Federal Motor Carrier Safety Administration (FMCSA)
Discretionary Grant Program Technical Assistance Webinar Series

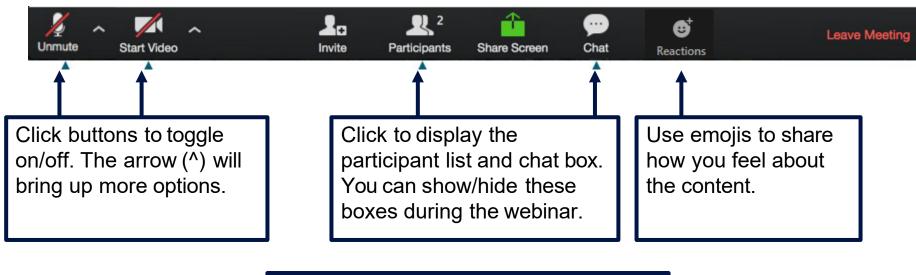
Webinar 1

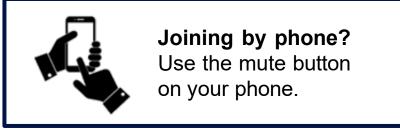
FMCSA Discretionary Grants
How to Apply & Title VI Compliance Plan Requirements

Using Zoom

Your Zoom participant menu:

- May differ slightly, or offer more options, depending on your Zoom account
- May be hidden, hover over the bottom or top of your screen to display





Presenters

Lester Finkle

FMCSA National Title VI Program Manager, Office of Civil Rights

Thomas Martin

FMCSA Grants Officer, Grants Management Office

Wendy Cunningham

FMCSA Transportation Specialist, Office Of Safety, Commercial Driver's License Division

Agenda

- Title VI Compliance Plan and Assurance Requirements
- FMCSA Grant Programs
- Application and Submission Information
- Application Review Information
- Resources
- Upcoming Webinars

Federal Motor Carrier Safety Administration (FMCSA)
Discretionary Grant Program Technical Assistance Webinar Series

FMCSA Title VI Program Compliance Plan Requirements

Title VI Program Requirements

- FMCSATitle VI Program Compliance Plan Checklist: This is the format for the Title VI Program Compliance Plan.
- FMCSA Title VI Program Assurance: The Plan will include a Chief Executive Officer signed/dated FMCSA Title VI Program Assurance. FMCSA provides the template for the Assurance.
 - Regarding the Title VI Program Assurance, the USDOT is in the process of drafting an updated template for use by FMCSA and the other Operating Administrations under the USDOT.
 - Not only are the Executive Orders for Environmental Justice and Limited English Proficiency included as Authorities, two Equity-related Executive Orders (Executive Order 13985 and Executive Order 13988) are identified as well.
 - The FMCSA OCR will provide the updated template individually to each Applicant upon request.

Directions For Returning Applicants

- Update the previously submitted Title VI Program Compliance Plan by coordinating the following steps:
 - Policy Statement re-signed/re-dated;
 - Title VI Program Assurance re-signed/re-dated;
 - Update any outdated information to include progress made to address previously identified action items;
 - Please contact the FMCSA OCR via e-mail as follows: lester.finkle@dot.gov;
- Submit the final updated Plan to the FMCSA OCR for review and approval;
- MCSAP Grantees have FMCSA OCR-approved Plans for this FFY;
- Upload the approved Plan for this FFY along with the application.

Directions For New Applicants

- Please contact the FMCSA OCR as soon as possible to begin the Plan development effort. The FMCSA OCR will provide all documents associated with the development of the Plan.
- Contact the FMCSA OCR via e-mail as follows: lester.finkle@dot.gov
- All Applicants are required to submit the FMCSA OCR-approved Plan for this Federal Fiscal Year along with uploading the application prior to the application submission deadline to satisfy the Title VI Program Requirement.

Contact Information

Lester Finkle

FMCSA National Title VI Program Manager

lester.finkle@dot.gov

Questions



FMCSA Discretionary Grant Programs

- 1. High Priority Commercial Motor Vehicle Safety (HP-CMV)
 - Assistance Listing: 20.237
 - https://ai.fmcsa.dot.gov/Grants/HighPriority.aspx
- 2. High Priority Innovative Technology Development (HP-ITD)
 - Assistance Listing: 20.237
 - https://ai.fmcsa.dot.gov/Grants/ITD.aspx
- 3. High Priority Commercial Motor Vehicle Enforcement Training & Support (HP-ETS)
 - Assistance Listing: 20.243

