



**United States Department of Agriculture
Natural Resources Conservation Service**

The 2014 Oklahoma **Entity** Application Checklist for:

Agricultural Conservation Easement Program - Agricultural Land Easement
(ACEP-ALE)

Cooperating Entity Information

Entity Name: _____

DUNS Number: _____

www.sam.gov activation date: _____

Required documentation that must be attached to the entity application

- Form NRCS-CPA-41, "Entity Application for an Agricultural Land Easement (ALE) Agreement"
- Form SF-424, "Application for Federal Assistance"
- Form SF-424A, "Budget Information - Non-Construction Programs"
- Form SF-424B, "Assurances - Non-Construction Programs"
- List of easements acquired, held, managed, and/or enforced by the applying entity
- Managing documents (articles of incorporation, bylaws etc...)
- Information on the conservation or farmland protection program currently in place
- Evidence of authority to acquire, manage, or enforce conservation easements
- Appraisal, survey, and title policies or standards
- Stewardship and monitoring policies
- List of staff and/or volunteers with corresponding responsibilities
- Signatory authority documentation authorizing an individual to sign on its behalf

ENTITY APPLICATION for an AGRICULTURAL LAND EASEMENT (ALE) AGREEMENT

| | |
|---|--|
| This is an Entity Application for an Agricultural Land Easement (ALE) Agreement through the: (Select ONE) <input type="checkbox"/> Agricultural Conservation Easement Program – Agricultural Land Easement (ACEP-ALE) <input type="checkbox"/> Regional Conservation Partnership Program (RCPP) – ACEP-ALE | |
| Entity Name: | NEST Application Number: AGENCY USE |
| Entity Address: | Application Date: |
| Entity Email: | Entity Type: <input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Non-Governmental Organization ⁱ |
| Entity TIN | Application Total Acres: |
| Telephone: | State: |
| Land Eligibility Category for Agreement (Select One ⁱⁱ): <input type="checkbox"/> Has prime, unique, or other productive soil <input type="checkbox"/> Contains historical or archaeological resources ⁱⁱⁱ <input type="checkbox"/> Protects grazing uses and related conservation values <input type="checkbox"/> Furthers a State or local government policy consistent with the purposes of ACEP. Cite the State or local government policy consistent with ACEP: _____ | |
| Is this an application for a Grassland of Special Environmental Significance (GSS) ALE Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

This is an Entity Application for an ALE Agreement, as established by the Agricultural Act of 2014. By signing and submitting this application, you agree to comply with the requirements of ACEP-ALE.

1. Yes No Do you have entity records established with the appropriate USDA Service Center Agency?

If no, you must establish them with the appropriate USDA Service Center Agency prior to submitting this application.

2. **&A Dun & Bradstreet Data Universal Numbering System (DUNS) number and current registrations in the Central Contractor Registrations (CCR) databases are required for receiving payment under an EIN.** *If you do not have a DUNS number information is available at <http://fedgov.dnb.com/webform> To register with CCR, go to <https://www.sam.gov/>*

DUNS Number:

3. Yes No Do you have the authority and capability to acquire, manage, and enforce agricultural land easements?

4. How many entity staff are dedicated to monitoring and easement stewardship?

5. Yes No Are you an NRCS Certified Entity^{iv}?

6. Yes No Are all parcels^v associated with this application subject to a written pending offer^{vi} signed by the eligible entity for purchase of an agricultural land easement^{vii} by an eligible entity?

7. Yes No Will any other entity co-hold an agricultural land easement on one or more of the parcels associated with this application?

If the answer is Yes, then the intended co-holder(s) must co-sign this application for an Agricultural Land Easement Agreement, provide a DUNS number, and be registered with SAM.

Name: Tax Number: DUNS Number:

Co-Holder Signature:

Name: Tax Number: DUNS Number:

Co-Holder Signature:

8. Yes No Will another entity, other than the United States, hold a third-party right, contingent right, or any other real property interest in an agricultural land easement on one or more of the parcels associated with this application, excluding entities co-signing this application as a co-holder?

If the answer is Yes, list the Names and Tax Identification Number for all other intended holders of interests in the agricultural land easement.

Name: Tax Number: DUNS Number:

Name: Tax Number: DUNS Number:

Name: Tax Number: DUNS Number:

9. The land offered^{viii} under this application is (check all that apply):

Private Land

Tribal, Allotted, Ceded, or Indian Land

10. How many parcels are associated with this application:

You must complete an ACEP-ALE Parcel Sheet [Insert Form Number] for each parcel associated with this application and attach it to this Entity Application for an ALE Agreement.

