

Once you have decided to initiate an amendment request, you are now ready to begin filling out your Application Kit. Included in this kit you will find all of the forms and instructions necessary for you to complete your Carryover Request Application. Please take a look at the table below before starting your application.

Form	Explanation
Instructions	Begin by reading over the Instructions (this page) to give you a brief overview of the contents of your application.
SF-424	The 424 is an online form that you should open and complete in GrantSolutions. Be sure to mark revision for the type of application and include only the amount of the carryover and the required non-federal match.
SF 424A	Each of the 424 forms is an online form which you will open and fill out directly in GrantSolutions. You will have the ability to Save and come back to it, as well as to Validate it when you have completed it. Begin by filling out the 424A, which will pre-populate some of the data in the other 424 forms. *Note: Make sure to break out both the Federal and Non-Federal amount on section B, in different columns.
SF-425 Download	You may attach your most recent SF-425; however if you do not have a recent one, you should download and fill out the form here. Once you have completed it, attach it in the <i>SF-425 Upload</i> section.
Cover Letter Upload	This is the section in which you should attach a letter stating clearly the purpose of the request and how it will affect the scope of services. This letter should be on company letterhead, signed by your authorizing official, scanned, and attached.
Budget Narrative Upload	The Budget Narrative Upload section is the place for you to attach your completed Budget (Federal and Non-Federal) Narrative, to include a budget with line-item detail and narrative to justify the proposed costs.
Annual Program Progress Report Upload	Carryover requests require that a program progress report be included in the application. Once you have written your progress report, attach it to this section of the application.
SF-425 Upload	You may attach your most recent SF-425 here; however, if you do not have a recent 425 you can download the form from the section above and attach it here.
Miscellaneous Information	You may use the miscellaneous information section to upload any additional information that you wish to include in your application.

Note: The following example does not include a separate program narrative, however, a separate program narrative is required as per the above instructions. The program narrative can include the information that is provided in the example cover letter.

Once you have completed each of the components in the application, you are ready to submit the application for review.

Note: You must receive a properly signed Notice of Grant Award from ACF before you can proceed with implementation of your request. If you do not hear from OGM, please do not assume that your request has been approved. Remember also that Carryover Balances are for unmet goals and objectives in the previous year. Requests that are not so justified will be disapproved.

OFFICE OF THE TRIBAL CHIEF
100 Main Street •New City •State • 00000
Phone: (000) 000-000 • Fax: (000) 000-000

March 13, 2015

Tim Chappelle
Grants Management Specialist
Office of Grants Management
Mary E. Switzer Memorial Building
330 C Street, SW
Washington, DC 20201

Dear Mr. Chappelle,

This letter is a request for Carry Over Balance for our ANA Native American Language Maintenance Grant project in the amount of \$6,728.26, from the budget period ending July 31, 2014, to the budget period ending July 31, 2015. The amount requested is the amount stated on the final SF-425.

The Carry Over Balance will be used to hold Curriculum Design Team Meetings and Community Feedback Sessions that were not held in project year two. These meetings were scheduled to provide feedback and final reviews of the Native Language Curriculum drafted for the completion of Objective 1 of our project.

Objective 1: Develop and produce curriculum, materials, and activities for teaching Native Language Content Standards in four language learner proficiency levels to be used within NT Pre-K and Elementary schools) by developing and approving themed curriculum units for five standards content areas in four language learner proficiency levels (20 total) by the end of the 24th month; 2) by developing or adapting and producing receptive, productive, and interactive language learning resources, for five standards content areas in 4 language learner proficiency levels (60 total) by the end of the 36th month.

The following is a list of incomplete activities from the prior budget period that correspond with these meetings and community feedback sessions.

Incomplete Activities:

- Conduct Four Curriculum Design Team Meetings (two were not completed)
- Evaluate & Revise Curriculum Modules (No community meetings were held)

At the beginning of the 3rd quarter of project year two, the New Tribal Schools System called for an early implementation of the curriculum. This required our project staff to finalize two

months' worth of curriculum materials before the end of quarter three, and then provide support for the implementation of the curriculum during the first two months of quarter four. As a result there was a delay in curriculum activity drafting that was to be completed before the end of quarter four, and no community based Curriculum Design Team meetings were held for two quarters. Additionally we were unable to get broad based community feedback on the curriculum. It was only reviewed with project staff and the project evaluator, and presented briefly to a small segment of parents. Because we have not had a forum for community review or approval outside of the school system we recommend for six community review sessions to occur before the end of the grant project, one in each community with a school that is being served by this grant project.

