



**U.S. Geological Survey
Department of the Interior**

STATE WATER RESOURCES RESEARCH INSTITUTE PROGRAM

FISCAL YEAR 2009 REQUEST FOR APPLICATIONS

**under Section 104 of the
Water Resources Research Act of 1984, as Amended**

**ANNOUNCEMENT 06HQPA0002
Revised November 12, 2008**

**CLOSING DATE
JANUARY 15, 2009**

U.S. Geological Survey

STATE WATER RESOURCES RESEARCH INSTITUTE PROGRAM FISCAL YEAR 2009 REQUEST FOR APPLICATIONS

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**STATE WATER RESOURCES RESEARCH INSTITUTE PROGRAM
REQUEST FOR APPLICATIONS
FY 2009**

ELECTRONIC FILING OF APPLICATIONS REQUIRED

Applications under this Announcement will be accepted only through the Internet site at <https://niwr.net/>. Institute Directors or their designee(s) are responsible for submitting their applications electronically. Preparation of each application must follow the instructions contained herein and on the Internet site.

I. INTRODUCTION

This Request for Applications (RFA) is issued under the provisions of section 104 of the Water Resources Research Act of 1984 (Public Law 98-242), as amended by Public Laws 101-397, 104-147, 106-374, and 109-471. Section 104 of the Water Resources Research Act directs the Secretary of the Interior to administer program grants to Institutes and Centers established under the provisions of section 104(a) of the Act. Water Resources Institutes or Centers have been established in each of the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. The Institute in Guam also serves the Federated States of Micronesia and the Commonwealth of the Northern Mariana Islands. Responsibility for administration of this State Water Resources Research Institute program has been delegated to the U.S. Geological Survey (USGS).

The USGS contacts for this program are:

John Schefter
Chief, Office of External Research
MS 424, U.S. Geological Survey
12201 Sunrise Valley Drive
Reston, Virginia, 20192
Phone: 703-648-6800
email: schefter@usgs.gov

Kimberly L. Dove
Office of Acquisition and Grants
MS 205, U.S. Geological Survey
12201 Sunrise Valley Drive
Reston, Virginia, 20192
Phone: 703-648-7487
email: kdove@usgs.gov

II. PROGRAM OBJECTIVES

Section 104(b) of the Water Resources Research Act of 1984 requires the Institutes or Centers to:

- (1) “plan, conduct, or otherwise arrange for competent applied and peer reviewed research that fosters –
 - (A) improvements in water supply reliability;
 - (B) the exploration of new ideas that –
 - (i) address water problems; or
 - (ii) expand understanding of water and water-related phenomena;
 - (C) the entry of new research scientists, engineers, and technicians into water resources fields; and

(D) the dissemination of research results to water managers and the public.

- (2) "cooperate closely with other colleges and universities in the State that have demonstrated capabilities for research, information dissemination, and graduate training in order to develop a statewide program designed to resolve State and regional water and related land problems." The Act also requires each institute to:
- (3) "cooperate closely with other institutes and other organizations in the region to increase the effectiveness of the institutes and for the purpose of promoting regional coordination."

Applications submitted under this Announcement are to be in furtherance of these objectives. Specific areas of emphasis are at the discretion of the individual Institute or Center Directors.

III. ELIGIBLE APPLICANTS

Applications will be accepted only from Institutes or Centers established pursuant to the provisions of Section 104 of the Water Resources Research Act of 1984, as amended. The applicant may consider project proposals only from faculty members or affiliates at institutions of higher education in its State.

IV. APPLICATIONS NOT ELIGIBLE FOR FUNDING

- A. Applications for research on health effects involving human subjects.
- B. Applications for research involving oceanography (estuarine research applications are acceptable).
- C. Applications submitted by an Institute or Center that has not met reporting requirements on a previous award by the USGS.

V. FEDERAL FUNDS

As of the date of this Announcement, federal funds have not yet been appropriated for this program. For planning purposes, please assume that the amount available to each Institute or Center in FY 2009 will be the same as in FY 2008 (\$92,335). The Government's obligation under this program is contingent upon the availability of appropriated funds.

VI. MATCHING FUNDS

- A. Each applicant must match each Federal dollar provided with not less than two dollars from non-federal sources.

Note: Guam, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands are exempt from the matching requirement.

- B. The matching requirement applies to the overall application, not the individual projects within the application.

