Streamlined Application

Applicant Name	
Applicant Unique Entity Identifier	
Applicant Address	
Applicant Point of Contact	

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 18, Section 1001).

** I Agree

Authorized Representative	
Name	
Title	
Signature	

Attachment 1- Certification of Cost Matching Funds APEX Program

This form is to certify that matching funds as described below are available at the program level and committed to the proposed program during the proposed performance period starting _____and ending _____

Total contribution from the applicant:	
Total in-kind from third parties:	
Total contributions (from all sources):	

1. For each individual third-party donor, list the value of the in-kind donation

Name of Third-Party Contributor	Value of In-kind

2. The undersigned certifies that no federal funds are being used as match, except those that are specifically authorized by law to be used as match and that the APEX Accelerator is not part of any other federal award program.

3. The undersigned certifies that in-kind that has been used as match on any other program requiring cost match has not been used as cost match on this program.

4. The undersigned certifies that APEX Accelerator clients, counseling hours, events, and contract award achievements are not reported as achievements of any other federal award.

APEX Name:	
Signature:	
Name:	
Title:	
Date:	

Attachment 2- Third Party Letter of Commitment APEX Accelerator Program

Third Party Letters of commitment are provided for the below entities.

Entity Name	Entity Unique Identity Number

Combine all third-party letters into a single PDF, and Attach here  **ATTACH**

Attachment 3- Fringe Rate Basis

In the space below, provide information to describe and provide a basis for fringe benefit amounts included in your budget. Simply stating what the rate is (e.g., 30%) does not adequately fulfill this requirement. Where fringe benefit rates have been approved in conjunction with an indirect cost rate, the negotiated rate memorandum should be provided, and no further explanation is necessary. Attach any supporting information as necessary.

Provide any supporting information for Fringe Rate Basis here  **ATTACH**

Provide support for any subawards greater than 20% of the total program cost by attaching documentation here  **ATTACH**

Attachment 4- Indirect Costs

Indirect Costs are:

- ☐ Not proposed for the program year
- ☐ Proposed at the de minimis rate
- ☐ In accordance with a negotiated rate memorandum from the cognizant Federal Agency
  - Attach negotiated rate memorandum here → **ATTACH**
- ☐ Independently proposed.

If “independently proposed” is selected above, utilize the space provided below to justify why the indirect rate is reasonable and realistic. The applicant shall include forecasted pools and bases for the current year. Additionally, the applicant shall support these rates with three (3) years historical actual pools and bases information that validates the calculations. Attach any supporting information as necessary

Provide any additional supporting documentation here → **ATTACH**

Provide support for any subawards greater than 20% of the total program cost by attaching documentation here → **ATTACH**

Attachment 5- Distressed Area Analysis

A distressed area Budget is:

- ☐ Not proposed for the program year.
- ☐ Is proposed for the current program year.
- ☐ Is proposed and designated by BIA regions (No analysis required)

If “is proposed” is selected above, utilize the space provided below to provide an analysis verifying that your proposed service area meets the definition of a distressed area.

Provide any additional supporting documentation here → ATTACH

Attachment 6- Determination of Statewide Coverage

Statewide Coverage is:

- ☐ Not proposed for the program year.
- ☐ Is proposed for the current program year and will cover the entire state.
- ☐ Is proposed for the current program year but will NOT cover the entire state.

If you propose a statewide program but will cover less than the entire state, utilize the space provided below to provide an analysis to verify that your service area meets the definition of statewide coverage.

Provide any additional supporting documentation here  **ATTACH**

Attachment 7- Program Execution Plan

Attach your program execution plan in either Microsoft word or Adobe PDF describing how you will comply with the “Program Requirements” section of the APEX Accelerator Award Specific Terms and Conditions.

Include all information necessary for us to conduct an evaluation of your application. Ensure the below information is specifically addressed in the description.

1. Background on the individual program
2. Discussion on service area/demographics and facilities, trends in the service area
3. Personnel Qualifications: experience and education
4. Discussion and justification behind any change in personnel from previous fiscal year.
5. Discussion and justification behind any changes (increases or decreases) in travel proposed from previous fiscal year.
6. Discussion on how you will reach your goals using various types of outreach and technical assistance.
7. Describe the process of technical assistance/counseling.
8. Details on the website, social media, and status of brand change from “PTAC” to “APEX Accelerator”.