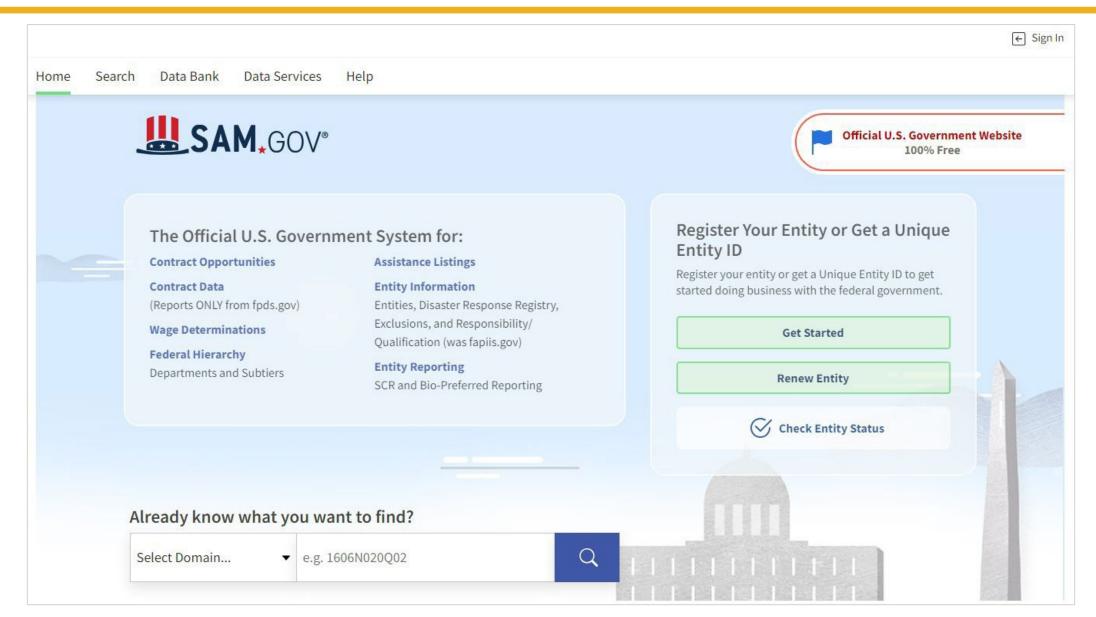
FMCSA Discretionary Grant Programs (Cont'd)

- 4. Commercial Drivers License Program Implementation (CDLPI)
 - Assistance Listing: 20.232
 - https://ai.fmcsa.dot.gov/Grants/CDLPI.aspx
- 5. Commercial Motor Vehicle Operator Safety Training (CMVOST)
 - Assistance Listing: 20.235
 - https://ai.fmcsa.dot.gov/Grants/CMVOST.aspx

System for Award Management (SAM)

- The System for Award Management, or SAM, is a web-based, government-wide application that collects information related to awards and grants for all federal partners. Your organization must register with SAM for FMCSA to track your application.
- Register on the SAM website (https://sam.gov/content/home) and use your organization's Employer Identification Number (or EIN, a federal tax identification number).
 - SAM requires annual registration renewal, even if your organization uses the same UEI from year to year.
 - A notarized letter appointing the authorized administrator for your account is needed before SAM registration can be activated or renewed.
 - Registration in SAM.gov can take up to 15 business days.

System for Award Management (SAM) (Cont'd)

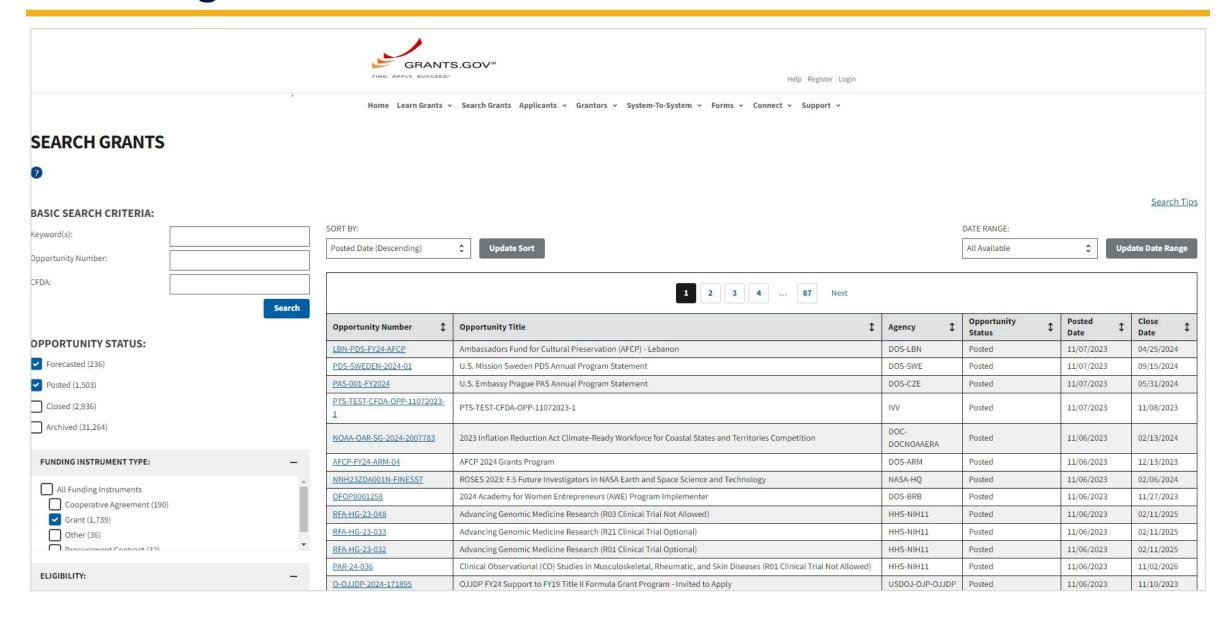


Grants.gov

- Grants.gov is the government portal where your organization can find and apply for federal grant opportunities. Registering with grants.gov is the only way to apply for an FMCSA grant.
 - DOT Navigator How to Navigate Grants.gov
 - Register on the Grants.gov website (https://www.grants.gov).
 - Registration in Grants.gov can take two to four weeks and requires validation with SAM.
 - That means your SAM registration must be complete before registering with Grants.gov
 - YouTube Video available Introduction to Applying for Federal Grant on Grants.gov
 - https://youtu.be/flZZH74021l
 - FMCSA Grant Programs posts a Notice of Funding Opportunity (NOFO) on Grants.gov

Section D: Application and Submission Information

Searching GRANTS.GOV for NOFO's



Subscribe to GRANTS.gov



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- Newsletter Archive
- Social Media

MANAGE SUBSCRIPTIONS

Customize your Grants.gov opportunity subscriptions, including expanded criteria for saved searches and the ability to view and manage existing subscriptions. To subscribe to Grants.gov email notifications, users must first create a Grants.gov account. Don't worry - the account registration process is quick and easy.



