



2021

Pre-Application Training for SEDS -GO

Developed by the ANA Regional T/TA Centers
Pacific Region • Alaska Region • Western Region • Eastern Region

slido

What is your favorite native food?

 Start presenting to display the poll results on this slide.

What you will need for this session



SEDS-GO Tool Kit
Pre App Manual



Funding Opportunity
Announcement (FOA)



OWP
Budget Template



Questions about
Yesterday's Training?

Approach

- ▶ Introduction to the Applicant Organization (0-6)
- ▶ Targeted Challenge (0-6)
- ▶ Project Goal (0-6)
- ▶ SMART Objectives (0-6)
- ▶ Outcomes and Indicators (0-6)
- ▶ Description of Project Implementation Strategy (0-25)
- ▶ Objective Work Plan (0-15)

Organizational Capacity

Budget & Budget Justification

- ▶ Line-Item Budget (0-5)
- ▶ Budget Narrative (0-10)

Bonus Points 5 Points



Page 108

Budget and Budget Justification

Line-Item Budget (0-5 points)

28. How well does the application include a line-item budget with appropriate object class categories for every year of the project that fully details the costs allocated for federal and non-federal shares? Personnel should be delineated by full-time equivalent or percentage of time to the project.
29. How well does the application include funds for all required items to successfully implement the project budget, as described in Section IV.2.Content and Form of Application Submission, The Project Budget and Budget Justification? The line-item budget should only include costs that align with the Project Implementation Strategy and OWP.

Provide line -by-line all cost for all proposed project expenditures, categorized by object class categories

- ▶ Personnel
- ▶ Fringe Benefits
- ▶ Travel
- ▶ Equipment
- ▶ Supplies
- ▶ Contractual
- ▶ Other
- ▶ Indirect Cost



2021

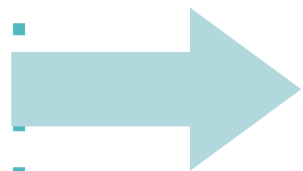
SEDS-GO Toolkit

Developed by the ANA Regional T/TA
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	A	B	C	D
1	<i>Tribe/Organization Name</i>			
2	BUDGET YEAR ONE			
3	CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	Total
4	PERSONNEL	Full and Part time employees only		
5	<i>Insert title and percentage of time</i>	-	-	-
6	<i>Insert title and percentage of time</i>	-	-	-
7	<i>Insert title and percentage of time</i>	-	-	-
8	<i>Insert title and percentage of time</i>	-	-	-
9	TOTAL PERSONNEL	\$ -	\$ -	\$ -
10	FRINGE BENEFITS	Benefits for full and part-time employees, individual rate may differ		
11	FICA @ 7.65%	-	-	-
12	FUTA @ .00%	-	-	-
13	SUTA @ .00%	-	-	-
14	Health Insurance @ 00%	-	-	-
15	Retirement @ 00%	-	-	-
16	Workman's Comp. @ 00%	-	-	-
17	TOTAL FRINGE BENEFITS	\$ -	\$ -	\$ -
18	TRAVEL	Employee/staff overnight travel only, not for local mileage		
19	<i>Post Award Training - 2 people</i>	-	-	-
20	<i>ANA Grantee Meeting - 2 people</i>	-	-	-
21	<i>Insert any other project staff travel</i>	-	-	-
22	TOTAL TRAVEL	\$ -	\$ -	\$ -
23	EQUIPMENT	Usable life of a year and unit capital cost in excess of \$5,000		
24	<i>Insert name of equipment</i>	-	-	-
25	<i>Insert name of equipment</i>	-	-	-
26	TOTAL EQUIPMENT	\$ -	\$ -	\$ -
27	SUPPLIES	Less than \$5,000 per unit		
28	<i>Insert name of type of supply</i>	-	-	-
29	<i>Insert name of type of supply</i>	-	-	-
30	TOTAL SUPPLIES	\$ -	\$ -	\$ -
31	CONTRACTUAL	Generally for contracts that require a formal bidding process		
32	<i>Insert name of type of contract</i>	-	-	-
33	<i>Insert name of type of contract</i>	-	-	-
34	TOTAL CONTRACTUAL	\$ -	\$ -	\$ -
35	OTHER	All other costs not list in categories above		
36	<i>Insert name of "Other" budget item</i>	-	-	-
37	<i>Insert name of "Other" budget item</i>	-	-	-
38	<i>Insert name of "Other" budget item</i>	-	-	-
39	<i>Insert name of "Other" budget item</i>	-	-	-

Use the Budget Template

- ▶ Available in the 2021 SEDS -GO Toolkit
- ▶ Recommended in the FOA
- ▶ Aligns with required format and object class categories



Example: Line Item Budget

Pg 119-120 in Pre App Manual

		FEDERAL	NON FEDERAL	TOTAL
PERSONNEL				
Program Coordinator (1,840 Hrs @ \$19.47/Hr)		\$35,825	\$0	\$35,825
Assistant (1,380 Hrs @ \$15.50/Hr)		\$21,390	\$0	\$21,390
TOTAL PERSONNEL		\$57,215	\$0	\$57,215
FRINGE BENEFITS @ 34.97%		\$20,008	\$0	\$20,008
SUPPLIES				
a. Consumable Office Supplies		\$3,101	\$0	\$3,101
TOTAL SUPPLIES		\$3,101	\$0	\$3,101
TRAVEL				
A. ANA Post Award Training		\$2,500	\$0	\$2,500
B. ANA Grantee Meeting		\$8,500	\$0	\$8,500
TOTAL TRAVEL		\$11,000	\$0	\$11,000
OTHER DIRECT COSTS				
Participant Travel		\$2,700	\$0	\$2,700
Participant Recognition		\$4,600	\$4,000	\$8,600
Participant Snacks		\$144	\$0	\$144
Participant Volunteers		\$0	\$22,192	\$22,192
Accounting		\$6,000	\$0	\$6,000
TOTAL OTHER DIRECT COSTS		\$13,444	\$26,192	\$39,636
TOTAL DIRECT COSTS		\$104,768	\$26,192	\$130,960