11. Complete the below table with the sum totals for all parcels associated with this application.

These values may be estimates; subject to the final values, being determined by an NRCS approved appraisal report or easement valuation methodology.

| | |
|--|----|
| A. Total Estimated Fair Market Value of all ALEs | \$ |
| B. Total Estimated Entity Non-Federal Cash Contribution to all ALEs (excluding landowner donation) | \$ |
| C. Total Requested Federal Share for ALEs | \$ |
| D. Total Estimated Purchase Price. ^{ix} of ALEs (D = B + C) | \$ |
| E. Total Estimated Landowner Donation for all ALEs. ^x (E = A - D) | \$ |

12. All entities that will be identified as either a co-holder or other holder of interest on any agricultural land easement deed associated with this application must be listed on the table below. For those that will contribute cash or receive ALE funds, identify on the table below the estimated entity non-federal cash contribution (item B above) and the requested federal share (item C above) by individual entity.

| Entity Name: | Entity Role (<i>identify either</i>): - Co-holder (#7 above), or - Holder of Interest (#8 above) | B1. Estimated Individual Entity Non-Federal Cash Contribution to all ALEs (<i>total must equal item B above</i>) | C1. Individual Entity portion of requested Federal Share for ALEs (<i>total must equal item C above</i>) |
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The Entity has reviewed the template Agricultural Land Easement Agreement that stipulates the terms and conditions under which the entity would be permitted to use the cost-share assistance applied for herein. The Entity agrees to participate in the Agricultural Land Easement component of the Agricultural Conservation Easement Program if NRCS and the Entity enter into an Agricultural Land Easement Agreement. However, nothing in this application obligates the United States or the Entity to purchase all or any of the Agricultural Land Easements listed on the Parcel Sheets attached to this application. The undersigned Entity shall hereafter be referred to as the "Participant." The Participant understands that unless an Entity is Certified by NRCS, acquiring an Agricultural Land Easement without the NRCS required minimum deed terms and conditions or prior to NRCS approval of the appraisal or easement valuation determination and title causes the Agricultural Land Easement to be ineligible for ACEP cost-share assistance. An Entity may only be Certified by the Chief of NRCS.

It is the responsibility of the Participant to provide accurate data to support all items addressed in this application at the request of NRCS. False certifications are subject to criminal and civil fraud statutes. The Participant certifies that highly erodible land conservation/wetland conservation, adjusted gross income certifications, and member information for all landowners are on file with the appropriate USDA Service Center Agency.

The Participant is required to be registered in the System for Award Management (SAM) before submitting this application and must provide a valid DUNS number on this application. Each Participant must continue to maintain an active SAM registration with current information at all times during which it has an Agricultural Land Easement, Agricultural Land Easement Agreement, or an active application under consideration. NRCS may not enter into an Agricultural Land Easement Agreement with an Entity until all applicable DUNS and SAM requirements have been met. If an Entity has not fully complied with these requirements by the time NRCS is ready to award the Agricultural Land Easement Agreement, NRCS may determine that the Entity is not qualified to receive an Agricultural Land Easement Agreement and use that determination as a basis for making an award to another applicant.

Initial

- 13. - I certify that the Entity has its own cash resources to provide the Total Estimated Entity Non-Federal Cash Contribution stated in 11.B. above.
- 14. - I have received and reviewed a copy of the required Agricultural Land Easement Cooperative Agreement Template and United States Secretary of Agriculture's required minimum deed terms and conditions for an Agricultural Land Easement.

| | |
|--|-------------|
| Signature of Authorized Entity Representative | Date |
|--|-------------|

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers. If you believe you experienced discrimination when obtaining services from USDA, participating in a USDA program, or participating in a program that receives financial assistance from USDA, you may file a complaint with USDA. Information about how to file a discrimination complaint is available from the Office of the Assistant Secretary for Civil Rights.

USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex (including gender identity and expression), marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, complete, sign and mail a program discrimination complaint form, available at any USDA office location or online at www.ascr.usda.gov, or write to:

USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410

Or call toll free at (866) 632-9992 (voice) to obtain additional information, the appropriate office or to request documents. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider, employer, and lender.