When you create a Grants.gov account, you can customize the type of email notifications you receive. Log in and click the links below to subscribe to news updates about system enhancements, notifications about saved searches and new funding opportunities, and more.

» Subscribe to Grants.gov News

Receive Alerts and Newsletters containing updates about system enhancements and training

» Subscribe to all new grant opportunities

Receive a daily email listing all new grant opportunities

Subscribe to opportunities

MANAGE SUBSCRIPTIONS

Customize your Grants.gov opportunity subscriptions, including expanded criteria for saved searches and the ability to view and manage existing subscriptions. To subscribe to Grants.gov email notifications, users must first create a Grants.gov account. Don't worry - the account registration process is quick and easy.



Custom Email Notifications

When you create a Grants.gov account, you can customize the type of email notifications you receive. Log in and click the links below to subscribe to news updates about system enhancements, notifications about saved searches and new funding opportunities, and more.

» Subscribe to Grants.gov News

Receive Alerts and Newsletters containing updates about system enhancements and training resources

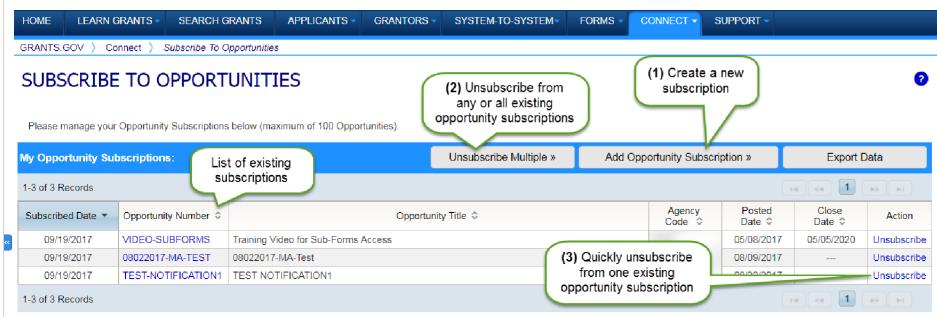
» Subscribe to all new grant opportunities

Receive a daily email listing all new grant opportunities

» Subscribe to opportunities

Subscribe to Opportunities

You may also create a new subscription by clicking the **Subscribe** button on the <u>View Grant Opportunity</u> page. It is important to subscribe to these updates because if the grantor makes a change to any portion of the funding opportunity, applicants need to know about this change prior to attempting to submit.



How to Subscribe to Opportunities

- 1. Login to Grants.gov
- Click the Connect tab to access the Connect Center.
- 3. Click the Subscribe to Opportunities link under the Manage Subscriptions header.
- Click the Add Opportunity Subscription button on the Subscribe to Opportunities page.
- 5. Enter the Funding Opportunity Number (FON) for the opportunity you wish to receive notifications about. If you do not know the FON, go to the Search Grants tab and find the opportunity you wish to subscribe to.
- 6 Click the **Subscribe** button

Note: Email spam guards put in place by your email service provider may prevent you from receiving email notifications from Grants.gov. Check your spam guard settings and junk email box to make sure that a notification was not blocked or sent to the incorrect folder.

Learn Grants



Help Register Login

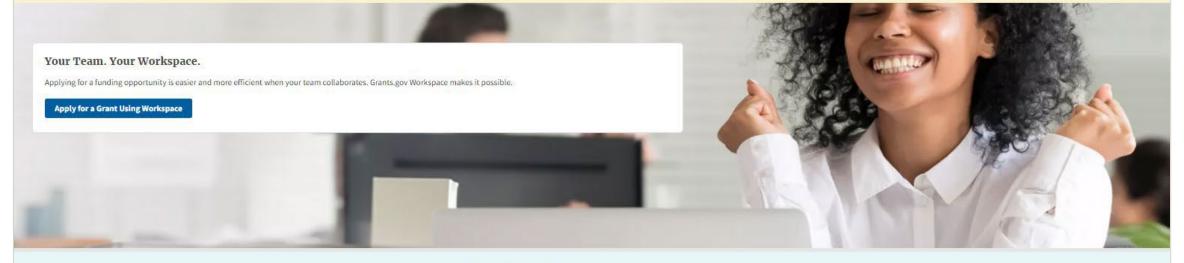
lome Learn Grants Search Grants Applicants Grantors System-To-System Forms Connect Support

1 Informative status

Welcome to the new & improved Grants.gov! The Grants.gov web interface has been updated to provide a more intuitive and responsive user experience. This is the first step in a series of upcoming improvements. You can learn more by checking out <u>our latest blog post</u>. Please <u>provide your feedback</u> to help with future improvements.