- C. Matching funds shall be obligated during the period of performance.
- D. The matching requirement should be met during each 12-month budget period.

Note: Matching funds in excess of the required 2:1, non-Federal:Federal, match are acceptable and can be credited against subsequent year matches during the period of the grant.

- E. Matching funds obligated shall be reflected on line 10.b. of each Financial Status Report, Standard Form 269A.
- F. Matching funds may contain indirect costs and non-federal salaries and benefits. The applicant's negotiated indirect cost rate (NICR) may be applied to **both** qualifying federal and non-federal direct costs, and the result used to satisfy part of the matching requirement under the non-federal share. The NICR shall not be applied to tuition and equipment costs. **Federal funds shall not be used to pay indirect costs.**

VII. APPLICATION DUE DATE

Applications must be filed on the Internet at <https://niwr.net/> prior to **5:00 PM Eastern Standard Time, January 15, 2009.**

VIII. APPLICATION CONTENTS

Each application shall consist of the following items:

- A. Signed SF 424, Application for Federal Assistance [Attachment A]
- B. Signed Assurances [Attachment B]
- C. Signed Matching Funds Commitment Letter
- D. Program Administration/Management Description, including a Budget Breakdown (Attachment C) and Budget Justification (Attachment D) for Administration/Management
- F. Project Proposals, including a Budget Breakdown (Attachment C) and Budget Justification (Attachment D) for each Project
- G. Budget Summary (Attachment E)

Attachment C (Budget Breakdown), Attachment D (Budget Justification) and Attachment E (Budget Summary) should be considered worksheets. During the proposal submission process, data for Attachments C and D will be entered into a form on the website. Upon completion of the submission process, the actual Attachments will be generated from these form entries and bundled with your application package. The application system will generate Attachment E automatically by compiling information from the budget breakdown forms for all of the projects.

2. Administrative Personnel. Name, academic rank or title, email address and phone number of other principals involved in administration of the program, if any.
3. Budget Breakdown, as requested by the Web form (See Attachment C).
4. Budget Justification, as requested by the Web form (See Attachment D).
5. Program and Management Overview, in the space provided by the Web form.

F. Project Proposals. (Includes research, education, information transfer, and information management system proposals. "Graduate Fellowship" and "Seed Grant" projects must each be entered as **separate** research proposals if they support research.)

Each proposal shall consist of the following 20 elements. Items numbered 1 through 12 are to be entered in the Web form provided at the website.

1. Title. Concise but descriptive.
2. Project Type. Choose from the following: Research, Information Transfer, Information Management System, Education, or Other (please specify).
3. Focus Categories. Choose a maximum of three focus categories from the list provided (Attachment F), with the most preferred focus category first.
4. Research Category. Choose from the following the one category that most closely applies: Social Sciences, Ground-water Flow and Transport, Water Quality, Biological Sciences, Engineering, or Climate and Hydrologic Processes.
5. Keywords. Enter keywords of your choice descriptive of the work.
6. Start Date. Enter the actual beginning date for the project.
7. End Date. Enter the estimated end date for the project.
8. Principal investigator(s). Provide name, academic rank, university, email address and phone number of the principal investigators.
9. Congressional District of the university where the work is to be conducted.
10. Abstract. Provide a brief (one-page) description of the problem, methods, and objectives in the space provided at the Internet site.
11. Budget Breakdown, as requested by the Web form (See Attachment C).
12. Budget Justification, as requested by the Web form (See Attachment D).

Items 13 through 20 are to be "deposited" as a file document in PDF format at the website. Note: This document shall not exceed 10 single-spaced pages - 12 point font, exclusive of resumes (item 20). Upon submission of your application components, the entire package will be available in PDF format for your inspection and final approval. You are responsible for verifying the approval, including compliance with the 10-page limit. If editing is required, you must edit the problem document(s) using your word processor and resubmit that application component.

13. Title. Please use the same title as was entered in the Web form under item 1, above.
14. Statement of regional or State water problem. Include an explanation of the need for the project, who wants it, and why.
15. Statement of results or benefits. Specify the type of information that is to be gained and how it will be used.
16. Nature, scope, and objectives of the project, including a timeline of activities.
17. Methods, procedures, and facilities. Provide enough information to permit evaluation of the technical adequacy of the approach to satisfy the objectives.
18. Related research. (Research projects only) Show by literature and communication citations the similarities and dissimilarities of the proposed project to completed or on-going work on the same topic.
19. Training potential. Estimate the number of graduate and undergraduate students, by degree level, who are expected to receive training in the project.
20. Investigator's qualifications. Include resume(s) of the principal investigator(s). No resume shall exceed two pages or list more than 15 pertinent publications.