The Turtle Island Community Center

SEDS-GO BUDGET YEAR ONE

9/30/2021-
9/29/2022

- ▶ Personnel
- ▶ Fringe Benefits

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	Total
PERSONNEL			
Executive Director (.2 FTE)	-	11,250	11,250
Project Manager (1 FTE)	60,000		60,000
Financial Officer (1 FTE for 10 months)	58,333	-	58,333
TOTAL PERSONNEL	\$ 118,333	\$ 11,250	\$ 129,583
FRINGE BENEFITS			
FICA @ 7.65%	9,052	861	9,913
FUTA @ 6.00%	7,100	675	7,775
SUTA @ 3.71%	4,390	417	4,807
Workman's Comp. @ 1.3%	1,538	146	1,684
TOTAL FRINGE BENEFITS	\$ 22,080	\$ 2,099	\$ 24,179

► Travel

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	Total
TRAVEL			
Post Award Training - PM & FO	2,536	-	2,536
ANA Grantee Meeting - PM & FO	4,110	-	4,110
TOTAL TRAVEL	\$ 6,646	\$ -	\$ 6,646

- ▶ Equipment
- ▶ Supplies

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	Total
EQUIPMENT			
TOTAL EQUIPMENT	\$	\$	\$
SUPPLIES			
<i>PPE supplies</i>		500	500
<i>Consumable office supplies</i>	1,200	-	1,200
TOTAL SUPPLIES	\$ 1,200	\$ 500	\$ 1,700

- ▶ Contractual
- ▶ Other

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	Total
OTHER			
<i>Federal Reporting Training</i>	-	1,200	1,200
<i>Financial Policy Development Consultant</i>	-	6,500	6,500
<i>Consultant - travel</i>		700	700
<i>Microsoft Office Professional (2)</i>	520		520
<i>2 Laptops Microsoft Surface Pro 7 + keyboard</i>	5,920	-	5,920
<i>Accounting & Firewall Software</i>	3,000	-	3,000
<i>Training for Accounting Software</i>	750		750
<i>Printer- Canon imageRUNNER Advance DX</i>		1,980	1,980
<i>Local Travel (1000 mi @ \$.50/mi)</i>	500	-	500
<i>Office space for 10 mo.</i>	-	6,000	6,000
<i>Office furniture</i>		2,000	2,000
<i>Non Profit Finance Training</i>		8,238	8,196
<i>Printing (40 bound manuals)</i>	2,000		2,000
<i>Cell phone & Contract</i>	750		750
TOTAL OTHER	\$ 13,440	\$ 26,618	\$ 40,058

- ▶ Indirect Cost
- ▶ Total Project Cost

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	Total
DIRECT COST TOTAL	\$ 161,699	\$ 40,467	\$ 202,166
10% DeMinimis Rate	\$ 16,169	\$	\$16,169
TOTAL PROJECT COST YEAR 1	\$ 177,868	\$ 40,467	\$ 218,335


$$80\% + 20\% = 100\%$$

Calculating ANA Non-Federal Share (20% of Total Project Cost)

Method 1 (Find Total Cost First)		Method 2 (Find Match First)	
Step 1:		Step 1:	
Federal Request	\$300,000	Federal Request	\$300,000
÷80 %	÷ .80	x25 %	x .25
Total Project Cost	= \$375,000	Non-Federal Share	= \$75,000
Step 2:		Step 2:	
Total Project Cost	\$375,000	Non-Federal Share	\$75,000
-Federal Request	-\$300,000	+Federal Request	+\$300,000
Non-Federal Share =	\$75,000	Total Project Cost =	\$375,000
Check Your Math:		Check Your Math:	
Total Project Cost	\$375,000	Total Project Cost	\$375,000
x20 %	x .20	x20 %	x .20
Non-Federal Share =	\$75,000	Non-Federal Share =	\$75,000

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Your federal budget for the first year is \$240,000. What should your non-federal share be?

 Start presenting to display the poll results on this slide.

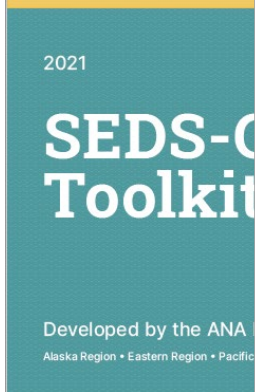
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Your total project budget for the first year is \$260,000.
How much of that is non-federal share?

 Start presenting to display the poll results on this slide.

Budget Justification (0-10 points)

30. How well does the application include a budget justification for every year of the project, including a narrative description of the breakdown of how all costs are calculated for each entry in the line item budget? The budget justification includes a basis for estimated costs, such as equipment, personnel, and travel. Vendor quotes should be provided for equipment over \$5,000.
31. How well does the budget justification describe how expenditures align with the Project Implementation Strategy and the OWP?
32. How well does the application provide information or documentation to demonstrate the required commitment of non - federal share (cost - sharing or matching) contributions?



