



**PART II – APPLICATION REVIEW**

|     |   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|-----|---|------------|-----------|------------|
| 1.  | Does the application meet the selection criteria for awarding a grant or cooperative agreement as established by section 1.03 of the ACF GAM?   | _____      | _____     | _____      |
| 2.  | If a cooperative agreement, does the awarding instrument meet the following requirements:   | _____      | _____     | _____      |
|     | a. Have the terms and conditions been established?  | _____      | _____     | _____      |
|     | b. Is there clear, substantial Federal government involvement?  | _____      | _____     | _____      |
| 3.  | Is this an eligible applicant under the program announcement?   | _____      | _____     | _____      |
| 4.  | Is the funding level, non-federal share amount and number of months to be awarded consistent with the program announcement?   | _____      | _____     | _____      |
| 5.  | Is this application non-competitive (i.e., unsolicited, urgent, etc.)?  | _____      | _____     | _____      |
| 6.  | Applicant’s EIN listed on application? (If not, has applicant been contacted?)  | _____      | _____     | _____      |
| 7.  | Applicant’s PIN listed in Central Registry? (If not, has PMS been notified?)  | _____      | _____     | _____      |
| 8.  | Does the application have an original signature and is signed by an authorized official? (For Native American applicants, the signature must be that of Tribal chairperson or head of Tribal Council per governing body’s authorization). | _____      | _____     | _____      |
| 9.  | Is the application complete? (SF-424-A, Sections A, B, C, D, E, and F; SF-424B, Assurances Statement; Budget and Program Narrative.)  | _____      | _____     | _____      |
| 10. | Assurances Statement (SF-424B) is signed?   | _____      | _____     | _____      |
| 11. | Lobbying Certification is signed?   | _____      | _____     | _____      |
| 12. | Resolution included in application? (ANA only)  | _____      | _____     | _____      |
| 13. | Maintenance of Effort included? (ANA only)  | _____      | _____     | _____      |
| 14. | Is the number of children served indicated in application? (Head Start only).   | _____      | _____     | _____      |
| 15. | Is documentation of Parent Policy Council Approval provided? (Head Start only)  | _____      | _____     | _____      |
| 16. | Proof of non-profit status submitted? (e.g. 501(c)(3) letter from IRS or IRS Code Book page #___)   | _____      | _____     | _____      |
| 17. | a) Is the applicant delinquent on any Federal debt? (If yes, is an explanation attached?)   | _____      | _____     | _____      |
|     | b) Has offset been required to collect a debt from applicant? If yes, was required program level maintained?  | _____      | _____     | _____      |
| 18. | Has Program Office provided reviewers comments, score sheet and summary form?   | _____      | _____     | _____      |
| 19. | Have significant weaknesses in application been addressed and/or negotiated by Program Office?  | _____      | _____     | _____      |

|     |  | <b>YES</b> | <b>NO</b> | <b>NA</b> |
|-----|--|------------|-----------|-----------|
| 20. | Has out-of-rank order justification, if applicable, been submitted?  | _____      | _____     | _____     |
| 21. | Is program covered by E.O. 12372? (Federally, recognized Indian Tribes are exempt.)  | _____      | _____     | _____     |
| 22. | Did applicant submit application to the State Single Point of Contact (SPOC)? If not, then request applicant submit  | _____      | _____     | _____     |
| 23. | If applicant is from the State of Louisiana and the project involves construction, has the applicant notified the Department of Environmental Quality and the Historic Preservation of the Department of Culture, Recreation and Tourism for review and comment? | _____      | _____     | _____     |
| 24. | Does the application include contract(s)?  | _____      | _____     | _____     |
|     | a) Will contract(s) be awarded noncompetitively?   | _____      | _____     | _____     |
|     | b) Does the application include justification for sole source?   | _____      | _____     | _____     |
| 25. | Is applicant cited on the Federal debarment list?  | _____      | _____     | _____     |
| 26. | Is applicant on the HHS Alert List? If yes, determine why.   | _____      | _____     | _____     |

**PART III – SPECIAL CLEARANCES**

|    |  |       |       |       |
|----|--|-------|-------|-------|
| 1. | Does applicant propose to produce Audio/Visuals and/or Public Service Announcements?   | _____ | _____ | _____ |
|    | a) Are films intended for viewing by the general public?   | _____ | _____ | _____ |
|    | b) If the answer to (a) is Yes, has prior clearance by the Office of Public Affairs (OPA) been received?                           | _____ | _____ | _____ |
|    | c) Is prior approval by the Office of the Assistant Secretary for Public Affairs (OAPSA) required per Section 2.15 of the ACF GAM? | _____ | _____ | _____ |
|    | d) If the answer to (c) is Yes, has the prior approval been rejected?  | _____ | _____ | _____ |
| 2. | Does applicant propose to produce publications exceeding 200 copies or more for distribution to the general public?                | _____ | _____ | _____ |
|    | a) If the answer is Yes, has prior clearance by OPA been received?   | _____ | _____ | _____ |
|    | b) Is prior approval by the Office of the Assistant Secretary for Public Affairs (OAPSA) required per Section 2.15 of the ACF GAM? | _____ | _____ | _____ |
|    | c) If the answer to (b) is Yes, has the clearance been received?   | _____ | _____ | _____ |

**PART IV – BUDGET ANALYSIS**

**SF-424-(A) Budget Summary and Categories**

|  |       |       |       |
|--|-------|-------|-------|
| Funding level agrees with funding plan?  | _____ | _____ | _____ |
| Does the applicant request administrative costs?   | _____ | _____ | _____ |
| Does the applicant provide justification/breakdown of administrative costs? If not, then obtain. | _____ | _____ | _____ |