A Warning status

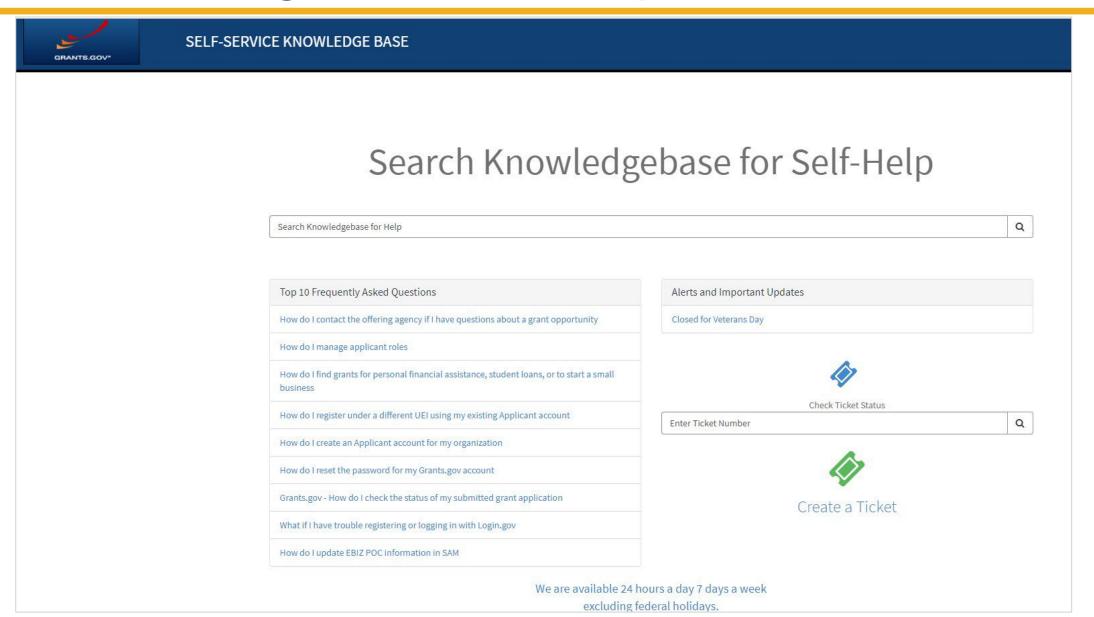
In observance of Thanksgiving Day, the Grants.gov Contact Center will be closed November 23. For support during this closure, applicants may browse the <u>Self Service Knowledge Base</u> or consult the <u>Grants.gov Online User Guide</u>



1 Informative status

Reminder: Federal agencies do not publish personal financial assistance opportunities on Grants.gov. Federal funding opportunities published on Grants.gov are for organizations and entities supporting the development and management of government-funded programs and projects. For more information about personal financial assistance benefits, please visit Benefits.gov.

Search Knowledgebase for Self-Help



Application Forms Required to be a Complete Application

- SF-424
- SF-424A
- Budget Narrative(s)
- Project Narrative(s)
- Certification Regarding Lobbying
- Disclosure on Lobbying Activities
- Key Contacts Form
- Indirect Cost Agreements (as applicable)

SF-424 Application for Federal Assistance

| | | | Expiration Date: 10/31/201 | | | | | | |
|--|---|-----------------------------|--|--|--|--|--|--|--|
| Application for | or Federal Assista | ince SF-424 | | | | | | | |
| * 1. Type of Subm Preapplication Application Changed/C | | New | If Revision, select appropriate letter(s): Other (Specify): | | | | | | |
| * 3. Date Receive | d: | Applicant Identifier: | | | | | | | |
| 5a. Federal Entity | Sa. Federal Entity Identifier: 5b. Federal Award Identifier: | | | | | | | | |
| State Use Only: | | | | | | | | | |
| 6. Date Received | by State: | 7. State Application I | dentifier: | | | | | | |
| 8. APPLICANT II | NFORMATION: | | | | | | | | |
| * a. Legal Name: | | | | | | | | | |
| * b. Employer/Tax | φayer Identification Nur | mber (EIN/TIN): | * c. Organizational DUNS: | | | | | | |
| d. Address: | | | | | | | | | |
| * Street1: Street2: | | | | | | | | | |
| * City: | | | | | | | | | |
| County/Parish: | | | | | | | | | |
| * State: | | | | | | | | | |
| Province: | | | | | | | | | |
| * Country: | | | | | | | | | |
| * Zip / Postal Cod | le: | | | | | | | | |
| e. Organization: | al Unit: | | | | | | | | |
| Department Name | e: | | Division Name: | | | | | | |
| | | | | | | | | | |
| f. Name and cor | ntact information of p | erson to be contacted on ma | tters involving this application: | | | | | | |
| Prefix: | | * First Name | | | | | | | |
| Middle Name: | | | | | | | | | |
| * Last Name: | | | | | | | | | |
| Suffix: | | | | | | | | | |
| Title: | | | | | | | | | |
| Organizational Af | filiation: | | | | | | | | |
| | | | | | | | | | |
| * Telephone Num | ber: | | Fax Number: | | | | | | |
| * Email: | | | | | | | | | |
| | | | | | | | | | |

SF-424 Application for Federal Assistance - Field 8. f.