Upon approval of this Carry Over Balance request, our project staff will schedule the required meetings to be held in the months of May, June, and July of this grant project year, or Quarter 4- as described in the attached Objective Work Plan.

Attached is the 424,424a, detailed budget, budget justification and SF-425 showing the un-obligated amount. The corresponding 20% match for the Carry Over Balance, equal to \$1,682.06, was met during the 2013-2014 budget period (see attached SF-425).

Your attention to this request is greatly appreciated.

Sincerely,



John Doe
Tribal Chief
New Tribe

Application for Federal Assistance SF-424		Version	
Type of Submission		Type of Application	If Revision select appropriate letter s
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	<input type="text" value="Other(Specity)"/>	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other Specify	
<input type="checkbox"/> Changed Corrected Application	<input checked="" type="checkbox"/> Revision	<input type="text" value="Budget Carry Over"/>	
Date Received		Applicant Identifier	
<input type="text" value="03/16/2015"/>		<input type="text"/>	
a Federal Entity Identifier		b Federal Award Identifier	
<input type="text"/>		<input type="text" value="90NL0000"/>	
State Use Only:			
Date Received by State		State Application Identifier	
<input type="text"/>		<input type="text"/>	
8. APPLICANT INFORMATION:			
a Legal Name <input type="text" value="New Tribe"/>			
b Employer Taxpayer Identification Number EIN TIN		c Organizational DUNS	
<input type="text" value="000000000A0"/>		<input type="text" value="000000000"/>	
d. Address:			
Street	<input type="text" value="100 Main Street"/>		
Street	<input type="text"/>		
City	<input type="text" value="New City"/>		
County	<input type="text"/>		
State	<input type="text" value="State"/>		
Province	<input type="text"/>		
Country	<input type="text" value="UNITED STATES"/>		
Zip Postal Code	<input type="text" value="00000-0000"/>		
e. Organizational Unit:			
Department Name		Division Name	
<input type="text"/>		<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix	<input type="text" value="Mr."/>	First Name	<input type="text" value="Mike"/>
Middle Name	<input type="text"/>		
Last Name	<input type="text" value="Smith"/>		
Suffix	<input type="text"/>		
Title	<input type="text" value="Principal Investigator"/>		
Organizational Affiliation			
<input type="text"/>			
Telephone Number	<input type="text" value="(000) 000-0000"/>	Fax Number	<input type="text"/>
Email	<input type="text" value="MSmith@nt-nsn.gov"/>		

Application for Federal Assistance SF-424	Version
9. Type of Applicant 1: Select Applicant Type:	
Indian/Native American Tribal Government (Federally Recognized)	
Type of Applicant Select Applicant Type	
Type of Applicant Select Applicant Type	
Other specify	
* 10. Name of Federal Agency:	
ACF-Native Americans	
11. Catalog of Federal Domestic Assistance Number:	
93.587	
CFDA Title	
Promote the Survival and Continuing Vitality of Native American Languages	
* 12. Funding Opportunity Number:	
Not Applicable	
Title	
Not Applicable	
13. Competition Identification Number:	
Not Applicable	
Title	
Not Applicable	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Native Language Teaching Standards	
Attach supporting documents as specified in agency instructions	

Application for Federal Assistance SF-424 Version 02

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	6728.26
* b. Applicant	1682.06
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	8410.32

*** 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.)**

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:

*** 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.

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BUDGET INFORMATION - Non-Construction Programs

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. NL - Grant Languages Pro	93.587			\$6,728.26		\$6,728.25
2. NL - Grant Languages Pro	93.587				\$1,682.06	\$1,682.05
3. NL - Grant Languages Pro						
4. NL - Grant Languages Pro						
5. Totals				\$6,728.26	\$1,682.06	\$8,410.32

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) NL - Grant Languages Prog	(2) NL - Grant Languages Prog	(3) - Grant Languages Progr	(4) - Grant Languages Progr	
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other	\$5,739.36	\$1,434.83			\$7,174.19
i. Total Direct Charges (sum of 6a-6h)	\$5,739.36	\$1,434.83			\$7,174.19
j. Indirect Charges	\$988.90	\$247.23			\$1,236.13
k. TOTALS (sum of 6i and 6j)	\$6,728.26	\$1,682.06			\$8,410.32

