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Grant Application

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APPLICATION FOR FEDERAL ASSISTANCE

	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
Address (give city, county, state, and zip code):	Name and telephone number of the person to be contacted on matters involving this application (give area code)

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text"/> <input type="text"/> - <input type="text"/>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A.Increase Award B.Decrease Award C.Increase Duration D.Decrease Duration Other (specify): _____	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specialty) _____
9. NAME OF FEDERAL AGENCY:	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> TITLE: _____	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.)	

13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant
		b. Project

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	
c. State	
d. Local	
e. Other	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income	
g. TOTAL	
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry: | Item: | Entry: |
|-------|---|-------|---|
| 1. | Self-explanatory . | 12. | List only the largest political entities affected (e.g., State, counties, cities). |
| 2. | Date application submitted to Federal agency for State if applicable) & applicant's control number (if applicable). | 13. | Self-explanatory . |
| 3. | State use only (if applicable). | 14. | List the applicant's Congressional District and any District(s) affected by the program or project. |
| 4. | If this application is to continue or revise an existing award, enter present Federal Identifier number. If for a new project, leave blank. | 15. | 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. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. | 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. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| 7. | Enter the appropriate letter in the space provided. | 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as 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.) |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided:
-"New" means a new assistance award.
-"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.
-"Revision" means any change in the Federal Government financial obligation or contingent liability from an existing obligation. | | |
| 9. | Name of Federal agency from which assistance is being requested with this application. | | |
| 10. | Use the Catalog of Federal Domestic Assistance number and the title of the program under which assistance is requested. | | |
| 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. | | |

SF 424 (REV 4-88) BACK

FEDERAL ASSISTANCE BUDGET INFORMATION

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 1.87 hours per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans and Oversight, Records Management Division, HR-422 - GTN, Paperwork Reduction Project (1910-0400), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0400), Washington, DC 20503.

1. Program/Project Identification No.	2. Program/Project Title
3. Name and Address	4. Program/Project Start Date
	5. Completion Date

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Federal Catalog No. (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					
j. Indirect Charges					
k. TOTALS	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

FEDERAL ASSISTANCE BUDGET INFORMATION

INSTRUCTIONS

Item 1 - Enter the Federal grant or agreement identification number for the current year as it appears in the official award, if known.

Item 2 - Enter the Program/Project official title as it appears in the award.

Item 3 - Enter name and address of the agency or office responsible for coordination and administration of the Program/Project.

Item 4 - Enter the official start date.

Item 5 - Enter the official completion date as of the latest official modification.

Section A Budget Summary

Lines 1-4, Columns (a) and (b).

For application pertaining to a single Federal assistance program (Federal Domestic Assistance Catalog number) and are requiring a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g).

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project.

For continuing assistance program applications, submit these forms before the end of each funding year if required by Program Manager. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the funding period only if the award instructions provide for this. Otherwise, leave these columns blank. Enter in Columns (e) and (f) the amount of funds needed for the upcoming period.

The amount(s) in Column (g) should be the sum of the amounts in Columns (e) and (f).

For supplemental awards and changes to existing awards, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of the amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B. Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets were prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Item 6a-h Show the estimated amount for each direct cost budget (object class) category for each column with program, function or activity heading.

Item 6i - Show the totals of Lines 6a to 6h in each column.

Item 6j - Show the amount of indirect cost.

Item 6k - Enter the total of amounts on Line 6i and 6j. For all applications for new and continuation awards, the total amount in Column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental awards and changes to awards, the total amount of the increase or decrease as shown in Columns (1) - (4), Line 6k, should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5. When additional sheets were prepared, the last two sentences apply only to the first page with summary totals.

Item 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the Program Manager in determining the total amount of the award.

THIS REPORT IS REQUIRED IN ACCORDANCE WITH 42 U.S.C. 7254 AND 40 U.S.C. 471 ET. SEQ. FAILURE TO REPORT MAY RESULT IN CONTRACT TERMINATION OR PENALTIES AS PROVIDED BY LAW.

U.S. Department of Energy – Budget (Form DOE F 4600.4) Instructions for SEP Formula Grants

Section A: A separate row for each fund source, including any program income in the grant budget.

Section B: One column for the SEP formula grant (all fund sources, including match) and, if the budget includes carry over funds for special projects, one for each special project included in the formula grant. See example on next page.

Supplemental Schedule #1 – Details of line 6.k. This schedule is completed only if special projects are included in the grant. It is used to specify source of funding for each column. See following example.