Attach Program Execution Plan Here  **ATTACH**

Program Income is:

☐ Not proposed for the program year (if checked, move onto attachment 8)

☐ Is proposed for the program year (If checked, respond to prompts on next page)

Attachment 7- Program Execution Plan- Program Income

1. Include a discussion concerning the amount of fees to be charged and how this income will be used to further program objectives.

2. Provide your assertion of your understanding that you are required to report gross income on the SF 270 and SF 425

   ☐ I understand.

3. Are you proposing to utilize program income as part of the applicant cost share?

   ☐ Yes
   ☐ No

4. If yes, provide a narrative detailing how you will ensure compliance with:

   1. The Award Specific Terms and Conditions percent cap on the value of program income that may be applied as the cost match.

   2. The statutory limitations at 10 U.S.C 4955(d) related to program income utilized in a subsequent fiscal year.

Attachment 8- Personnel Positions

Title	Employee Name	Name of Employer	% of Time on Program	Physical Location of Employee	New Employee (Y/N)	New Position (Y/N)	Vacant (Y/N)

Attachment 9- Program Manager Resume

If the Program manager is different from previous fiscal year award, provide their resume via attachment here  **ATTACH**

Attachment 10- Subaward SF 424a Budgets

Attach budgets for subawards equating to 20% or less of the total program cost in Microsoft Excel format, if you plan to make any, using Section B of the SF 424A (for any subawards greater than 20% of the total program cost, see attachment 12). Use Section B of the SF 424A to show the details of each subrecipient's budget by cost category (i.e., personnel, fringe benefits, travel, etc). You can show up to four subawards on one SF 424A by listing subawards in Section B, line 6, column headings. Use additional pages if you need to. You must show Federal and Non- Federal shares or complete the other sections of the SF 424A for subrecipients.

Attach SF 424a here  **ATTACH**

Attachment 11- Single Aduit Act

Attach a copy (or URL) of your latest audit in accordance with Subpart F of 2 CFR Part 200 (formerly OMB Circular A-133). Attach Audit here  **ATTACH**

If available, you may provide the URL (i.e., web address) of an audit that is available on the internet in lieu of attaching a copy. Link:

If you did not expend Federal awards exceeding the thresholds that trigger these audit requirements, describe the amounts and sources of Federal awards that you did expend during your last fiscal year.

Attachment 12- Budget Breakdown

Attach a budget breakdown in Microsoft Excel format, that shows the individual line items of cost that makeup the higher-level budget that you included in the SF 424A. You must use the Microsoft Excel template available on the Notice of Funding Opportunity posting on Grants.gov, which provides an example of the information that we need in this attachment. Ensure that it is clear how you calculated the total amount of indirect costs (F&A) included in your budget. Use additional pages to show indirect cost calculations if necessary. Program Income rolled over into the proposed award from the prior year annual award must be included in the budget.

A budget breakdown must be provided for each subaward greater than 20% of the total program cost. The subaward budget breakdown can be provided with a separate excel template, or as a new tab on the applicant's budget breakdown worksheet. The total program cost for each subaward must match the line item for the sub-ward found in the Contractual section of the Applicant's budget breakdown.

See Appendix 1 for a detailed description of each line item.

Attach Budget Breakdown in excel format here  **ATTACH**

Attachment 13- Personnel Costs

Support for personnel costs is provided through submission of:

a. Published Salary Data, with information mapping to position title in proposal

   - Attach supporting documentation here  **ATTACH**

b. Payroll records and/or paystubs showing rate of pay, and referenced to the specific personnel or position title in the proposal.

   - Attach supporting documentation here  **ATTACH**

c. Salary Survey data, which shall include, at a minimum, the following

   i. Source of data;
   ii. Job title and description;
   iii. Geographic location; and
   iv. Range of salary amounts with reference to applicability of amounts

   - Attach supporting documentation here  **ATTACH**

Note- For any subawards greater than 20% of the total program cost, provide justification for the Personnel Costs proposed in accordance with the above instructions.

Attachment 14- Program Goals

Provide proposed goals against each metric for the FY23 APEX Accelerator Program. The current goals are found at the APEX Accelerator website at: APEXAccelerators.us. For any metrics proposed with a goal of “0”, provide a justification in narrative form for the Government to review.

Attach program goals metric worksheet here  **ATTACH**