7. Program Income					
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SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8 NL - Grant Languages Program						
9. NL - Grant Languages Program		\$1,682.06			\$1,682.06	
10. NL - Grant Languages Program						
11. NL - Grant Languages Program						
12. TOTAL (sum of lines 8-11)		\$1,682.06	\$		\$1,682.06	
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal		\$6,728.26				\$6,728.25
14. Non-Federal		\$1,682.06				\$1,682.05
15. TOTAL (sum of lines 13 and 14)		\$8,410.32				\$8,410.30
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. NL - Grant Languages Program						
17. NL - Grant Languages Program						
18. NL - Grant Languages Program						
19. NL - Grant Languages Program						
20. TOTAL (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges: Federal = 5739.36, Non-Federal = 1434.83			22. Indirect Charges: 17.23% Indirect Cost Rate Agreement			
23. Remarks:						

-209 -

ANA Objective Work Plan

Project: Native Language Teaching Standards

Year: Three **Project Goal:** To build a larger cadre of material and human resources all working in conjunction to support the increase of language learning opportunities that will increase Native language learner proficiencies in the state.

Objective One: Develop and produce curriculum, materials, and activities for teaching Native Language Content Standards in four language learner proficiency levels to be used within NT Pre-K and Elementary schools: 1) by developing and approving themed curriculum units for five standards content areas in four language learner proficiency levels (20 total) by the end of the 24th month; 2) by developing or adapting and producing receptive, productive, and interactive language learning resources, for five standards content areas in 4 language learner proficiency levels (60 total) by the end of the 36th month.

Results or Benefits Expected: 1) 20 curriculum modules distributed for trial use in Pre-K and Elementary class settings. 2) 20 language learning resources created or aligned with curriculum modules, for a combined total of 60 by the end of year three. 3) 2 partnerships formed towards 10 total new partnerships. 4) \$2000 leveraged above the required 20 percent match towards a goal of \$5000.

Activities	Position Responsibl	Time Period		
		Begin	End	
PC=Project Coordinator, CW=Curriculum Writer, CCE=Cultural Content Educator, MD=Materials Designer, MS=Multimedia Specialist, T=Translator, CRT=Community Resource Trainer, I=Immersion Trainer, IA=Immersion Apprentice				
1. Organize project staff	PC	08/1/14	10/31/14	
2. Conduct Six Curriculum Design Team Mtgs.	PC/CW/MS/CCE	08/01/14	07/31/15	
3. Curriculum Module & Language Learning Activity Production, Distribution, Training (20 modules/60 activities)	CW/CCE/MS/MD/ CRT	08/01/14	07/31/15	
4. Evaluate & Revise Curriculum Modules (6 community meetings)	CW/CCE/PC/MD	01/30/15	07/31/15	
5. Standards/Assessment Committee, Quarterly	PC	09/01/14	06/30/15	
6. Create or Adapt 20 Language Learning Activities	CCE/MD/MS/T	08/01/14	07/31/15	

7.	Sustainable Development plan for Curriculum Modules (all levels)	CW	04/01/15	07/31/15	
8.	Quarterly Progress Reports (Include assessment of Language Learning Activities)	PC	04/01/15	07/31/15	
9.	Evaluate Project	PC – All staff	04/01/15	07/31/15	

Criteria for Evaluating Results or Benefits Expected:

1) The number of approved curriculum modules in five content standard areas for each language learner level to total 20. 2) 3 language learning resources created or aligned with each curriculum module, totaling 60. 3) 10 project staff and 2 community elders attend training at Northwest Indigenous Language Institute. 4) The number of partnerships formed towards 10 total new partnerships. 5) The amount of resources leveraged above the required 20 percent match towards a goal of \$5000.

The Paperwork Reduction Act of 1995: Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.