Example Budget: SEP Formula Grant with NO Special Projects Funds Carryover

DOE F 4600.4 (09-94) Replaces EIA-459C		Federal Assistance Budget Information				
1. Program/Project Identification No.		2. Program/Project Title: State Energy Program (SEP)				
2. Name and Address:			4. Program/Project Start Date:			
3.			5. Completion Date:			
SECTION A - BUDGET SUMMARY						
		Estimated Unobligated Funds		New or Revised Budget		
Grant Program Function or Activity (a)	Federal Catalog No. (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SEP	81.041	100,000.00		700,000.00		800,000.00
2. GRANTEE					100,000.00	100,000.00
3. EXXON					100,000.00	100,000.00
4. STRIPPER						
5. THIRD PARTY						
6. TOTALS		100,000.00		700,000.00	200,000.00	1,000,000.00
1. SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	Grant Program, Function, or Activity					Total (5)
	(1) SEP Formula	(2)	(3)	(4)		
a. Personnel	100,000.00					100,000.00
b. Fringe	30,000.00					30,000.00
c. Travel	20,000.00					20,000.00
d. Equipment	20,000.00					20,000.00
e. Supplies	10,000.00					10,000.00
f. Contractual	500,000.00					500,000.00
g. Construction	.00					.00
h. Other	20,000.00					20,000.00
i. Direct	700,000.00					700,000.00
j. Indirect	300,000.00					300,000.00
k. TOTALS	1,000,000.00					1,000,000.00
7. Program Income						

Example Budget: SEP Formula Grant with Special Projects Funds Carryover

DOE F 4600.4 (09-94) Replaces EIA-459C		U.S. Department of Energy	
		Federal Assistance Budget Information	
3. Program/Project Identification No.		2. Program/Project Title: State Energy Program (SEP)	
4. Name and Address:		4. Program/Project Start Date:	
		5. Completion Date:	

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SEP	81.041	417,920		304,800		722,720
2. GRANTEE					60,960	60,960
3. EXXON			583,321		309,229	892,550
4. STRIPPER					1,284,524	1,284,524
5. THIRD PARTY			1,295,000			1,295,000
6. TOTALS		417,920	1,878,321	304,800	1,654,714	4,255,755

1. SECTION B - BUDGET CATEGORIES

6. Object Class Categories	Grant Program, Function, or Activity				Total (5)
	(1) SEP Formula	(2) Rebuild America II	(3) Building Codes	(4)	
a. Personnel	254,295	66,835	96,389		417,519
b. Fringe	58,588	14,172	19,619		92,379
c. Travel	16,164	2,000	9,100		27,162
d. Equipment	25,000	0	7,500		32,500
e. Supplies	2,500	199	990		3,689
f. Contractual	1,374,047	476,079	83,500		1,933,626
g. Construction	0	0	0		0
h. Other	894,161	31,715	822,902		1,748,778
i. Direct	2,625,755	591,000	1,040,000		4,255,755
j. Indirect	0	0	0		0
k. TOTALS	2,625,755	591,000	1,040,000		4,255,755
7. Program Income					

**Supplemental Schedule 1 - Details of DOE F 4600.4 line 6 of Section B
(Budget Category by Funding Source)**

Application Period: _____ to _____

Grant No.	(1) SEP Formula	(2) Rebuild America II	(3) Building Codes	(4)	Total (5)
1. DOE	386,720	96,000	240,000		722,720
2. Grantee	60,960				60,960
3. EXXON	892,550				892,550
4. STRIPPER	1,284,525				1,284,524
5. THIRD PARTY		495,000	800,000		1,295,000
6.					
7.					
8. TOTALS	2,625,755	501,000	1,040,000		4,255,755

U.S. DEPARTMENT OF ENERGY
GOLDEN FIELD OFFICE



**BUDGET EXPLANATION PAGE FOR FORM DOE F 4600.4
FOR FORMULA GRANTS**

Please provide detailed information to support each Cost Category using this form or attach a breakdown of costs using your own format as Attachment A.

1. PERSONNEL

- a. Identify, by title, each position to be supported under the proposed award.

- b. Briefly specify the duties of professionals to be compensated under this project.

2. FRINGE BENEFITS

- a. Are the fringe cost rates approved by a Federal Agency? If so, identify the agency and date of latest rate agreement or audit below, and include a copy of the rate agreement.

- b. If a above does not apply, indicate the basis for computation of rates, including the types of benefits to be provided, the rate(s) used, and the cost base for each rate. You may provide the information below or provide the calculations as an attachment.

3. **TRAVEL**

Identify total Foreign and Domestic Travel as separate items.

- a. Indicate the purpose(s) of proposed travel.