**Personnel**

|   |       |       |       |
|---|-------|-------|-------|
| Staff salary breakdown provided?          | _____ | _____ | _____ |
| Key staff identified and % of time noted? | _____ | _____ | _____ |

**Fringe Benefits**

|                                 |       |       |       |
|---------------------------------|-------|-------|-------|
| Are fringe benefits identified? | _____ | _____ | _____ |
| Is the percentage identified?   | _____ | _____ | _____ |

**Travel (Project staff travel only)**

|  |       |       |       |
|--|-------|-------|-------|
| Breakdown provided, along with explanation of costs (e.g. # of trips, destinations, per diem, etc.)? | _____ | _____ | _____ |
|--|-------|-------|-------|

**Equipment** (State and local governments and Federally Recognized Indian Tribes: \$5,000 or more per unit item; non-profits: \$5,000 or More per unit item.)

|  |       |       |       |
|--|-------|-------|-------|
| Does equipment to be purchased appear related to project objectives? | _____ | _____ | _____ |
|--|-------|-------|-------|

List items of equipment for current budget period and review against prior budget periods.

|                              |                     |  |  |
|------------------------------|---------------------|--|--|
| <b><u>EQUIPMENT ITEM</u></b> | <b><u>COSTS</u></b> |  |  |
|------------------------------|---------------------|--|--|

|  |            |           |            |
|--|------------|-----------|------------|
|  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|

**Supplies**

|  |       |       |       |
|--|-------|-------|-------|
| Breakdown of items and costs provided? | _____ | _____ | _____ |
|--|-------|-------|-------|

**Contractual/Subgrant Relationship**

|  |       |       |       |
|--|-------|-------|-------|
| Name, purpose and costs identified?  | _____ | _____ | _____ |
| Does the proposed relationship meet the requirements of Section 3.10 of the ACF GAM? | _____ | _____ | _____ |

**Construction/Renovation**

|  |       |       |       |
|--|-------|-------|-------|
| Breakdown of costs and justification provided? | _____ | _____ | _____ |
| Costs do not relate to new construction?       | _____ | _____ | _____ |

**YES NO N/A**

**Other** (Other costs include, but are not limited to the following: insurance, audit services, food, medical and dental costs, consultant services and their travel, local transportation (travel requiring no per diem), space, equipment rental, printing and publication, computer use, training costs including tuition and stipends and staff development.)

Breakdown of costs and explanation provided? \_\_\_\_\_

Are rental costs proposed? (Only use or depreciation costs are allowable for grantee owned space.) \_\_\_\_\_

**Indirect Costs (IDC)**

Is Indirect Cost Negotiated Agreement included in application or evidence of application for an IDC rate? (If not, request from applicant). \_\_\_\_\_

Indirect Costs calculated correctly in accordance with Approved IDC agreement? \_\_\_\_\_

If a training grant, is the IDC to be reimbursed by Federal Funds limited to 8%? (Less cost of equipment, tuition/fees, contractual or alteration and renovations. Note: State and Local Governments are not limited to 8%). \_\_\_\_\_

**YES NO**

DO ANY OF THE PROPOSED BUDGET COSTS APPEAR UNREASONABLE GIVEN THE OBJECTIVES AND SCOPE OF THE PROJECT? (IF YES, WHAT ACTIONS(S) HAS/HAVE BEEN TAKEN TO RESOLVE THE PROBLEM? EXPLAIN.)

\_\_\_\_\_

**YES NO N/A**

**PROGRAM INCOME**

Are options for use of program income identified in the application? (Explain source and application). \_\_\_\_\_

**NON-FEDERAL SHARE**

Is there a statutory and/or administratively required match? \_\_\_\_\_

Does the non-Federal share meet the required match? \_\_\_\_\_

Match requirement: \_\_%

In-Kind Contributions (List Type and Dollar Value, e.g., volunteer services, the number of volunteers and their service rate should be provided; donated space the type of space, location, number of square feet and value assigned should be provided; etc. Note: Refer to Section 3.05 of ACF GAM related to valuation of third party in-kind contributions, especially the restriction on the use of the fair market value of donated building space.)

TYPE

VALUE (\$)

**PART V – CONTINUATION APPLICATIONS**

|   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| 1. Has the Program Office submitted the Project Officer’s Certification Form? If not, stop and obtain form.                                   | _____      | _____     | _____      |
| 2. Are Project Officer’s Grants Monitoring Statements current and in the official grant file? If not, obtain and file.                        | _____      | _____     | _____      |
| 3. Were all terms and conditions of the previous grant(s) complied with? Is there evidence of compliance in files?                            | _____      | _____     | _____      |
| 4. Are Financial Status Reports (SF-269) current and in the official grant file? If not, obtain and file.                                     | _____      | _____     | _____      |
| 5. Are Program Performance Reports current and in the official grant file? If not, obtain and file.   | _____      | _____     | _____      |
| 6. Are any significant problems (financial or programmatic) identified in the reports?  | _____      | _____     | _____      |
| 7. Do the problems require any of the following actions? (Check all actions taken).   | _____      | _____     | _____      |
| a. Special Conditions _____   |            |           |            |
| b. Corrective Action _____  |            |           |            |
| c. Training and Technical Assistance _____  |            |           |            |
| d. Other (Explain) _____  |            |           |            |
| 8. If there is a Carry Over Balance (COB), give \$ _____ (estimated, actual) the amount and circle whether an “estimated” or “actual” amount. |            |           |            |
| 9. Date of the most recent audit. _____(Date) _____(N/A)  |            |           |            |

**PART VI – OTHER CONCERNS**

Concerns

Recommendations