Persons with disabilities who require alternative means for communication of program information (e.g., Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

PRIVACY ACT STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 522a). Furnishing this information is voluntary; however, failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other state or federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

This information collection is exempted from the Paperwork Reduction Act under 16 U.S.C. 3801 note and 16 U.S.C. 3846.

i To be considered as an **Eligible Entity** under ACEP-ALE a Non-Governmental Organization must be:

(1) organized for, and at all times since the formation of the organization been operated principally for, 1 or more of the conservation purposes specified in clause (i), (ii), (iii), or (iv) of section 170(h)(4)(A) of the Internal Revenue Code of 1986;

(2) an organization described in section 501(c)(3) of that Code that is exempt from taxation under section 501(a) of that Code; or

(3) described in "(I) paragraph (1) or (2) of section 509(a) of that Code; or (II) section 509(a)(3) of that Code and is controlled by an organization described in section 509(a)(2) of that Code.

ii ACEP-ALE applications should be organized by **Eligible Land** type, as ACEP-ALE agreements are Eligible Land specific.

iii **Historical and archaeological resources** mean resources that are:

(1) Listed in the National Register of Historic Places (established under the National Historic Preservation Act (NHPA), 16 U.S.C. 470, et seq.);

(2) Formally determined eligible for listing in the National Register of Historic Places (by the State Historic Preservation Officer (SHPO) or Tribal Historic Preservation Officer (THPO) and the Keeper of the National Register in accordance with section 106 of the NHPA);

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

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.

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.) Applicant Federal Debt Delinquency Explanation**

Yes

No

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:

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Empty text input area for the Applicant Federal Debt Delinquency Explanation.

| Item: | Entry: |
|-------|--|
| 1. | <p>Type of Submission: (Required): Select one type of submission in accordance with agency instructions.</p> <ul style="list-style-type: none"> • Pre-application • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. |
| 2. | <p>Type of Application: (Required) Select one type of application in accordance with agency instructions.</p> <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation -An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision -Any change in the Federal Government’s financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <p style="margin-left: 40px;">A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)</p> |
| 3. | <p>Date Received: Leave this field blank. This date will be assigned by the Federal agency.</p> |
| 4. | <p>Applicant Identifier: Enter the entity identifier assigned buy the Federal agency, if any, or the applicant’s control number if applicable.</p> |
| 5a. | <p>Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.</p> |
| 5b. | <p>Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.</p> |
| 6. | <p>Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.</p> |
| 7. | <p>State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.</p> |
| 8. | <p>Applicant Information: Enter the following in accordance with agency instructions:</p> <ol style="list-style-type: none"> a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your |

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| | <p>organization is not in the US, enter 44-4444444.</p> <p>c. Organizational DUNS: (Required) Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p> <p>d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p> <p>e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, (if applicable) that will undertake the assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this applicant required), organizational affiliation (if affiliated with an organization other on: Enter the name (First and last name than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p> |
| 9. | <p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) |
| 10. | <p>Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.</p> |
| 11. | <p>Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.</p> |
| 12. | <p>Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and</p> |

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| | title of the opportunity under which assistance is requested, as found in the program announcement. |
| 13. | Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. C. Increase Duration D. Decrease Duration E. Other (specify) |
| 14. | Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed. |
| 15. | Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project. |
| 16. | Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000. |
| 17. | Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project. |
| 18. | Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. |
| 19. | Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State. |
| 20. | Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include: But may not be limited to; delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment. |
| 21. | Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |

BUDGET INFORMATION - Non-Construction Programs

| 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. | | \$ | \$ | \$ | \$ | \$ |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. Totals | | \$ | \$ | \$ | \$ | \$ |
| SECTION B - BUDGET CATEGORIES | | | | | | |
| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total (5) | |
| | (1) | (2) | (3) | (4) | | |
| a. Personnel | | | | | | |
| b. Fringe Benefits | | | | | | |
| c. Travel | | | | | | |
| d. Equipment | | | | | | |
| e. Supplies | | | | | | |
| f. Contractual | | | | | | |
| g. Construction | | | | | | |
| h. Other | | | | | | |
| i. Total Direct Charges (sum of 6a-6h) | | | | | | |
| j. Indirect Charges | | | | | | |
| k. TOTALS (sum of 6i and 6j) | | \$ | \$ | \$ | \$ | \$ |
| | | | | | | |
| 7. Program Income | | \$ | \$ | \$ | \$ | \$ |

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

| | | |
|--|--|---|
| <ol style="list-style-type: none"> 1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the | | <p>basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.</p> <ol style="list-style-type: none"> 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
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| <p>9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a-7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally-assisted construction subagreement.</p> <p>10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.</p> <p>11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in flood plains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).</p> | | <p>12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) Related to protecting components or potential components of the national wild and scenic rivers system.</p> <p>13. Will assist the awarding agency in assuring compliance will Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).</p> <p>14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</p> <p>15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) Pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</p> <p>16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) Which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</p> <p>17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."</p> <p>18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</p> |
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