- b. Specify the basis for computation of travel expenses (e.g., current airline ticket quotes, past trips of a similar nature, federal government or organization travel policy, etc.).

4. **EQUIPMENT** - As defined at 10 CFR 600.101 and 10 CFR 600.202, "Equipment".

- a. Provide the basis for the equipment cost estimates (e.g., vendor quotes, prior purchases of similar or like items, etc.).

- b. Briefly justify the need for items of equipment to be purchased.

5. **MATERIALS AND SUPPLIES** - As defined at 10 CFR 600.101 and 10 CFR 600.202, "Supplies."

- a. Provide the basis for the materials and supplies cost estimates (e.g., vendor quotes, prior purchases of similar or like items, etc.).

- b. Briefly justify the need for items of material to be purchased.

6. CONTRACTS AND SUBGRANTS

- (a) For proposed contractors/subgrantees provide the following:

Competitively selected:

<u>Contractor/Subgrantee</u>	<u>Work Description</u>
------------------------------	-------------------------

Non-competitively selected:

<u>Contractor/Subgrantee</u>	<u>Work Description</u>
------------------------------	-------------------------

For each non-competitively selected contractor or subgrantee, have the contractor and subgrantee complete a GO-PF20a, Budget Information Page For Form DOE F 4600.4 and attach them to this form.

- (b) For each proposed procurement contract and subgrant for which a contractor/subgrantee selection has not been made complete the following:

<u>Basis for the Cost Estimate</u>	<u>Work Description</u>
------------------------------------	-------------------------

7. OTHER COSTS

- a. Provide the basis for the cost estimates (e.g., vendor quotes, prior purchases of similar or like items, etc.).

U.S. Department of Energy
SEP Narrative Activity Information Worksheet

Grant number: _____

1. Function: _____ 2. State: _____ 3. Program Year: _____

4. Activity category: _____

5. New activity? (Check box if yes)

6. Activity title: _____

7. Activity period: _____ thru: _____

Strategic goal(s): _____

8. Target audience(s): _____ Estimated number: _____

Audience description: _____

9. Implementation strategy(ies): _____

10. Anticipated annual energy savings (direct and indirect): _____ MMBTUs

11. Method used to calculate energy savings*

12a. Description (include goals and objectives)*

12b. Published description*

**Please use additional pages if more space is needed.*

13. Program year milestones*

Milestone		Planned (number)
1		
2		
3		
4		
5		
6		
7		
8		

14. Program year budget*

a. SEP grant fund by source	Planned
Total Activity Budget	\$
DOE	\$
State	\$
PVE (specify source)	\$
Other	\$
	\$
	\$
b. Leveraged funds anticipated (specify source)	
	\$
	\$
	\$
	\$
	\$
	\$

U.S. Department of Energy – SEP Narrative Activity Information Worksheet Instructions

Please use the [SEP Narrative Activity Information Worksheet](#) to provide information on each SEP activity, mandatory or optional, planned for the program year (PY). Worksheet and instructions are on the DOE Golden website.* If there is no change in the purpose and description of a continuing activity, only the milestones and PY budget need be submitted in subsequent years.

Worksheet Item	Explanation
1 Function	DOE major category of activity. Select from column 1 of the SEP Functions and Activities Description table*
2 State	Self-explanatory
3 Program year	Federal fiscal year of allocation/obligation
4 Activity category	DOE major sub-category of activity. See table *
5 New activity?	Check this box if the activity is new this program year.
6 Activity title	Activity title or name.
7 Activity period	Beginning and ending dates (mm/dd/yy) of the activity. The activity period might be longer or shorter than the program year
Strategic goals	Identify one or more SEP strategic goal(s) being met by this activity. <ul style="list-style-type: none"> • Federal-state-local collaboration • Market acceptance • Innovative approaches
8 Target audience(s)	See examples *
Estimated number	
Audience description	Use to provide more information on the target audience (optional)
9 Implementation strategy(ies)	See examples *
10 Anticipated annual energy savings (MMBTUs)	An estimate of the energy to be saved annually, direct and indirect, by implementing this activity wherever practicable. States are encouraged to provide meaningful data and realistic numbers for energy saved to assist DOE in developing national budget justifications.
11 Method used to calculate energy savings	If the methodology is publicly available, please cite. Otherwise describe how energy savings are calculated for this activity.
12a Description	A concise description of the activity, including goals and objectives, with enough specificity to allow DOE to determine that it meets program intent and includes no prohibited measures [Regs 420.18]
12b Published description	Optional field provides any activity description to be submitted for publication on the DOE SEP Internet website. If the state has this information on a website, that would be an optimal source for this information.
13 Program year milestones	Countable products, services, activities with planned total for each.
14 Program year budget (planned)	Funds in the DOE grant budget this program year for the activity: Total and by source, e.g., DOE, state match, EXXON, etc.
a) SEP grant funds	
b) Leveraged funds anticipated by source	Leveraged funds anticipated this PY, by source, for this activity. This information is not required, however it helps DOE justify the SEP budget.