| f. Name and co | ontact information of person to be c | ontacted on matters | involving this application: |
|------------------|--------------------------------------|---------------------|-----------------------------|
| Prefix: | • | * First Name: | |
| Middle Name: | | | |
| * Last Name: | | | |
| Suffix: | V | | |
| Title: | | | |
| Organizational A | ffiliation: | | |
| | | | |
| * Telephone Nur | mber: | | Fax Number: |
| * Email: | | | |

SF-424 Application for Federal Assistance

| | _ |
|--|---|
| Application for Federal Assistance SF-424 | |
| * 9. Type of Applicant 1: Select Applicant Type: | Т |
| | |
| Type of Applicant 2: Select Applicant Type: | |
| туре от Аррисант 2. Select Аррисант туре. | |
| | |
| Type of Applicant 3: Select Applicant Type: | |
| | |
| * Other (specify): | |
| | |
| | |
| * 10. Name of Federal Agency: | |
| | |
| 11. Catalog of Federal Domestic Assistance Number: | Т |
| | |
| | |
| CFDA Title: | |
| | |
| | |
| * 12. Funding Opportunity Number: | 1 |
| | |
| * Title: | |
| | |
| | |
| | |
| | |
| | J |
| 13. Competition Identification Number: | |
| | |
| Title: | |
| | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | _ |
| | |
| Add Attachment Delete Attachment View Attachment | |
| | _ |
| * 15. Descriptive Title of Applicant's Project: | |
| | |
| | |
| | |
| Attach supporting documents as specified in agency instructions. | _ |
| | |
| Add Attachments Delete Attachments View Attachments | |
| | _ |

SF-424 Application for Federal Assistance (Cont'd)

| Application for Federal Assistance SF-424 | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 16. Congressional Districts Of: | | | | | | | | | |
| * a. Applicant * b. Program/Project | | | | | | | | | |
| Attach an additional list of Program/Project Congressional Districts if needed. | | | | | | | | | |
| Add Attachment Delete Attachment View Attachment | | | | | | | | | |
| 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 in attachment.) | | | | | | | | | |
| Yes No | | | | | | | | | |
| If "Yes", provide explanation and attach | | | | | | | | | |
| Add Attachment Delete Attachment View Attachment | | | | | | | | | |
| 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: | | | | | | | | | |
| * Signature of Authorized Representative: | | | | | | | | | |

SF-424 Application for Federal Assistance Highlights

17. Proposed Project: * a. Start Date: * b. End Date:

Dates must match grant opportunity period of performance

Totals must correspondwith 424aand Budget Narrative

| 18. Estimated Funding (\$): | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| * a. Federal | | | | | | |
| * b. Applicant | | | | | | |
| * c. State | | | | | | |
| * d. Local | | | | | | |
| * e. Other | | | | | | |
| * f. Program Income | | | | | | |
| * g. TOTAL | | | | | | |

- 1) If awarded, this personmust be authorized to accept the Notice of Funding Agreement (NGA) and have GrantSolutions account access.
- 2) If this person is no longer authorized than this information must be updated prior to the award determinations by providing an updated SF-424 to the GMO.

| 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 Re | presentative: | | | | | | |
| Prefix: | | * First Name: | | | | | |
| Middle Name: | | | | | | | |
| * Last Name: | | | | | | | |
| Suffix: | | | | | | | |
| * Title: | | | |] | | | |
| * Telephone Nu | mber: | | Fax Number: | | | | |
| * Email: | | | | | | | |
| * Signature of A | uthorized Representative: | | | * Date Signed: | | | |

SF-424A Budget Information Form

- Sections A & B must be filled in terms of total each project up to four.
- This information is detailed in the NOFO.

| Estimated Unobligated Funds New or Revised Budget | | | | | RY | MAR | N A - BUDGET SUM | ION | SECT | | | |
|--|--------|---|--------------------|-----|-----------------|-----|------------------|--------|---------------|-------|------------------------------|-------------------|
| Number | | t | w or Revised Budge | Nev | | | ligated Funds | philip | Estimated Unc | | | |
| S S S S S S S S S S | | | | Г | | | | | | | Number | or Activity |
| Totals S 0.00 S 0.00 S 0.00 S 0.00 S | (9) | S | (1) | \$ | (e) | S | | \$ | (c) | S | (D) | (a) |
| Totals S 0.00 S 0.00 S 0.00 S 0.00 S | 0.0 | - | | | | | | | | | | |
| Totals S 0.00 | 0.0 | | | | | | | Н | | - | | |
| Totals | 0.7077 | _ | | | | | | Н | | | | |
| SECTION B - BUDGET CATEGORIES | 0.0 | | | | | | | | | | | |
| GRANT PROGRAM, FUNCTION OR ACTIVITY Total (1) (2) (3) (4) (5) (5) | 0.0 | 9 | 0.00 | 5 | Barrier Control | | | | | 5 | | Totals |
| (1) (2) (3) (4) (5) a. Personnel S S S S b. Fringe Benefits C. Travel C. | W-1-1 | | | | | | | ON E | SECTIO | | | |
| a. Personnel \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | | | | | | ories | Object Class Catego | |
| c. Travel d. Equipment e. Supplies f. Contractual g. Construction f. Other i. Total Direct Charges (sum of 6a-6h) 0.00 0.00 0.00 | 0.0 | S | 77 | S | | | | | | | | a. Personnel |
| d. Equipment e. Supplies f. Contractual g. Construction h. Other i. Total Direct Charges (sum of 6a-6h) 0.00 0.00 0.00 | 0.0 | | | | | | | П | | | fits | b. Fringe Benef |
| e. Supplies f. Contractual g. Construction h. Other i. Total Direct Charges (sum of 6a-6h) 0.00 0.00 0.00 0.00 | 0.0 | | | | | | | | | | | c. Travel |
| f. Contractual g. Construction h. Other i. Total Direct Charges (sum of 6a-6h) 0.00 0.00 0.00 0.00 | 0.0 | | | | | | | | | | | d. Equipment |
| g. Construction h. Other i. Total Direct Charges (sum of 6a-6h) 0.00 0.00 0.00 0.00 | 0.0 | | | | | | | | e. Supplies | | | |
| h. Other i. Total Direct Charges (sum of 6a-6h) 0.00 0.00 0.00 0.00 | 0.0 | | | | | | | | | | f. Contractual | |
| i. Total Direct Charges (sum of 6a-6h) 0.00 0.00 0.00 0.00 | 0.0 | | | | | | | | | | | g. Construction |
| 100 CONTROL OF CONTROL | 0.0 | | | | | | | | | | | h. Other |
| j. Indirect Charges | 0.0 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | charges (sum of 6a-6h) | i. Total Direct C |
| | 0.0 | | | | | | | П | | | ges | j. Indirect Charg |
| k. TOTALS (sum of 6i and 6j) \$ 0.00 \$ 0.00 \$ 0.00 \$ | 0.0 | S | 0.00 | \$ | 0.00 | S | 0.00 | \$ | 0.00 | s | k. TOTALS (sum of 6i and 6j) | |
| Program Income S S S S S | 0.0 | | | | | | | | | | | |

