGRAM YEAR 2012 FEDERAL PROJECT OFFICER LIST FOR SCSEP GRANTEES

Grantee	Region	FPO Name	Phone	E-Mail
AARP Foundation	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Asociación Nacional Pro Personas Mayores	VI	Marc Lambert	(415) 625-7957	lambert.marc@dol.gov
Easter Seals, Inc.	V	Alice Mitchell	(312) 596-5413	mittchell.alice@dol.gov
Experience Works, Inc.	III	Connie Taylor	(404) 302-5338	taylor.connie@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	Alice Mitchell	(312) 596-5413	mittchell.alice@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	Alice Mitchell	(312) 596-5413	mittchell.alice@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