*Worksheet forms and instructions are on www.golden.doe.gov/businessopportunities.html: Scroll down to State Energy Program Forms and click the blue dot beside Narrative Information Worksheet. To see SEP function and activity categories and examples for other worksheet items, select Function and Activity Descriptions, also under State Energy Program Forms.

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422 - GTN, Paperwork Reduction Project (1910-0400), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0400), Washington, DC 20503.

(Hereinafter called the "Applicant")

HEREBY AGREES to comply with Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), Section 16 of the Federal Energy Administration Act of 1974 (Pub. L. 93-275), Section 401 of the Energy Reorganization Act of 1974 (Pub. L. 93-438), Title IX of the Education Amendments of 1972, as amended, (Pub. L. 92-318, Pub. L. 93-568, and Pub. L. 94-482), Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), the Age Discrimination Act of 1977 (Pub. L. 94-135), Title VIII of the Civil Rights Act of 1968 (Pub. L. 90-284), the Department of Energy Organization Act of 1977 (Pub. L. 95-91), the Energy Conservation and Production Act of 1976, as amended, (Pub. L. 94-385) and Title 10, Code of Federal Regulations, Part 1040. In accordance with the above laws and regulations issued pursuant thereto, the Applicant agrees to assure that no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity in which the Applicant receives Federal assistance from the Department of Energy.

Applicability and Period of Obligation

In the case of any service, financial aid, covered employment, equipment, property, or structure provided, leased, or improved with Federal assistance extended to the Applicant by the Department of Energy, this assurance obligates the Applicant for the period during which Federal assistance is extended. In the case of any transfer of such service, financial aid, equipment, property, or structure, this assurance obligates the transferee for the period during which Federal assistance is extended. If any personal property is so provided, this assurance obligates the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance obligates the Applicant for the period during which the Federal assistance is extended to the Applicant by the Department of Energy.

Employment Practices

Where a primary objective of the Federal assistance is to provide employment or where the Applicant's employment practices affect the delivery of services in programs or activities resulting from Federal assistance extended by the Department, the Applicant agrees not to discriminate on the ground of race, color, national origin, sex, age, or disability, in its employment practices. Such employment practices may include, but are not limited to, recruitment, advertising, hiring, layoff or termination, promotion, demotion, transfer, rates of pay, training and participation in upward mobility programs; or other forms of compensation and use of facilities.

Subrecipient Assurance

The Applicant shall require any individual, organization, or other entity with whom it subcontracts, subgrants, or subleases for the purpose of providing any service, financial aid, equipment, property, or structure to comply with laws and regulations cited above. To this end, the subrecipient shall be required to sign a written assurance form; however, the obligation of both recipient and subrecipient to ensure compliance is not relieved by the collection or submission of written assurance forms.

Data Collection and Access to Records

The Applicant agrees to compile and maintain information pertaining to programs or activities developed as a result of the Applicant's receipt of Federal assistance from the Department of Energy. Such information shall include, but is not limited to the following: (1) the manner in which services are or will be provided and related data necessary for determining whether any persons are or will be denied such services on the basis of prohibited discrimination; (2) the population eligible to be served by race, color, national origin, sex, and disability; (3) data regarding covered employment including use or planned use of bilingual public contact employees serving beneficiaries of the program where necessary to permit effective participation by beneficiaries unable to speak or understand English; (4) the location of existing or proposed facilities connected with the program and related information adequate for determining whether the location has or will have the effect of unnecessarily denying access to any person on the basis of prohibited discrimination; (5) the present or proposed membership by race, color, national origin, sex, age and disability in any planning or advisory body which is an integral part of the program; and (6) any additional written data determined by the Department of Energy to be relevant to the obligation to assure compliance by recipients with laws cited in the first paragraph of this assurance.