Tribe/Organization Name			
BUDGET JUSTIFICATION YEAR ONE			
CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	CALCULATION AND JUSTIFICATION
PERSONNEL	\$ -	\$ -	Explain calculation of salary for each position and position project responsibility
Insert title and percentage of time			Describe salary calculation and project responsibilities
Insert title and percentage of time			Describe salary calculation and project responsibilities
Insert title and percentage of time			Describe salary calculation and project responsibilities
Insert title and percentage of time			Describe salary calculation and project responsibilities
FRINGE BENEFITS	\$ -	\$ -	Describe the benefits given and differences based on type of employee
FICA @ 7.65%			Describe the benefit and who is entitled to receive the benefit
FUTA @ .00%			Describe the benefit and who is entitled to receive the benefit
SUTA @ .00%			Describe the benefit and who is entitled to receive the benefit
Health Insurance @ 00%			Describe the benefit and who is entitled to receive the benefit
Retirement @ 00%			Describe the benefit and who is entitled to receive the benefit
Workman's Comp. @ 00%			Describe the benefit and who is entitled to receive the benefit
TRAVEL	\$ -	\$ -	Describe employee travel
Post Award Training - 2 people			Describe need for project completion and break out individual travel costs
ANA Grantee Meeting - 2 people			Describe need for project completion and break out individual travel costs
Insert any other project staff travel			Describe need for project completion and break out individual travel costs
EQUIPMENT	\$ -	\$ -	Describe equipment and need by project
Insert name of equipment			Describe why the project needs this equipment
Insert name of equipment			Describe why the project needs this equipment
SUPPLIES	\$ -	\$ -	Describe supplies to be purchase and need by project
Insert name of type of supply			Describe supplies to be purchased and need by project
Insert name of type of supply			Describe supplies to be purchased and need by project
CONTRACTUAL	\$ -	\$ -	For large contract item not for lesser professional services
Insert name of type of contract			Describe cost calculation and why project needs this contractor
Insert name of type of contract			Describe cost calculation and why project needs this contractor
OTHER	\$ -	\$ -	Describe calculation of cost and why the item is needed
Insert name of "Other" budget item			Describe how the cost was determined and why the item is needed for the project
Insert name of "Other" budget item			Describe how the cost was determined and why the item is needed for the project
Insert name of "Other" budget item			Describe how the cost was determined and why the item is needed for the project
TOTAL OTHER			Describe how the cost was determined and why the item is needed for the project
INDIRECT COST @ XX.XX% (if applica	\$ -	\$ -	Describe how the cost was determined and why the item is needed for the project

Use the Budget Justification Template

- ▶ Available in the 2021 SEDS -GO Toolkit
- ▶ Recommended in the FOA
- ▶ Aligns with required format and object class categories

For Personnel and Fringe Benefits

- ▶ Position Title
- ▶ Time commitment to the project in months & FTE
- ▶ Salary/Hourly Wage
- ▶ Description of responsibilities related to the project

Budget Justification

The Turtle Island Community Center

SED-GO BUDGET YEAR ONE

- ▶ Personnel
- ▶ Fringe Benefits

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	CALCULATION AND JUSTIFICATION
PERSONNEL	\$ 118,333	\$ 11,250	
Executive Director (.2 FTE)	\$75,000/year @ .2 FTE for 9 months to oversees grant compliance		
Project Manager (1 FTE)	\$60,000/year @ 1 FTE to manage project, required programmatic reporting; supervision of project staff; project evaluation		
Financial Officer (1 FTE for 10 months)	\$70,000/year @ 1 FTE for 10 months responsible for implementation of finance department, accounting, financial reporting		
FRINGE BENEFITS	\$ 22,080	\$ 2,099	
FICA @ 7.65%			
FUTA @ 6.00%			
SUTA @ 3.71%			
Workman's Comp.@1.3%			

Budget Justification

For Travel

- ▶ Purpose of travel/travel destination
- ▶ Total number of travelers
- ▶ In compliance with internal travel policies
- ▶ Totals for the following (x number of travelers):
 - ▷ Airfare
 - ▷ Lodging
 - ▷ Per Diem
 - ▷ Transportation

Budget Justification

► Travel

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	CALCULATION AND JUSTIFICATION
TRAVEL	\$ 6,646	\$ -	
<i>Post Award Training – PM & FO</i>			<i>Travel for PM and Financial Officer to Phoenix, AZ: airfare: 2 X \$550; lodging 2 X (3 nights@ \$156/night); per diem 2X \$196; ground transportation 2 x \$30 RT; airport parking \$12/day X 4 days</i>
<i>ANA Grantee Meeting – PM & FO</i>			<i>Travel for PM and MLT to Washington, DC, airfare 2 X \$625; 2 X (4 nights@\$257/night); per diem 2 X \$342; ground transportation 2 X \$30 RT; airport parking \$12/day X 5 days</i>

If your tribe/organization doesn't have travel policies, you can use federal rates found on www.gsa.gov/travel-resources to determine lodging, mileage and per diem rates.

