**OUS RFA #2012-05**

**Section IV – Grant Application**

*Instructions:*

*The cover sheet must be no longer than one page. Include all sections in your Application, in the order given. Italicized instructions and questions – including this paragraph – should be deleted from the your Application. Feel free to use more space than is provided to fill in answers, but do not exceed 8 pages in total, excluding cover sheet, budget page, and attachments. Reviewers greatly appreciate brevity, clarity, and context.* ***Please use Times New Roman font size 12****.*

**CACG Cover Sheet for Sustainability Project Grant Application**

|  |  |
| --- | --- |
| **Organization Name:** |  |

|  |  |
| --- | --- |
| **Project Contact:** |  |
| **Title:** |  |
| **Address:** |  |
| **Phone and Email:** |  |

|  |  |
| --- | --- |
| **Accounting Contact:** |  |
| **Title:** |  |
| **Phone and Email:** |  |

|  |  |
| --- | --- |
| **Authorized agent:** |  |
| **Title:** |  |
| **Phone and Email:** |  |

**OUS RFA #2012-05**

**Oregon CACG Sustainability Project Application**

1. **Program Abstract**

*Summarize your application in no more than 250 words. This summary will be used for web postings and other communications.*

1. **Needs to be addressed**

*In determining the need for the Program, the evaluation committee considers the following factors:*

* 1. *The magnitude of the gaps or weaknesses in services, infrastructure, or opportunities prior to implementing CACG projects.*
  2. *How the CACG project addressed these needs and the impact of the Program.*
  3. *How this sustainability project will help address any continuing or unmet needs in the long-term.*

*Cite references as appropriate.*

1. **Project activities and outcomes**

*Describe the Program activities to be supported by this Grant. Be specific in terms of the activities, goals, expected outcomes, and how this will sustain college access in your community.*

1. **Evaluation plan**

*How will you measure the effectiveness of the Program? Be as specific as possible.*

1. **Organizational support**

*How will your organization support this Program beyond the funding period? Include statements which outline the district/school support, relationship to other district initiatives, and commitment to maintaining this Program once the funds are no longer available.*

1. **Participating staff***Please list all staff (name, position) who will be involved in implementing this Program.*
2. **Partners**
   1. *List all community and other partners currently involved in your school and describe their involvement;*
   2. *List any partners you would like to engage in this Program and why.*

**OUS RFA #2012-05**

**Budget Summary Form**

*Please provide a complete summary of proposed expenditures (CACG and Non-federal Matching*[[1]](#footnote-1)*). Please note that no administrative costs will be allowed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Categories | | CACG Funds | Non-federal Matching Funds1 | **TOTAL** |
| 1. Salaries and Wages |  |  |  |
| 2. Employee Benefits |  |  |  |
| 3. Travel |  |  |  |
| 4. Materials and Supplies[[2]](#footnote-2) |  |  |  |
| 5. Consultants & Contracts |  |  |  |
| 6. Other |  |  |  |
| 1. **Total Direct Costs:**   *(Sum of lines 1-6)* |  |  |  |
| 1. **Total Indirect Costs[[3]](#footnote-3):**   *(cannot be greater than 8% of Total Direct Costs)* |  |  |  |
| 1. **Equipment** |  |  |  |
| **D. Scholarships/Tuition Assistance** |  |  |  |
| **E. TOTAL REQUESTED** *A + B+ C+D* |  |  |  |

*Please provide a detailed description of how the funds will be used and justification for each budget category. Please do so for CACG funds as well as non-federal matching funds.*

|  |  |  |
| --- | --- | --- |
| Budget Categories | CACG Funds | Non-federal Matching Funds |
| 1. Salaries and Wages |  |  |
| 2. Employee Benefits |  |  |
| 3. Travel |  |  |
| 4. Materials and Supplies |  |  |
| 5. Consultants & Contracts |  |  |
| 6. Other |  |  |
| 7. Equipment |  |  |
| 8. Indirect Costs |  |  |

**OUS RFA #2012-05**

**BIDDER/APPLICANT**

**TAX LAWS AND NON-DISCRIMINATION CERTIFICATION**

**RFA #2012-05**

I, the undersigned, have read all of the terms and conditions of this Request for Proposals, and I understand that if awarded the contract, I and the firm represented herein shall be bound by its terms and conditions and representations made in this response. I certify that Proposer has not discriminated against minority, women or emerging small business enterprises in obtaining any required subcontracts.

**Certified Minority, Women, and Emerging Small Business**

For statistical purposes only, please indicate if your firm is an Oregon certified minority, women, or emerging small business: **DBE  MBE  WBE  ESB**

**Certificate of Compliance with Tax Laws**

I, the undersigned,

(Check one) \_\_ hereby certify under penalty of perjury as provided in ORS 305.385(6), that, I am not in violation of any of the tax laws described in ORS 305.380(4).

\_\_ hereby certify that I am authorized to act on behalf of the Contractor, and affirm, under penalty of perjury as provided in ORS 305.385(6), that, to the best of my knowledge, the Contractor is not in violation of any of the tax laws described in ORS 305.380(4).

For purposes of this certification, “tax laws” means a state tax imposed by ORS 320.005 to 320.150 and 403.200 to 403.250, ORS Chapters 118, 314, 316, 317, 318, 321 and 323; the elderly rental assistance program under ORS 310.630 to 310.706; and local taxes administered by the Oregon Department of Revenue under ORS 305.620.

Business Designation (check one): Corporation  Partnership

Sole Proprietor  Governmental/Non-Profit  Limited Partners Limited Liability Partnership

Limited Liability Company

**Tax Identification Number (Federal TIN):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  | Title: |  |
| Firm: |  | | |
| Address: |  | | |
| City/State/Zip: |  | Phone: | ( ) |
| e-mail: |  | Fax: |  |

1. Non-Federal match must be greater than or equal to 10% of the request for Federal funds. [↑](#footnote-ref-1)
2. Cell phones are *not* an allowable expense. [↑](#footnote-ref-2)
3. Applicants requesting indirect costs in their budget are required to have an indirect rate agreement (or be in the process of applying for one) and must provide a copy of their agreement with the application. Moreover, the budgeted amount for indirect cannot exceed the lesser of the applicant agency’s indirect rate or 8%. [↑](#footnote-ref-3)