The Applicant agrees to submit requested data to the Department of Energy regarding programs and activities developed by the Applicant from the use of Federal assistance funds extended by the Department of Energy. Facilities of the Applicant (including the physical plants, buildings, or other structures) and all records, books, accounts, and other sources of information pertinent to the Applicant's compliance with the civil rights laws shall be made available for inspection during normal business hours of request of an officer or employee of the Department of Energy specifically authorized to make such inspections. Instructions in this regard will be provided by the Director, Office of Civil Rights, U.S. Department of Energy.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts (excluding procurement contracts), property, discounts or other Federal assistance extended after the date hereof to the Applicants by the Department of Energy, including installment payments on account after such date of application for Federal assistance which are approved before such date. The Applicant recognizes and agrees that such Federal assistance will be extended in reliance upon the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, the successors, transferees, and assignees, as well as the person(s) whose signatures appear below and who are authorized to sign this assurance on behalf of the Applicant.

Applicant Certification

The Applicant certifies that it has complied, or that, within 90 days of the date of the grant, it will comply with all applicable requirements of 10 C.F.R. § 1040.5 (a copy will be furnished to the Applicant upon written request to DOE).

Designated Responsible Employee

Name and Title (Printed or Typed)

() _____
Telephone Number

Signature

Date

Applicant's Name

() _____
Telephone Number

Address:

Date

Authorized Official:
President, Chief Executive Officer
or Authorized Designee

Name and Title (Printed or Typed)

() _____
Telephone Number

Signature

() _____
Date

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Energy determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

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 any 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 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 Form to Report Lobbying," 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 cooperative 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 and not more than \$100,000 for each such failure.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction under a public transaction;

violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
-

3. DRUG-FREE WORKPLACE

This certification is required by the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D) and is implemented through additions to the Debarment and Suspension regulations, published in the Federal Register on January 31, 1989, and May 25, 1990.

**ALTERNATE 1
(GRANTEES OTHER THAN INDIVIDUALS)**

- (1) The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph

(a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for aviolation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction.

(e) Notifying the agency, in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to energy grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(2) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance:
(Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

4. Lobbying Disclosure Act of 1995, Simpson-Craig Amendment

Applicant organizations which are described in section 501(c)(4) of the Internal Revenue Code of 1986 and engage in lobbying activities after December 31, 1995, shall not be eligible for the receipt of Federal funds constituting an award, grant, or loan. Section 501(c)(4) of the Internal Revenue Code of 1986 covers:

Civic leagues or organizations not organized for profit but operated exclusively for the promotion of social welfare, or local associations of employees, the membership of which is limited to the employees of a designated person or persons in a particular municipality, and the net earnings of which are devoted exclusively to charitable, educational, or recreational purposes.

As set forth in the Lobbying Disclosure Act of 1995 (Public Law 104-65, December 19, 1995), as amended ["Simpson-Craig Amendment," see Section 129 of The Balanced Budget Downpayment Act, I (Public Law 104-99, January 26, 1996)], lobbying activities is defined broadly. (See section 3 of the Act.)

The undersigned certifies, to the best of his or her knowledge and belief, that: it IS NOT an organization described in section 501(c)(4) of the Internal Revenue Code of 1986; OR that it IS an organization described in section 501(c)(4) of the Internal Revenue Code of 1986, which, after December 31, 1995, HAS NOT engaged in any lobbying activities as defined in the Lobbying Disclosure Act of 1995, as amended.

ALTERNATE II (GRANTEES WHO ARE INDIVIDUALS)

- (1) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substances in conducting any activity with the grant.
- (2) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

U.S. DEPARTMENT OF ENERGY
GOLDEN FIELD OFFICE



FINANCIAL ASSISTANCE PRE-AWARD INFORMATION SHEET

Recipient: _____

Award No.: _____ Amendment No.: _____

A. INTELLECTUAL PROPERTY

A.1. THE RECIPIENT IS:

- A university or other institution of higher education or an organization of the type described in Section 501(c)(3) of the Internal Revenue Code of 1954 (26 USC 501(c)) and exempt from taxation under Section 501(a) of the Internal Revenue Code (26 USC 501(a)); or
- An organization of the type described in Section 501(c)(4) of the Internal Revenue Code of 1954 (26 USC 501(c)) and exempt from taxation under Section 501(a) of the Internal Revenue Code (26 USC 501(a)); or
- A nonprofit scientific or educational organization qualified under a State nonprofit organization statute. Please identify the statute.
- A small business concern as defined at Section 2 of Public Law 85-536 (15 USC 632) and implementing regulations of the administrator of the Small Business Administration.
- None of the above.

Recipients who have checked NONE OF THE ABOVE have the right to request, in advance or within 30 days after execution of the grant, in accordance with applicable statutes and DOE Procurement Regulation (9-9.109-6), a waiver of all or any part of the rights of the United States in Subject Inventions. If the grantee intends to request a waiver to such invention rights pursuant to DOE PR 9-9.109-6, please indicate:

- I intend to request an advance waiver in accordance with DOE PR 9-9.109-6.
- I do not intend to request an advance waiver.