Budget Narrative Template vs SF-424A

Budget Narrative

- FMCSA highly encourages the use of the Budget Narrative Template included with the application package on Grants.gov.
- Each table represents a line item in the 424a budget Section B Budget Categories
- All cost must be itemized to allow the reviewer to determine how expenses were derived.

Personnel costs are employee salaries working directly on a grant project. Include costs for only those personnel employed by your organization. Individuals not employed by your organization will be classified as either a sub-grantee or contractor. See the contractual object class section for additional information.

| Personn | | | | |
|-------------|--------------------|------------|--|--|
| Position(s) | Annual Salaries | Total Cost | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Sub-Total P | | | | |

Certification Regarding Lobbying

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and coperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

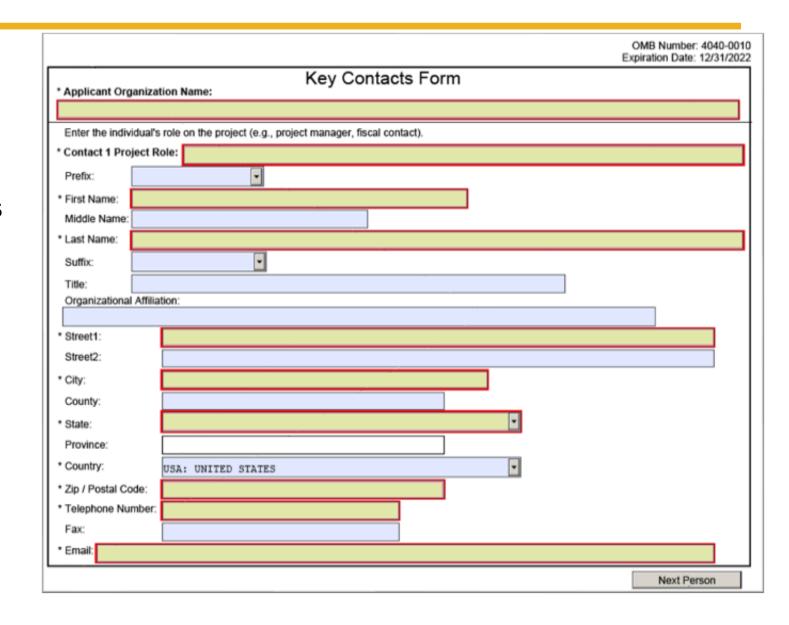
| * APPLICANT'S ORGANIZATION | |
|--|-----------------------|
| * PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE Prefix: * First Name: * Last Name: * Title: | Middle Name: Suffix: |
| *SIGNATURE: *[| DATE: |

Disclosure of Lobbying activities form (SF-LLL)

| Complete this form to disclo | ose lobbyin | DBBYING ACTI ng activities pursua ablic burden disclos | nt to 31 U.S.C. 1352 | Approved by OMI 0348-0046 | | |
|---|--|--|--|------------------------------|--|--|
| | al Action: offer/application al award l-award | ing I change Change Only:quarterst report | | | | |
| 4. Name and Address of Reporting Entity: Prime Subawardee Tier, if know | | 5. If Reporting E and Address of | The state of the s | ubawardee, Enter Name | | |
| Congressional District, if known: 4c | | Congressional District, if known: | | | | |
| | | 201001000000000000000000000000000000000 | , if applicable: | | | |
| 8. Federal Action Number, if known: | | 9. Award Amou | nt, if known: | | | |
| a. Name and Address of Lobbying Reg (if individual, last name, first name, MI) | b. Individuals Performing Services (including address different from No. 10a) (last name, first name, MI): | | | | | |
| 11. Information requested through this form is authorized by title 31 to 1352. This disclosure of lottoying activities is a material regressing on which refinence was placed by the lies above when this transact or entered into. This disclosure is required pursuant to 31 U.S. information will be available for public inspection. Any person who required disclosure shall be subject to a civil penalty of not less that not more than \$100,000 for each such failure. | Print Name: | | Date: | | | |
| Federal Use Only: | | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) | | | |