For Equipment

- ▶ Describe the type of equipment being requested
- ▶ Number of units
- ▶ Cost per unit (>\$5,000)
- ▶ Description of how equipment will be used for the project
- ▶ Provide quotes as attachments

For Supplies

- ▶ Group Supplies when possible:
 - ▶ Office Supplies
 - ▶ Workshop/Meeting Supplies
 - ▶ Farming Supplies
- ▶ Breakdown of estimated cost(s)
- ▶ Description of how supplies will be used for the project

Budget Justification

- ▶ Equipment
- ▶ Supplies

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	CALCULATION AND JUSTIFICATION
EQUIPMENT	\$	\$ -	
SUPPLIES	\$ 1,200	\$ 500	
<i>PPE Supplies</i>	<i>Average monthly PPE supplies run \$50/month per department for hand sanitizer, disposable masks. (\$50 X 10 months)</i>		
<i>Consumable office supplies</i>	<i>Average monthly supplies for administration are typically \$100/month for 12 months</i>		

Budget Justification

For Contractual:

- ▶ Provide name of the Contractor
- ▶ Description of anticipated service(s)
- ▶ Breakdown of estimated cost(s)
- ▶ Special parameters for Sub -awards

For Other:

- ▶ Description of item
- ▶ Breakdown/computation of cost
- ▶ Describe why each item is needed for the project

- ▶ Contractual
- ▶ Other

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	CALCULATION AND JUSTIFICATION
OTHER	\$ 13,440	\$ 26,576	
<i>Federal Reporting Training</i>			<i>Free Training provided by Native Learning Center (\$1,200 value, see appendix)</i>
<i>Financial Policy Development Consultant</i>			<i>Provided by partnership with XYZ Consulting. (\$6,500 value, see scope of work and qualifications in appendix)</i>
<i>Consultant - Travel</i>			<i>Travel for 1 trip: (airfare \$350, lodging @\$120/night; meals & incidentals \$170, ground transportation \$60)</i>
<i>Microsoft Office Professional (2)</i>			<i>Suite for software and licenses.</i>
<i>2 Laptops Microsoft Surface Pro 7 + keyboard</i>			<i>2 - Platinum Intel Core 17 32G, 1TB + Surface Pro Signature Type cover w/keyboard</i>
<i>Accounting & Firewall Software</i>			<i>Accounting package including payroll, firewall, and licenses purchased from ABC Technologies</i>
<i>Training for Accounting Software</i>			<i>Training & Service contract provided by software company</i>
<i>Local Travel (1000 mi @ \$.50/mi)</i>			<i>Local mileage for meetings, trainings.</i>
<i>Office space for 10 mo.</i>			<i>Use of office space, includes use of board room and audio/visual equipment at fair market price of \$600/month. See attached letter of commitment in appendix.</i>
<i>Office furniture</i>			<i>Use of desk, chairs, tables provided by TICC @ fair market price. See attached letter of commitment in appendix.</i>
<i>Non Profit Finance Training</i>			<i>Training provided by local Tribal College, see letter of commitment attached and description of training in appendix.</i>
<i>Printing (40 bound manuals)</i>			<i>Cost to print and bind 40 Finance Policy Handbooks @\$50/each.</i>
<i>Cell phone & Contract</i>			<i>iPhone and contract for FO</i>

For Indirect Costs:

- ▶ For those who already have a negotiated indirect cost rate agreement with the Federal government.
 - ▷ Indicate the indirect cost rate
 - ▷ Include a copy of the agreement as an attachment
- ▶ Applicants without a negotiated rate may claim the standard 10% de minimis rate
 - ▷ Indicate that you are using 10% of the “modified total direct cost” basis.

Budget Justification

▶ Indirect Cost

CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	CALCULATION AND JUSTIFICATION
10% DeMinimis Rate	\$16,169		10% of MTDC



Tips on putting together your Budget

- ▶ Follow Federal object class categories
- ▶ Identify 20% of Total Project Cost for Non Federal Share every year of project
- ▶ Work with your Finance person for pay scales, fringe rates, and indirect cost rates
- ▶ Clean up and scale budget templates

Tribe/Organization Name BUDGET JUSTIFICATION YEAR ONE			
CATEGORY/ITEM DESCRIPTION	Federal Share	Non-Federal Share	CALCULATION AND JUSTIFICATION
PERSONNEL	\$ -	\$ -	Explain calculation of salary for each position and position project responsibility
Insert title and percentage of time			Describe salary calculation and project responsibilities
Insert title and percentage of time			Describe salary calculation and project responsibilities
Insert title and percentage of time			Describe salary calculation and project responsibilities
Insert title and percentage of time			Describe salary calculation and project responsibilities
FRINGE BENEFITS	\$ -	\$ -	Describe the benefits given and differences based on type of employee
FICA @ 7.65%			Describe the benefit and who is entitled to receive the benefit
FUTA @ .00%			Describe the benefit and who is entitled to receive the benefit
SUTA @ .00%			Describe the benefit and who is entitled to receive the benefit
Health Insurance @ 00%			Describe the benefit and who is entitled to receive the benefit
Retirement @ 00%			Describe the benefit and who is entitled to receive the benefit
Workman's Comp. @ 00%			Describe the benefit and who is entitled to receive the benefit
TRAVEL	\$ -	\$ -	Describe employee travel
Post Award Training - 2 people			Describe need for project completion and break out individual travel costs
ANA Grantee Meeting - 2 people			Describe need for project completion and break out individual travel costs
Insert any other project staff travel			Describe need for project completion and break out individual travel costs
EQUIPMENT	\$ -	\$ -	Describe equipment and need by project
Insert name of equipment			Describe why the project needs this equipment
Insert name of equipment			Describe why the project needs this equipment
SUPPLIES	\$ -	\$ -	Describe supplies to be purchase and need by project
Insert name of type of supply			Describe supplies to be purchased and need by project
Insert name of type of supply			Describe supplies to be purchased and need by project
CONTRACTUAL	\$ -	\$ -	For large contract item not for lesser professional services
Insert name of type of contract			Describe cost calculation and why project needs this contractor
Insert name of type of contract			Describe cost calculation and why project needs this contractor
OTHER	\$ -	\$ -	Describe calculation of cost and why the item is needed
Insert name of "Other" budget item			Describe how the cost was determined and why the item is needed for the project
Insert name of "Other" budget item			Describe how the cost was determined and why the item is needed for the project
Insert name of "Other" budget item			Describe how the cost was determined and why the item is needed for the project
TOTAL OTHER			Describe how the cost was determined and why the item is needed for the project
INDIRECT COST @ XX.XX% (if applica	\$ -	\$ -	Describe how the cost was determined and why the item is needed for the project