A.2. RIGHTS IN PROPOSAL DATA

It is DOE policy for a grant award based on a proposal that, in consideration of the award, the Government shall obtain unlimited rights in the technical data contained in the proposal unless the recipient marks those portions of the technical information which he asserts as "proprietary data" or specifies those portions of such technical data which are not directly related to or will not be utilized in the work to be funded under the award. Accordingly, please indicate:

- () No restrictions on Government rights in the proposal technical data; or
- () The following identified technical data is proprietary or is not directly related to or will not be utilized in the work to be funded under the award:

A.3. IDENTIFICATION OF TECHNICAL DATA WHICH IS PROPRIETARY

The Rights in Technical Data clause proposed to be used for this award may not permit the utilization of proprietary data in the performance of this award or, if the use of proprietary data is permitted, may not be adequate to meet programmatic requirements. Use of data which is proprietary may prevent you from meeting the data requirements of the award (including delivery of data). Your attention is particularly drawn to the use of LICENSED COMPUTER SOFTWARE.

Please indicate that you have reviewed the requirements in the technical scope of work and to the best of your knowledge:

- () No proprietary data will be utilized in the performance of this award.
- () Proprietary data as follows will be utilized in the performance of this award:

- () No LICENSED COMPUTER SOFTWARE will be utilized in the performance of this award.
- () LICENSED COMPUTER SOFTWARE as follows will be utilized in the performance of this award:

B. TYPE OF BUSINESS (IF NOT SPECIFICALLY IDENTIFIED IN SECTION A.1. OF THIS PRE-AWARD INFORMATION SHEET)

The Recipient is a:

- Individual
- Partnership
- State or Local Government
- Joint Venture

C. SOCIAL SECURITY NUMBER (SSN)

If the Recipient does not have an Internal Revenue Service (IRS) assigned Employer Identification Number (EIN), Recipient SSN is _____. (See block 5 of Application for Federal Assistance, Standard Form 424.)

D. DATA UNIVERSAL NUMBERING SYSTEM (DUNS NUMBER)

Recipient DUNS Number is _____. For assistance in obtaining a DUNS Number, call Dunn & Bradstreet at 1-800-333-0505. The Recipient should be prepared to provide the following information to Dunn & Bradstreet:

- (1) Company name.
- (2) Company address.
- (3) Company telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the company was started.
- (7) Number of people employed by the company.
- (8) Company affiliation.

E. CIVIL RIGHTS REQUIREMENTS

In accordance with 10 CFR 1040, the recipient is required to appoint a person as the Affirmative Action Officer to be responsible for Civil Rights matters. The person you appoint should be knowledgeable of 10 CFR 1040, Nondiscrimination in Federally Assisted Programs. You are also responsible for prominently displaying reasonable numbers of Civil Rights posters at your facility. A copy of 10 CFR 1040 can be found at www.pr.doe.gov/1f040toc.html and the poster at www.eren.doe.gov/golden/paf.html. Copies can also be obtained from you awarding DOE office.

_____ has been appointed as the Affirmative Action Officer and has familiarized himself/herself with 10 CFR 1040. DOE Civil Rights posters have been displayed prominently and in reasonable numbers at our facility.

Organization Name	_____	Phone:	_____
and address	_____	Fax:	_____
	_____	E-mail:	_____

I certify that the above information is complete and accurate to the best of my knowledge.

_____	_____
Signature	Date

Name and Title of Authorized Representative

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
- 11.
- 12.
- 13.
- 14.
- 15.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 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 (0348-0046), Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES CONTINUATION SHEET

Approved by OMB 0348-0046

Reporting Entity: _____ Page _____ of _____

STATE PLAN/MASTER FILE WORKSHEET

This worksheet should be completed as specified in Section III of the State Energy Program Application Package.

Description of State Energy Goals to be Achieved (10CFR 420.13.b.2)

Selection of State Goals (10 CFR 420.13.b.2.ii)

Measuring Achievements (10 CFR 420.13.b.2.iii)

State Strategy (10 CFR 420.13.b.2.iv)

State Plan/Master File Worksheet (continued)

10% improvement in energy efficiency by 2000 (10 CFR 420.13.b.3)

Mandatory Activities (10 CFR 420.13.b.4.v and 15)

Environmental Impact (10 CFR 420.13.b.5)

Supplementing Weatherization (10 CFR 420.13.b.6)

State Plan/Master File Worksheet (continued)

Supplementing State/Local Funds (10 CFR 420.13.b.7)