Key Contact Forms

- Principal Investigator /Principal Director (PI/PD)
 - Person responsible for submitting the required document in GrantSolutions
- Authorized Designated Official (ADO)
 - Person responsible for accepting/executing Notice of Grant Awards



Indirect Cost Rate Agreement (as Applicable)

Indirect Cost Rate Agreement

- An indirect cost rate agreement is established with applicant's cognizant Federal agency.
- 2. If claiming indirect cost charges, the Applicants must include an active approved Indirect Cost agreement with the application submitted for funding.
- 3. If a grant recipient fails to provide an approved agreement during the pre-award phase, the grant recipient will have 90 days from the date of award acceptance to provide a copy of the IDC agreement.
- If the required documentation is not received within the allocated time frame, the grant recipient will not be reimbursed for Indirect charges for that fiscal year.
- 5. Any non–Federal entity that does not have a current negotiated (including provisional) rate, except for those non–Federal entities described in appendix VII of 2 CFR part 200, may elect to charge a de minimis rate of 10% of modified total indirect costs, which may be used indefinitely. No documentation is required to justify the 10% de minimis indirect cost rate. 2 CFR § 200.414(f). Conditions from 3 and 4 above apply to this option.

INDIRECT COST RATE AGREEMENT STATE AGENCY

The purpose of this Agreement is to establish indirect cost rates for use in awarding and managing Federal contracts, grants, and other assistance arrangements to which 2 CFR 200, "Uniform Guidance: Cost Principles, Audit, and Administrative Requirements for Federal Awards" applies. This agreement is issued by the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA) pursuant to the authority cited in Appendix VII of 2 CFR 200.

This Agreement consists of four parts: Section I - Rates and Bases; Section II - Particulars; Section III - Special Remarks; and, Section IV - Approvals.

Section I - Rate(s) and Base(s)

| | Effec | tive Period | Co | verage | | |
|---------------|----------|-------------|--------|--------|----------|---------------|
| TYPE | From | To | Rate | Base | Location | Applicability |
| INDIRECT RATE | | | | | | |
| Fixed | 07-01-16 | 06-30-17 | 34.48% | 1/ | All | All Programs |
| Fixed | 07-01-17 | 06-30-18 | 20.46% | 1/ | All | All Programs |
| Fixed | 07-01-18 | 06-30-19 | 27.25% | 1/ | All | All Programs |
| Fixed | 07-01-19 | 06-30-20 | 31.54% | 1/ | All | All Programs |
| Fixed | 07-01-20 | 06-30-21 | 32.40% | 1/ | All | All Programs |
| Fixed | 07-01-21 | 06-30-22 | 30.43% | 1/ | All | All Programs |

1/ Direct Salaries and Wages excluding Fringe Benefits

TREATMENT OF FRINGE BENEFITS: Fringe benefits applicable to direct salaries and wages are treated as

TREATMENT OF PAID ABSENCES: Vacation, holiday, sick leave pay, and other paid absences are included in salaries and wages and are claimed on grants, contracts, and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

Application Requirements and Formatting Requirements

- Content and form of application submissions
 - Formatting of application package
- Project narrative(s) <u>must be</u> Submitted/Uploaded as an Attachment in Grants.gov
 - Six required elements to be addressed in project plan
 - Each section has a short description
 - Described in the Notice of Funding Opportunity
 - No more than 5 pages for each element within an application
- Budget narrative(s) <u>must be</u> Submitted/Uploaded as an Attachment in Grants.gov
 - Each project narrative <u>must</u> have a budget narrative
 - By budget category (see SF-424A)
 - With details to support the costs that are necessary to complete the proposed project(s).

Section D: Application and Submission Information

Application Package Requirement Checklist

- Checklist is Program Specific
 - Provides Reminders of All Required Documents/Forms
 - Description provides NOFO section for more information

APPENDIX A: Application Package Requirement Checklist

Below is a non-exhaustive list of documents necessary for a responsive grant application. This list is intended to assist applicants in compiling their application. However, because the required documents may differ slightly based on the nature of the grant application, applicants should not rely solely on this checklist and must still read the entire NOFO to ensure that they have included all required documents.

The FMCSA reserves the right to request additional documentation or information to confirm

compliance with applicable laws.

| Document Name | Document Description and Location Information | Submit in: |
|--|---|------------|
| Project Narrative | Project narrative must include a: Brief Introduction; Problem Statement(s); Performance Objective; Activity Plan; Performance Measurement Plan; and Monitoring Plan. For detailed requirements review Section D Narrative Requirements. | Grants.gov |
| Budget Narrative | Provide a description of the expenses by budget category which match the application's SF-424a Budget Categories columns for each project. Must include a detailed justification for the costs necessary to complete the proposed project. The level of detail should be sufficient for the reviewer to evaluate expenses are necessary, reasonable, allowable, and allocable as established by 2 C.F.R. part 200 and FMCSA MCSAP Comprehensive Policy (MCP). All line items must be rounded to the nearest whole dollar amount. For detailed requirements review Section D Narrative Requirements. Applicants are strongly encouraged to use the budget narrative template included in the HP-CMV application package on Grants.gov. | Grants.gov |
| SF-424 Application for Federal Assistance | Required standard application form for all requests for Federal assistance. Form requests contact information for: 1) Lead Principal Investigator or Program Director (program/project manager) [enter in Box 8f]; and 2) Authorized Representative (AR) Official (authorized signer) [enter in AR section following Box 21]. Available in the Grants.gov application package. | Grants.gov |