Budget Justification

See Budget Template

- ▶ Describe the calculation and justification for each line item you identified earlier.



FOA Section V.1

Project Summary/Abstract & Governing Body Documentation

Your Project Abstract/Summary should

- ▶ Be no more than one page, single -spaced
- ▶ Serve as a concise summary of your project plan, including needs to be addressed, proposed services, and population(s) to be served.
- ▶ Include, at the top:
 - ▷ Project Title
 - ▷ Applicant Name
 - ▷ Address
 - ▷ Contact Phone Numbers (Voice, Fax, Cell)
 - ▷ Email Address
 - ▷ Website Address, if applicable

Governing Body Documentation

>Federal and State Recognized Tribes

- ▶ Must include a Tribal Resolution or Letter signed by AOR

>Native Non Profit Organizations

- ▶ Must include an Assurance of Community Representation

Assurance of Community Representation

>51% of nonprofit board members must represent the community to be served. Categories of representation include:

- ▶ Members of federally or state -recognized tribes.
- ▶ Persons recognized by members of the eligible Native American community to be served as having a cultural relationship with that community.
- ▶ Persons considered Native Americans or Native American Pacific Islanders.

“Applicants that do not include [the Assurance of Community Representation on the Board of Directors] documentation will be considered non -responsive, and the **application will not be considered for competition.**”

Assurance of Community Representation

Use the format
found in Appendix
C of the FOA

Membership List of XYZ Board of Directors		
Board Member Full Name	Title on Board of Directors	Affiliation or Relationship to a Category of Community Representation
John Clay	President	Enrolled Member, XYZ Tribe
Darlene White Eagle	Vice President	Married to Earl White Eagle, an Enrolled Member, XYZ Tribe (Cultural Relationship)
David Long	Treasurer	Native Hawaiian
Johnathan Thunder	Secretary	Athabascan-XYZ Village
Dina Redhorse	Board Member	Enrolled Member (State Recognized Tribe), ABC Tribe
Dorothy Jones	Board Member	Non-Native



Preparing and Submitting the Application

Don't wait until the last minute!

	SEDS- GO
Applications Due	Wednesday, June 30, 2021 11:59pm ET time



Give yourself an earlier deadline.

- ▶ Main Body of Narrative
 - 8½” X 11” with 1-inch margins all around
 - 12-point font, Times New Roman
 - Double-spaced

- Project Summary/Abstract
 - Single-spaced, ONE page

Recommended Headings for Your SEDS-GO ANA Application

- ▶ Introduction to Applicant Organization
- ▶ Targeted Challenge
- ▶ Project Goal
- ▶ SMART Objective(s)
- ▶ Outcomes & Indicators
- ▶ Implementation Strategy
- ▶ Contingency Plan
- ▶ Project Progress Plan
- ▶ Organizational Capacity
- ▶ Project Staff
- ▶ Project Partners
- ▶ Financial Management of Award
- ▶ Line-Item Budget
- ▶ Budget Justification

Formatting the Body of the Application:

Headings for each section bolded:

“Statements in quotes and italicized”

Heading for narrative:

Narrative for this section

Example:

Long - Term Community Goal:

“All Native Communities are Thriving”

How our project will bring our community closer to reaching the Long - term Community Goal:

(Include Narrative Here)

Single Spaced:

- ▶ Project Summary/Abstract
- ▶ Required SFs
- ▶ Logic models
- ▶ Third -party agreements
- ▶ Line-item budget
- ▶ Required Assurances and Certifications
- ▶ Required OMB -approved forms
- ▶ Proof of legal status/non -profit status
- ▶ Letters of support
- ▶ Budget justification
- ▶ Tables
- ▶ Resumes

150 total page limit – *excludes:*

- ▶ OMB approved forms
- ▶ Project Summary
- ▶ OWP
- ▶ Required Assurances and Certification

○ *(Business plans no longer exempt)*

Required Application Elements – Suggested **File 1**

- ▶ Table of Contents
- ▶ Project Summary/Abstract (one single -spaced page)
- ▶ Approach
 - ▷ Introduction to Applicant Organization
 - ▷ Targeted Challenge
 - ▷ Project Goal
 - ▷ SMART Objective(s)
 - ▷ Outcomes & Indicators
 - ▷ Implementation Strategy
 - ▷ Contingency Plan
 - ▷ Project Progress Plan
- ▶ Organizational Capacity
 - ▷ Project Staff
 - ▷ Project Partners
 - ▷ Financial Management of Award
- ▶ Project Budget & Budget Justification
 - ▷ Line-Item Budget
 - ▷ Narrative Budget Justification