Compliance with Laws and Regulations (10 CFR 420.13.b.8)

Energy Emergency Plan (10 CFR 420.13.b.9)

Monitoring Approach (Annual SEP Guidance)

Standard Form 269
FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0039	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions					
f. Other Federal awards authorized to be used to match this award					
g. Program income used in accordance with the matching or cost sharing alternative					
h. All other recipient outlays not shown on lines e, f or g					
i. Total recipient share of net outlays (Sum of lines e, f, g and h)					
j. Federal share of net outlays (line d less line i)					
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total federal share (sum of lines j and m)					
o. Total federal funds authorized for this funding period					
p. Unobligated balance of federal funds (Line o minus line n)					
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)					
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.					
Typed or Printed Name and Title			Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official			Date Report Submitted		

FINANCIAL STATUS REPORT
(Long Form)

Public reporting burden for this collection of information is estimated to average 30 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 (0348-0039), 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.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry	Item	Entry
1, 2 and 3.	Self-explanatory.	10.b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
4.	Enter the employer identification number assigned by the U.S. Internal Revenue Service.	10.c	Enter the amount of program income that was used in accordance with the deduction alternative.
5.	Space reserved for an account number or other identifying number assigned by the recipient.	Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
6.	Check yes only if this is the last report for the period shown in item 8.	10d, e, f, g, h, i, and j.	Self-explanatory.
7.	Self-explanatory.	10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10k that have been included on lines 10a and 10j. On the final report, line 10k must be zero.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."	10l.	Self-explanatory.
9.	Self-explanatory.	10m.	On the final report, line 10m must also be zero.
10.	The purpose of columns I, II and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report <i>in the same funding period</i> . If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.	10n, o, p, q, r, s and t.	Self-explanatory.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income in that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.	11a.	Self-explanatory.
		11b.	Enter the indirect cost rate in effect during the reporting period.
		11c.	Enter the amount of the base against which the rate was applied.
		11d.	Enter the total amount of indirect costs charged during the report period.
		11e.	Enter the Federal share of the amount in 11d.
		Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted.

2. RECIPIENT ORGANIZATION

Name:

Number and Street:

City, State and Zip Code:

4. Federal grant or other identification number

5. Recipient's account number or identifying number

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received *(whether or not deposited)*

10. PERIOD COVERED BY THIS REPORT

3. FEDERAL EMPLOYER IDENTIFICATION NO.

FROM *(month, day, year)*

TO *(month, day, year)*

11. STATUS OF FEDERAL CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$

b. Letter of credit withdrawals

c. Treasury check payments

d. Total receipts *(Sum of lines b and c)*

e. Total cash available *(Sum of lines a and d)*

f. Gross disbursements

g. Federal share of program income

h. Net disbursements *(Line f minus line g)*

i. Adjustments of prior periods

j. Cash on hand end of period

\$

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

14. REMARKS *(Attach additional sheets of plain paper, if more space is required)*

15. CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED
CERTIFYING
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

DATE REPORT SUBMITTED

TELEPHONE *(Area Code, Number, Extension)*

THIS SPACE FOR AGENCY USE

INSTRUCTIONS

Public reporting burden for this collection of information is estimated to average 120 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 (0348-0003), 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.

Please type or print legibly. Items 1, 2, 8, 9, 10, 11d, 11e, 11h, and 15 are self explanatory, specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
3	Enter Employer Identificaton Number (EIA) assigned by the U.S. Internal Revenue Service or the FICE (institution) code.	11g	Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.
4	If this report covers more than one grant or other agreement, leave items 4 and 5 blank and provide the information on Standard Form 272A, Report of Federal Cash Transactions - Continued. Enter Federal grant number, agreement number, or other identifying numbers if requested by sponsoring agency.	11i	Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.
5	This space reserved for an account number or other identifying number that may be assigned by the recipient.	11j	Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line i).
6	Enter the letter of credit number that applies to this report. If all advances were made by Treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.	12	Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements are on hand, provide an explanation under "Remarks" as to why the drawdown was made prematurely, or other reasons for the excess cash. The requirement for the explanation does not apply to prescheduled or automatic advances.
7	Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.	13a	Enter the amount of interest earned on advances of Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal sponsoring agency for over 60 days, explain under "Remarks." Do not report interest earned on advances to States.
11a	Enter the total amount of Federal cash on hand at the beginning of the reporting period including all of the Federal funds on deposit, imprest funds, and undeposited Treasury checks.	13b	Enter the amount of advance to secondary recipients included in item 11h.
11b	Enter total amount of Federal funds received through payment vouchers (Form TUS 5401) that were credited to your account during the reporting period.	14	In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space is required.
11c	Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.		
11f	Enter the total Federal cash disbursements, made during the reporting period, including cash received as program income. Disbursements as used here also include the amount of advances and payments less refunds to subgrantees or contractors; the gross amount of direct salaries and wages, including the employee's share of benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.		