YEAR __ Dates	FED REQUEST	FED REV +/-	NEW FED REQUEST	MATCH	MATCH REV +/-	NEW MATCH	TOTAL YEAR _ BUDGET
Personnel							
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
SUBTOTAL PERSONNEL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits							
FICA (__%)			\$ -			\$ -	\$ -
Unemployment Insurance (__%)			\$ -			\$ -	\$ -
Workers Comp Ins. (__%)			\$ -			\$ -	\$ -
401(K) Retirement (__%)			\$ -			\$ -	\$ -
Health/dental/vision insurance (__%)			\$ -			\$ -	\$ -
SUBTOTAL FRINGE BENEFITS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel							
Post Award Training			\$ -			\$ -	\$ -
ANA Grantee Meeting			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
SUBTOTAL TRAVEL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies							
			\$ -			\$ -	
			\$ -			\$ -	
Office supplies (paper, toner, pens, staples)			\$ -			\$ -	\$ -
SUBTOTAL SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual							
			\$ -			\$ -	\$ -
SUBTOTAL CONTRACTUAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other							
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -

Budget Justification

Other \$4,745.76

Meetings & Trainings

Request an average of \$593.22 per meeting for a total of 8 meetings to total \$4,745.76. Budget will be used to cover facilities, food, and materials as needed including copies of curriculum materials for review. Two meetings will be held for curriculum design and six meetings will be held for community feedback.

Two Curriculum Design Team retreats

These meetings will differ from the Design Team meetings scheduled in Year Three in that they will require the attendance of The NTLIC board as well as Department of Schools staff so that suggestions for revisions and final decisions on content can be confirmed. One meeting will be scheduled in May for a revision review, and one meeting will be held in July for a final approval review. The invited attendees will include five NTLIC Board Members, six Native Language Instructor candidates, six community members, two Department of Schools staff members, and four project staff members.

Six Community Feedback sessions

The community feedback sessions will be held in each of the six tribal communities where the Tribal elementary schools are located. The following community members will be invited to attend: One Native Language Instructor candidate, five project staff members, two Department of Schools staff, and fifteen community members.

Local Travel \$993.60

Local travel funds, up to 12 miles, will be available for non-project staff members invited to attend the above meetings in the communities. This is estimated to be a minimum of 144 total meeting participants. $144\text{ppl} \times 12 \text{ miles} \times \$0.575/\text{mile} = \$993.60$.

Total Direct Charges \$5,739.36

Indirect Charge \$9,88.90

Total Indirect Charges are 17.23% of total Direct Charges.

Non-Federal Resources \$1682.06

Non Federal Resources were met in previous project year totaling more than the \$1682.06 required for the requested carry over balance (see attached SF 425 FFR for 2013-2014 annual report). A total of \$83,158.93 in non-federal resources was acquired, totaling \$11,232.93 above the required amount of \$71,926, in project Year Two.

Total Federal Carry Over Request \$6,728.26

REVISED

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Administration for Native Americans		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90NL0000-01-00			Page 1 of 1		
3. Recipient Organization (Name and complete address including Zip code) New Tribe, 100 Main Street, New City, State 00000							
4a. DUNS Number 00-000-0000	4b. EIN 00-0000000	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual <input checked="" type="radio"/> Final	7. Basis of Accounting <input type="radio"/> Cash <input checked="" type="radio"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year) 8/1/2014 To: (Month, Day, Year) 7/31/2017				9. Reporting Period End Date (Month, Day, Year) 7/31/2015			
10. Transactions (Use lines a-c for single or multiple grant reporting)					Cumulative		
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts					\$245,710.42		
b. Cash Disbursements					\$284,975.74		
c. Cash on Hand (line a minus b)					(\$39,265.32)		
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$291,704.00		
e. Federal share of expenditures					\$284,975.74		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$284,975.74		
h. Unobligated balance of Federal funds (line d minus g)					\$6,728.26		
Recipient Share:							
i. Total recipient share required					\$71,926.00		
j. Recipient share of expenditures					\$83,158.93		
k. Remaining recipient share to be provided (line i minus j)					(\$11,232.93)		
Program Income:							
l. Total Federal program income earned					\$0.00		
m. Program income expended in accordance with the deduction alternative					\$0.00		
n. Program income expended in accordance with the addition alternative					\$0.00		
o. Unexpended program income (line l minus line m or line n)					\$0.00		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	0	17%	8/1/2014	7/31/2014	5243,091.14	541,884.60	50.00
g. Totals:					\$243,091.14	41,884.60	50.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official George Smith, Comptroller				c. Telephone (Area code, number and extension) (000)000-0000			
b. Signature of Authorized Certifying Official 				d. Email address gsmith@new.nsn.gov			
				e. Date Report Submitted (Month, Day, Year) 12/15/2014			
14. Agency use only:							

Standard Form 425
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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 (0348-0061), Washington, DC 20503.