Human Services, Administration for Children and Families, Division of Discretionary Grants, 370 L'Enfant Promenade, S.W., 6th Floor, Washington, D.C. 20447.

A list of the Single Points of Contact for each State and Territory is included as Attachment G of this announcement.

Part VII: Instructions for Completing Applications

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

The standard forms attached to this announcement shall be used when submitting applications for all funds under this announcement. It is suggested that you reproduce singlesided copies of the SF-424 and SF-424A, and type your application on the copies. If an item on the SF-424 cannot be answered or does not appear to be related or relevant to the assistance requested, write "NA" for "Not Applicable". If your submission on an item needs further explanation or is not directly responsive to the item requested, please explain or provide commentary in Item Number 23. This item may be extended by use of an additional sheet of paper, appropriately identified.

Prepare your application in accordance with instructions provided on the forms as well as with the OCS specific instructions set forth below:

A. SF-424—"Application for Federal Assistance" (see Attachment B)

Item 1. For the purposes of this announcement, all projects are considered "Applications"; there are no "Pre-Applications" and no Construction projects. Accordingly, check the "Non-Construction" box.

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

Item 3. "Date received by State"—N/ Δ

Item 4. "Date received by Federal Agency"—Leave blank.

Item 5 and 6. The legal name of the applicant must match that listed as corresponding to the Employer Identification Number. Where the applicant is a previous Department of Health and Human Services grantee, enter the Central Registry System Employee Identification Number (CRS/EIN) and the Payment Identifying Number, if one has been assigned, in the Block entitled "Federal Identifier" located at the top right hand corner of the form.

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

Item 8. "Type of Application"— Please indicate the type of application (New or New-Renewal).

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

Item 10. The Catalog of Federal Domestic Assistance Number for OCS programs covered under this announcement is 93.578. The title is "Family Support Center and Gateway Demonstration Program".

Item 11. "Descriptive Title of Applicant's Project"—Enter the project title (a brief descriptive title) and the following letter designations must be used:

ZC—Family Support Center ZR—Family Support Center Renewals ZG—Gateway Demonstration

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

Item 13. "Proposed Project"—Enter the desirable starting date for the project and the proposed completion date. Projects may not exceed the maximum duration specified.

Item 14. "Congressional District of Applicant/Project" —Enter the number of the Congressional District where the applicant's principal office is located and the number(s) of the Congressional district(s) where the project will be located

Item 15a. This amount should be no greater than the amount specified under the Section on *Availability of Funds and Grant Amounts*.

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

(See Attachment C)

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

Sections A, B, C, and D should reflect budget estimates for the first year of the project. Section E should present the estimates for Federal assistance for the second year of the project. Grant awardees will be required to submit a "continuation application" for the second year of the project.

In completing these sections, the "Federal Funds" budget entries should separately identify all Federal funds involved in the project, "Non-Federal" will include mobilized funds from all

other sources—applicant, State, and other.

Section A—Budget Summary

Line 1: Column (a): Enter "Family Support Center/Gateway Demonstration Program"; Column (b): Enter 93.578 Columns (c) and (d): Not Applicable for new applications. Columns (e), (f) and (g): enter the appropriate amounts needed to support the project for the first budget period.

Lines 2–4: Enter same information as above for any other Federal funds proposed to be used in the project. (Please explain status of funds; e.g., approved or requested, etc.)

Section B—Budget Categories

Allocability of costs are governed by applicable cost principles set forth in OMB Circular A-122 and 45 CFR Part 74 (non-governmental) and OMB Circular A-7 and 45 CFR Part 92 (governmental). Budget estimates for all costs must be supported by adequate detail for the grants officer to perform a cost analysis and review. Adequately detailed calculations for each budget object class are those which reflect estimation methods, quantities, unit costs, salaries, and other similar quantitative detail sufficient for the calculations to be duplicated. For any additional object class categories included under the object class "other" identify the additional object class(es) and provide supporting calculations.

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

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

Personnel-Line 6a. Enter the estimated total costs of salaries and wages.

Justification: Identify the principal investigator or project director, if known. Specify by title or name the percentage of time allocated the project, the individual annual salaries, and the cost to the project of the organization's staff who will be working on the project. Do not include costs of consultants or personnel costs of delegate agencies or of specific project(s) or businesses to be financed by the applicant.

Fringe Benefits-Line 6b: Enter the estimated total costs of fringe benefits unless treated as part of an approved indirect cost rate which is entered on line 6j.