STANDARD FORM 272 (Rev. 7-79) Back

U.S. Department of Energy – SEP Quarterly Program Status Report
(Grant Number: _____)

1. Activity title _____ 2. State _____ 3. PY _____

4. Status: Active Completed Dropped Report Period (_____)

5. Outlays by quarter	/ - /	/ - /	/ - /	/ - /	
Source	Q1	Q2	Q3	Q4	Total to Date
a. SEP grant (all sources)	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
b. Leveraged fund outlays by source*					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

6. Activity milestone status*		Planned (number)	Completed				
Milestone			Q1	Q2	Q3	Q4	%
1							
2							
3							
4							
5							
6							
7							
8							

7. Remarks (problems, issues, variance from plan)*

8. Accomplishments, publicity, good news*

9. Performance outcome data collected*

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10. Submitted by: _____ Date: _____

Quarter: _____

Typed name: _____

Phone: _____

**Please use additional pages if more space is needed.*

DOE/SEP-PSR, 1/02

U.S. Department of Energy - SEP Quarterly Program Status Report Instructions

Item	Explanation
1 Activity title	State name of activity as shown on the Activity Information Worksheet
2 State	Self-explanatory
3 Program Year	Program year (PY) corresponding to this budget period
4 Status	Indicate status of the activity. If it was dropped, indicate reasons in the remarks section.
5 Outlays by quarter	Enter starting and ending dates of the quarter reported.
a) SEP grant outlays	Total grant outlays (DOE/SEP, State match, PVE, etc.) for the activity this reporting period.
b) Leveraged fund outlays	Leveraged fund outlays, by source, for the activity this reporting period. This information is not required, however it helps DOE justify the SEP budget.
6 Activity milestone status	List milestones included in the activity worksheet and indicate how many were delivered/performed during this reporting quarter.
7 Remarks	This is the place to mention problems, issues, variances from plan or, if an activity was dropped, describe the circumstances.
8 Accomplishments	Describe here accomplishments, good news, publicity about SEP activities.
9 Performance outcome data collected	If performance outcome data are collected on this activity, describe.

**U.S. Department of Energy
STATE ENERGY PROGRAM
SUCCESS STORY**

1. State		Grant	
2. Activity			
3. Contact			
4. Affiliation			
5. Phone			
6. E-mail			

7. Resource(s) and Source(s)

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8. Project Period	/ / - / /
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9. Partners, participants:

10. Activity Description

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11. Status, Impact of Activity

--

12. Indicate why/how the project was successful

--

Signed by _____ Date _____

Typed name _____

Title _____

**U.S. Department of Energy
STATE ENERGY PROGRAM
SUCCESS STORY
INSTRUCTIONS**

The U.S. Department of Energy encourages States to *volunteer* information about their SEP success stories. This *optional* Success Story format will help facilitate the reporting of success stories for those States that choose to do so. If States are on-line with WinSAGA, stories can be submitted electronically. Until then, please share success stories with DOE by submitting them in this format to the applicable Regional Support Office with a copy to the Office of State and Community Programs, Office of Energy Efficiency and Renewable Energy, U.S. Department of Energy, EE-42, Room 5E-080, 1000 Independence Avenue, SW, Washington D.C. 20585.

1. Indicate the State submitting the success story, and include the grant number.
2. Indicate the title of the activity.
3. Indicate the preferred person(s) to be contacted for additional information.
4. Indicate the name of the agency with which the contact person(s) is affiliated.
5. Indicate the telephone number of the person(s) to be contacted for additional information.
6. Indicate the E-mail address for the contact person(s).
7. Indicate the type(s) of resource(s) – dollars in-kind, etc., and the specific source of the resource – DOE, State, Utility (including the name of the utility company) etc.
8. Indicate the dates the project was started and completed.
9. List all partners to or participants in the project.
10. Describe the project – whether it is a pilot, training, utility restructuring, etc.; include the location for the project within a State, congressional district, desired outcome(s) or anticipated result. One possible source for this is the SEP Narrative Activity Information Worksheet, Activity Description field.
11. Indicate the status of the project as of the date of submission (Active, Closed, etc.).
12. Indicate why/how the project was successful.
13. Indicate the name of the person signing the Success Story.
14. Indicate the date the Success Story was submitted.
15. Type the name and title of the person signing the Success Story.