Required Application Elements – Suggested File 2

▶ Appendices

- ▶ Tribal Resolution OR
- ▶ Assurance of Community Representation on Board of Directors
- ▶ Resumes
- ▶ Job Descriptions
- ▶ Protection of Sensitive & Confidential Information
- ▶ Maintenance of Effort
- ▶ Commitment of Non-Federal Share
- ▶ Indirect Cost Agreement, if applicable
- ▶ Letters of Commitment
- ▶ Third Party Agreements, if applicable
- ▶ Business Plan, if applicable
- ▶ Other attachments

Putting the Application Together

Applications must be submitted electronically through [Grants.gov Workspace](#)

- ▶ Exemption requests for paper submission must be received by ACF no later than 2 weeks before the application due date. This is 14 calendar days prior to the application due date.

Adobe Software

Adobe Software Tip Sheet

You should verify that you are using a version of Adobe that is compatible with Grants.gov. To do this, from the Grants.gov homepage select the Applicants tab. Next click the Adobe Software Compatibility link.

[https://www.grants.gov/web/grants/applicants/adobe - software - compatibility.html](https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html)

This page provides information regarding the compatible versions for Windows and Mac OS users. To verify the version of Adobe Reader or Adobe Acrobat installed on your computer is compatible with the forms in Workspace you can also click on the following test application package link:

[https://www.grants.gov/documents/19/18243/Adobe - Versioning - Test - Workspace - PDF- Form.pdf](https://www.grants.gov/documents/19/18243/Adobe-Versioning-Test-Workspace-PDF-Form.pdf)

<https://www.youtube.com/user/GrantsGovUS>

**Passwords expire
every 60 days!**

Register as an Organization Applicant

https://www.grants.gov/web/grants/applicants/organization_registration.html

Introduction to Grants.gov Video Series

<https://www.youtube.com/playlist?list=PLNSNGxQE7NWIPcYxVJsglJbRc6cPcfC8X>

Learning Workspace Video Series for Organization Applicants

https://www.youtube.com/playlist?list=PLNSNGxQE7NWlibdjPYGOsZaG_ol0pBsx3

Search for the FOA on Grants.gov

Select Account Type:

APPLICANT GRANTOR EEBZ POC

Applicant Login

Login below for additional Applicant features. To track your application without logging in, visit the [Track My Application](#) page. If you do not have a Username and Password, please [Register as a New User](#).

USERNAME:

PASSWORD:

(Case Sensitive)

LOGIN

[Change My Password](#)
[I Forgot My Username](#)
[I Forgot My Password/Unlock My Account](#)



GRANTS.GOV > Search Grants

SEARCH GRANTS

BASIC SEARCH CRITERIA:

Keyword(s):

Funding Opportunity Number:

CFDA Number:

SEARCH

Use the CFDA number located in the Funding Opportunity Announcement (FOA) to search for the application package.

Observe electronic file naming conventions.

- ▶ Improperly named files will not pass validation at Grants.gov.
- ▶ Limit filenames to 50 or fewer characters.
- ▶ Do not attach any documents with the same name. All attachments should have a unique name.
- ▶ Attachments that do not satisfy the following rules regarding the use of special characters may cause the entire application to be rejected or cause issues during processing.

Documents to Submit

Include in Package	Form Name (Click to Edit)
<input checked="" type="checkbox"/>	Application for Federal Assistance (SF-424) [V2.1]
<input checked="" type="checkbox"/>	Grants.gov Lobbying Form [V1.1] READ-ONLY
<input checked="" type="checkbox"/>	Budget Information for Non-Construction Programs (SF-424A) [V1.0]
<input checked="" type="checkbox"/>	Assurances for Non-Construction Programs (SF-424B) [V1.1] READ-ONLY
<input checked="" type="checkbox"/>	Project/Performance Site Location(s) [V2.0]
<input checked="" type="checkbox"/>	Project Narrative Attachment Form [V1.2]
<input checked="" type="checkbox"/>	Other Attachments Form [V1.2]
<input type="checkbox"/>	Disclosure of Lobbying Activities (SF-LLL) [V1.2]
<input type="checkbox"/>	Objective Work Plan [V1.2]

SF 424 - #18

18. Estimated Funding (\$):

- * a. Federal
- * b. Applicant
- * c. State
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL

Only use budget numbers from Year 1

SF 424A

Section A

Use Year 1
budget numbers

[View Burden Statement](#)

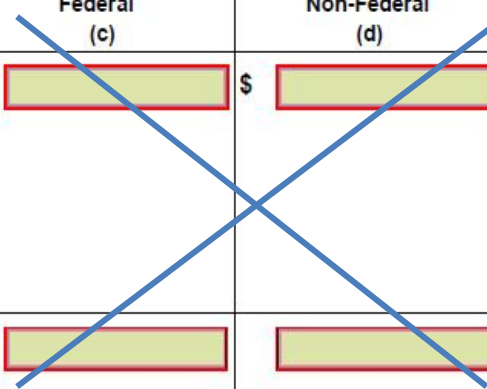
BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

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.	Federal Share		\$	\$	\$	\$	\$
2.	Non-Federal Share						

Fill in



SF 424A

Section B

Should be pre-populated

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Federal Share	Non- Federal Share	 	 	
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use Year 1
budget numbers

Non-Federal Resources

Section C

Your Match

Match you are receiving from Others

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Forecasted Cash Needs

Section D

Year 1 budget numbers

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Be Realistic! Don't just divide by 4.