G. Budget Summary (See Attachment E). The application system will generate this form automatically by compiling information from the budget breakdown forms for all of the projects.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	<input type="text"/> <input type="text"/>
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> Continuation	*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: (See Page 20 of Announcement)
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name:		
*b. Employer/Taxpayer Identification Number (EIN/TIN):		*c. Organizational DUNS:
d. Address:		
*Street 1: _____		
Street 2: _____		
*City: _____		
County: _____		
*State: _____		
Province: _____		
*Country: _____		
*Zip / Postal Code _____		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		*First Name: _____
Middle Name: _____		
*Last Name: _____		
Suffix: _____		
Title:		
Organizational Affiliation:		
*Telephone Number:		Fax Number:
*Email:		

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.805 _____

CFDA Title:

Assistance to State Water Resources Research Institutes _____

***12 Funding Opportunity Number:**

06HQPA0002 _____

*Title:

State Water Resources Research Institute Program, Fiscal Year 2009 Request for Applications _____

13. Competition Identification Number:

N/A _____

Title:

N/A _____

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

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

FY 2009 Annual Application under Section 104 of the Water Resources Research Act of 1984, as amended.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: _____	*b. Program/Project: _____	
17. Proposed Project:		
*a. Start Date: March 1, 2009	*b. End Date: February 28, 2010	
18. Estimated Funding (\$):		
*a. Federal _____		
*b. Applicant _____		
*c. State _____		
*d. Local _____		
*e. Other _____		
*f. Program Income _____		
*g. TOTAL _____		
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input type="checkbox"/> 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)		
<input type="checkbox"/> ** 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: _____	

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 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 (0346-0043), 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.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	assistance activity, if applicable.		State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State																								
	f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.	20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.																								
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.	21.	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)																								
	<table border="1"> <tr> <td>A. State Government</td> <td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>B. County Government</td> <td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>C. City or Township Government</td> <td>O. Private Institution of Higher Education</td> </tr> <tr> <td>D. Special District Government</td> <td>P. Individual</td> </tr> <tr> <td>E. Regional Organization</td> <td>Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td>F. U.S. Territory or Possession</td> <td>R. Small Business</td> </tr> <tr> <td>G. Independent School District</td> <td>S. Hispanic-serving Institution</td> </tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td> <td>T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td> <td>U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td>V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td> <td>W. Non-domestic (non-US) Entity</td> </tr> <tr> <td>L. Public/Indian Housing Authority</td> <td>X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)		
A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)																										
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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

BUDGET BREAKDOWN*

Project Number: (Number will be provided by the application system)

Project Title:

Cost Category		Federal	Non-Federal	Total
1.	Salaries and Wages	\$	\$	\$
	- <u>Principal Investigator</u>			
	- _____			
	- _____			
	- _____			
	Total Salaries and Wages	\$	\$	\$
2.	Fringe Benefits			
3.	Supplies			
4.	Equipment			
5.	Services or Consultants			
6.	Travel			
7.	Other direct costs			
8.	Total direct costs			
9a.	Indirect costs on federal share	XXXXXXXXXX XXXXXXXXXX		
9b.	Indirect costs on non-federal share	XXXXXXXXXX XXXXXXXXXX		
10.	Total estimated costs	\$	\$	\$
Total Costs at Campus of the University on which the Institute or Center is located.		\$	\$	\$
Total Costs at other University Campus Name of University:		\$	\$	\$

* This form is provided as a worksheet only

Budget Justification
BUDGET JUSTIFICATION*

Project Number: (Number will be provided by the application system)

Project Title

Salaries and Wages. Provide estimated hours and the rate of compensation proposed for each individual. (Tuition remission and other forms of compensation paid as or in lieu of wages to students performing necessary work are allowable provided that the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work.)
Fringe Benefits. Provide the overall fringe benefit rate applicable to each category of employee proposed in the project.
Supplies. Indicate separately the amounts proposed for office, laboratory, computing, and field supplies.
Equipment. Identify non-expendable personal property having a useful life of more than one (1) year and an acquisition cost of more than \$5,000 per unit. If fabrication of equipment is proposed, list parts and materials required for each, and show costs separately from the other items.
Services or Consultants. Identify the specific tasks for which these services, consultants, or subcontracts would be used. Estimate amount of time required and the hourly or daily rate.
Travel. Provide purpose and estimated costs for all travel.
Other Direct Costs. Itemize costs not included elsewhere, including publication costs. Costs for services and consultants should be included and justified under "Services or Consultants (above)."
Indirect Costs. Provide negotiated indirect ("Facilities and Administration") cost rate.