FMCSA Intake Checklist

| Application Eligibility Criteria |
|---|
| Deadline submission was met |
| Applicant eligibility was met (Grant Program Specific) |
| SAM Registration up to date |
| SF-424 Application for Federal Assistance |
| Certification Regarding Lobbying |
| Disclosure of Lobbying activities form (SF-LLL) |
| Key Contact forms include PI/PD and ADO contact information |
| Current Indirect Cost Rate agreement included in the application (as applicable) |
| SF-424 lists any cost sharing or match amounts on line 18b |
| SF-424A, Budget Information Form completed |
| Budget Narrative(s) included |
| Application's Project Narrative(s) |
| Title VI Program Compliance Plan (including FMCSA Title VI Program Assurance) included/attached |
| Any other applicable Grants.gov document or attachment listed in Appendix A |

Application Review Information

- Eligibility Criteria
 - Intake Process
- Merit Evaluation Criteria
 - Technical Merit
 - Budget/Cost Analysis Criteria
 - Program-Specific Criteria
 - Past Performance Criteria
 - Other Review Information
- Review and Selection Process
 - Funding Recommendation determinations

Application Review Information

- Final Review Ratings
- The FMCSA prioritizes applications using the ratings shown below based on the applicability of the merit criteria and other preferences to the application.
 - Highly Responsive
 - Responsive
 - Not Responsive

Risk Assessment

- Prior to award, each selected applicant will be subject to a risk assessment, as required by <u>2 CFR § 200.206</u>. Depending on the level and severity of FMCSA's risk assessment findings, FMCSA may determine that the applicant is not qualified to receive the award.
- The risk assessment is conducted in several parts:
 - A debarment and suspension review
 - An evaluation of the applicant's Single Audit in accordance with OMB Uniform Guidance Audit Requirements 2 CFR Part 200 Subpart F

Questions



Upcoming Webinars

Webinar 2: FMCSA Discretionary Grants High Priority Program Overview

- Wednesday, December 6, 2023 at 1 PM ET
- The webinar will provide an overview of High Priority (HP) Grant Program goals and objectives, eligibility requirements, application review process, and resources available for submitting a successful application.
- Register Here

Webinar 3: FMCSA Discretionary Grants CDLPI & CMVOST Program Overview

- Wednesday, December 13, 2023 at 1 PM ET
- The webinar will provide an overview of Commercial Driver's License Program
 Implementation (CDLPI), and Commercial Motor Vehicle Operator Safety Training
 (CMVOST) Grant Program goals and objectives, eligibility requirements, application review
 process, and resources available for submitting a successful application.
- Register Here

Resource: FMCSA Grant Application Process



https://ai.fmcsa.dot.gov/downloadFile.axd/FMCSA-Grant-Application-Process-Infographic.pdf

Resource: How to Apply



https://ai.fmcsa.dot.gov/downloadFile.axd/FMCSA Grants Outreach Before You Apply.pdf

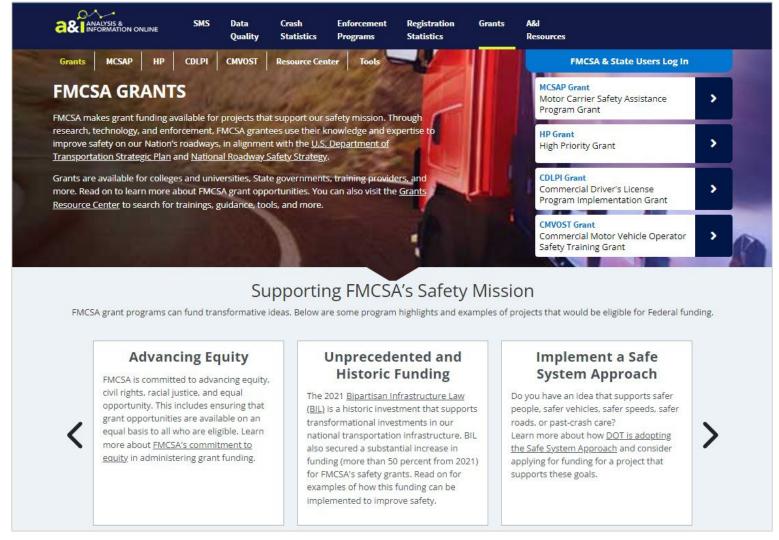
Resource: FMCSA Discretionary Grant Programs





https://ai.fmcsa.dot.gov/downloadFile.axd/FMCSA Grants Outreach Grant Opportunities.pdf

Analysis & Information Online (A&I)



https://ai.fmcsa.dot.gov/Grants/default.aspx

Contact Information

- Grants Management Office (GMO) Help Desk
 - FMCSA_GrantMgmtHelpdesk@dot.gov
- High Priority (HP) Grant Program
 - Bettina.Conroy@dot.gov
- Commercial Driver's License Program Improvement (CDLPI) Grant Program
 - CDLGrants@dot.gov
- Commercial Motor Vehicle Operator Safety Training (CMVOST)
 - CDLGrants@dot.gov

Questions