Funding Periods For Multiple Year Projects

Section E

(For Multiple Year Projects)

Year 2 Year 3 Year 4 Year 5

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

File 1

Include in Package	Form Name (Click to Edit)
<input checked="" type="checkbox"/>	Application for Federal Assistance (SF-424) [V2.1]
<input checked="" type="checkbox"/>	Grants.gov Lobbying Form [V1.1] READ-ONLY
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<input checked="" type="checkbox"/>	Project Narrative Attachment Form [V1.2]
<input checked="" type="checkbox"/>	Other Attachments Form [V1.2]
<input type="checkbox"/>	Disclosure of Lobbying Activities (SF-LLL) [V1.2]
<input type="checkbox"/>	Objective Work Plan [V1.2]

File #1 – Attach Single PDF

- **Project Summary/Abstract**
- **Table of Contents**
- **Approach**
 - Introduction to Applicant Organization
 - Project Goal
 - SMART Objective(s)
 - Outcomes & Indicators
 - Implementation Strategy
 - Contingency Plan
 - Project Progress Plan
- **Organizational Capacity**
 - Project Staff
 - Project Partners
 - Financial Management of Award
- **Budget**
 - Line item
 - Budget Justification

Number ALL Pages

Upload File 1

PROJECT NARRATIVE FILE(S)

MANDATORY PROJECT NARRATIVE FILE:

Mandatory Project Narrative
Filename:



ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

OPTIONAL PROJECT NARRATIVE FILE(S):

To add more Project Narrative file attachments, please use the Add Attachments button below.



File 2

Include in Package	Form Name (Click to Edit)
<input checked="" type="checkbox"/>	Application for Federal Assistance (SF-424) [V2.1]
<input checked="" type="checkbox"/>	Grants.gov Lobbying Form [V1.1] READ-ONLY
<input checked="" type="checkbox"/>	Budget Information for Non-Construction Programs (SF-424A) [V1.0]
<input checked="" type="checkbox"/>	Assurances for Non-Construction Programs (SF-424B) [V1.1] READ-ONLY
<input checked="" type="checkbox"/>	Project/Performance Site Location(s) [V2.0]
<input checked="" type="checkbox"/>	Project Narrative Attachment Form [V1.2]
<input checked="" type="checkbox"/>	Other Attachments Form [V1.2]
<input type="checkbox"/>	Disclosure of Lobbying Activities (SF-LLL) [V1.2]
<input type="checkbox"/>	Objective Work Plan [V1.2]

File #2 – Attach Single PDF

Appendices

- Additional Information on Eligibility
 - Tribal Resolution **OR**
 - Assurance of Community Representation on Board of Directors
- Resumes
- Job Descriptions
- Protection of Sensitive & Confidential Information
- Maintenance of Effort
- Commitment of Non-Federal Share
- Indirect Cost Agreement, if applicable
- Letters of Commitment
- Third Party Agreements, if applicable
- Business Plan, if applicable
- Other attachments

*Continue page numbering from where
File 1 left off. Final page = <150.*

Upload File 2

OTHER ATTACHMENT FILE(S)

MANDATORY OTHER ATTACHMENT:

Mandatory Other Attachment
Filename:



ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

OPTIONAL OTHER ATTACHMENT(S):

To add more Other Attachment attachments, please use the Add Attachments button below.

~~ADD ATTACHMENTS~~

Upload Objective Work Plan (OWP)

For the OMB - Approved
MS Word or PDF Version

OTHER ATTACHMENT FILE(S)

MANDATORY OTHER ATTACHMENT:

Mandatory Other Attachment
Filename:



ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

OPTIONAL OTHER ATTACHMENT(S):

To add more Other Attachment attachments, please use the Add Attachments button below.

ADD ATTACHMENTS

Complete and Submit

Unlock all forms – Check Application – Complete and Notify AOR

Mandatory	Passed [Locked]	Nov 16, 2017 04:10:26 PM EST		Unlock	Download Upload Reuse Webform
-----------	--------------------	---------------------------------	--	--------	----------------------------------------

The AOR must sign and submit:

Workspace Actions:

Preview Application Forms Check Application **Sign and Submit** Delete

Application Package Forms - Users are encouraged to follow antivirus best practices when Downloading Instructions and Forms: Download Instructions > ?

Include in Package	Form Name (Click to Preview)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	SF424 (R & R) [V2.0]	Mandatory	Passed			Download Webform
<input checked="" type="checkbox"/>	PHS 398 Modular Budget [V1.2]	Optional	Passed [Locked]			Download Webform

Sign and Submit

If you want to submit the application package, enter your password and click the 'Sign and Submit' button below to complete the process.

*Password:

Sign and Submit Cancel

<https://www.youtube.com/watch?v=oCxFGjxoqWE>

After you Submit Your Application

Receipt and Review


- ▶ How will you know your application was received?
- ▶ Panel Review.
- ▶ ANA Internal Review.



After you Submit Your Application

Confirm that your application was received

Make sure your PI/PD, point of contact, and AOR are checking their emails and answering telephone calls.

1. Receipt Email
2. Validation Email
3. **Agency Retrieval Email** 

Apply to be a Panel Reviewer

Serving as a Panel Reviewer is the best way to broaden your ANA writing skills

- ▶ Read and score real ANA grant applications
- ▶ Learn firsthand how applications are reviewed
- ▶ Meet other reviewers from around the nation.