* This form is provided as a worksheet only.

BUDGET SUMMARY*

Project Number							All Projects	
Principal Investigator								
Cost Category	Federal	Non-Federal	Federal	Non-Federal	Federal	Non-Federal	Federal	Non-Federal
Salaries and Wages								
Fringe Benefits								
Supplies								
Equipment								
Services or Consultants								
Travel								
Other Costs								
Total Direct Costs								
Indirect Costs								
Total Estimated Costs								

* This form is provided as a worksheet only. The application system will generate this form automatically by compiling information from the budget breakdown forms for all of the projects.

ACID DEPOSITION	ACD
AGRICULTURE	AG
CLIMATOLOGICAL PROCESSES	CP
CONSERVATION	COV
DROUGHT	DROU
ECOLOGY	ECL
ECONOMICS	ECON
EDUCATION	EDU
FLOODS	FL
GEOMORPHOLOGICAL PROCESSES	GEOMOR
GEOCHEMICAL PROCESSES	GEOCHE
GROUNDWATER	GW
HYDROGEOCHEMISTRY	HYDGEO
HYDROLOGY	HYDROL
INVASIVE SPECIES	INV
IRRIGATION	IG
LAW, INSTITUTIONS, AND POLICY	LIP
MANAGEMENT AND PLANNING	M&P
METHODS	MET
MODELS	MOD
NITRATE CONTAMINATION	NC
NON POINT POLLUTION	NPP
NUTRIENTS	NU
RADIOACTIVE SUBSTANCES	RAD
RECREATION	REC
SEDIMENTS	SED
SOLUTE TRANSPORT	ST
SURFACE WATER	SW
TOXIC SUBSTANCES	TS
TREATMENT	TRT
WASTEWATER	WW
WATER QUALITY	WQL
WATER QUANTITY	WQN
WATER SUPPLY	WS
WATER USE	WU
WETLANDS	WL

ATTACHMENT G: FEDERAL AWARD IDENTIFIERS

Institute	Federal Award Identifier
Alabama	06HQGR 0070
Alaska	06HQGR 0071
Arizona	06HQGR 0072
Arkansas	06HQGR 0073
California	06HQGR 0074
Colorado	06HQGR 0075
Connecticut	06HQGR 0076
Delaware	06HQGR 0077
DC	06HQGR 0078
Florida	06HQGR 0079
Georgia	06HQGR 0080
Guam	06HQGR 0112
Hawaii	06HQGR 0081
Idaho	06HQGR 0082
Illinois	06HQGR 0083
Indiana	06HQGR 0084
Iowa	06HQGR 0085
Kansas	06HQGR 0086
Kentucky	06HQGR 0087
Louisiana	06HQGR 0088
Maine	06HQGR 0089
Maryland	06HQGR 0090
Massachusetts	06HQGR 0091
Michigan	06HQGR 0092
Minnesota	06HQGR 0093
Mississippi	06HQGR 0094
Missouri	06HQGR 0095
Montana	06HQGR 0096
Nebraska	06HQGR 0097
Nevada	06HQGR 0098
New Hampshire	06HQGR 0099
New Jersey	06HQGR 0100
New Mexico	06HQGR 0101
New York	06HQGR 0102
North Carolina	06HQGR 0103
North Dakota	06HQGR 0104
Ohio	06HQGR 0113
Oklahoma	06HQGR 0114
Oregon	06HQGR 0115
Pennsylvania	06HQGR 0116
Puerto Rico	06HQGR 0117
Rhode Island	06HQGR 0118
South Carolina	06HQGR 0119
South Dakota	06HQGR 0120
Tennessee	06HQGR 0121
Texas	06HQGR 0130
Utah	06HQGR 0122
Vermont	06HQGR 0123
Virginia	06HQGR 0124
Virgin Islands	06HQGR 0125
Washington	06HQGR 0126
West Virginia	06HQGR 0127
Wisconsin	06HQGR 0128
Wyoming	06HQGR 0129