<https://www.acf.hhs.gov/ana/grants/objective-panel-review>

A teal-tinted photograph of a teepee in a field with mountains in the background. The text "Congratulations!" is in white and "What's Next?" is in yellow.

Congratulations!
What's Next?

Taking it back to the community

- ▶ Gather your grantwriting team.
- ▶ Convene community meeting(s), if you haven't already
- ▶ Make sure your organization is registered in Grants.gov
- ▶ Pre-Application Electronic Technical Assistance (eTA)
 - ▷ Receive up to 16 hours of one-on-one eTA
 - ▷ Get a full review, mock score on your draft application
 - ▷ Draft application must be at least 75% complete
- ▶ Submit your application at least 2 days before deadline.



Administration for Children and Families

Administration for Native Americans

Social and Economic Development Strategies - Growing Organizations (GO)
HHS-2021-ACF-ANA-NN-1918
Application Due Date: 06/30/2021
Due Date for Applications:
FY 2021: 06/30/2021
FY 2022: 06/13/2022
FY 2023: 06/12/2023

Funding Opportunity Announcements (FOAs)



2021

SEDS-GO Toolkit



Developed by the ANA Regional T/TA Centers
Alaska Region • Eastern Region • Pacific Region • Western Region

(4.11.21)

SEDS-GO Toolkit

Budget Templates, OWP
Template, Examples, Tools



MANUAL

2021

Pre- Application

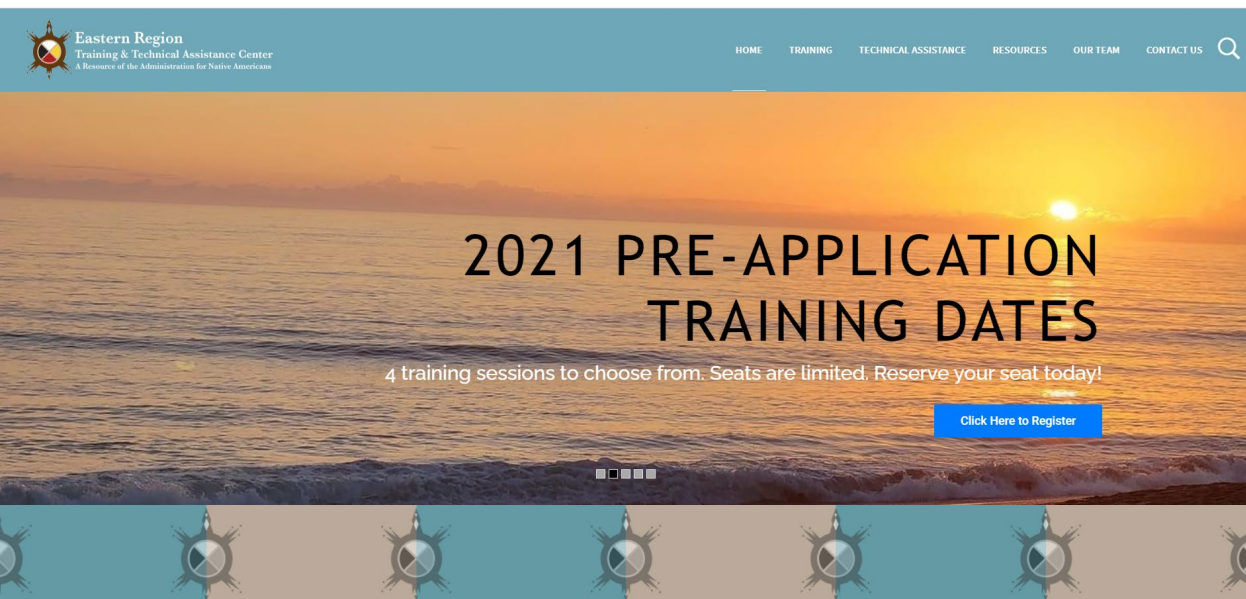


Developed by the ANA Regional T/TA Centers
Alaska Region • Eastern Region • Pacific Region • Western Region

(4.4.21)

Pre-Application Manual

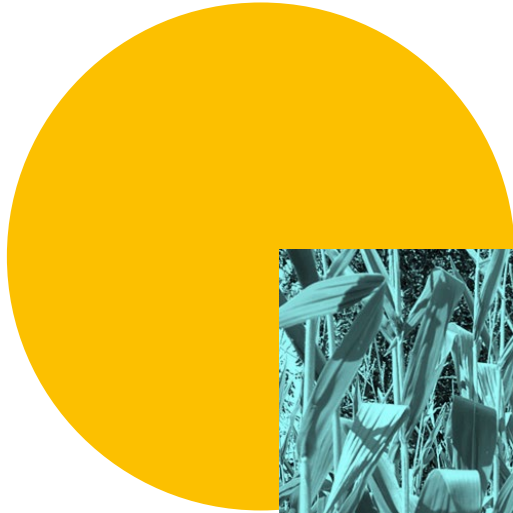
Deeper dives and
Activity worksheets



About the Eastern Region TTA Center

Free training and technical assistance

- ▶ www.anaeastern.org
- ▶ 888.221.9686
- ▶ anaeastern@mn-e.com



▶ acf.hhs.gov/ana

slido

Audience Q&A Session

 Start presenting to display the audience questions on this slide.