# Office to Monitor and Combat Trafficking in Persons

## Guidelines for Submitting CPC Implementing Partner Selection Proposals

**April 2022**

# Contents

## Purpose of Guidelines

These guidelines are intended to support organizations in preparing proposed project documents. Applicants are responsible for reviewing the funding opportunity, required application templates, and the following guidelines when preparing applications.

**Online Forms: Standard Forms 424, 424A, and 424B**
There are three mandatory application forms that must be completed through SAMS Domestic (https://mygrants.service-now.com/grants):

- SF-424 (*Application for Federal Assistance)*
- SF-424A *(Budget Information for Non-Construction programs)*
- SF-424B *(Assurances for Non-Construction programs)*

When completing these forms, please use the below guidance to fill in all fields except where noted as "Leave Blank."

**SF-424 (Application for Federal Assistance)**

1. **Type of Submission:** Application
2. **Type of Application:** New
3. **Date Received:** This will be assigned automatically; if not, please select the submission date on the calendar icon.
4. **Applicant Identifier:** Leave blank.

5a. **Federal Entity Identifier:** Leave blank.
5b. **Federal Award Identifier:** Leave blank.

6. **Date Received by State:** Leave blank. This will be assigned automatically.
7. **State Application Identified:** Leave blank. This will be assigned automatically.

8a. **Enter the legal name of the applicant organization:** Do **NOT** list abbreviations or acronyms unless they are part of the organization's ***legal name***.
8b. **Employer/Taxpayer ID Number:** Non-U.S. organizations enter 44-4444444.
8c. **Enter organizational Unique Entity Identifier number (UEI)**. Organizations can request a UEI number at: SAM.gov/SAM/. Enter "0000000000" for organizations that do not yet have a UEI number.
8d. **Enter the headquarters address of the applicant**
8e. **Enter the name of the primary organizational unit** (and department or division) that will undertake the assistance activity as applicable.
8f. **Enter the name, title, and all contact information of the person to be contacted** on matters involving this application.
9. **Select an applicant type** (type of organization)
10. **Enter:** Office to Monitor and Combat Trafficking in Persons
11. **Enter:** 19.019. This should be automatically entered.
12. **Enter the Funding Opportunity Number and title.** This number will already be entered on electronic applications.

13. **Enter the Competition Identification Number and title.** This number will already be entered on electronic applications.
14. **Areas Affected by Project:** Enter country or region.
15. **Enter the title of proposed project:** Enter project title.
16. (16a) **Congressional districts of Applicant:** Applicants based in the U.S. should enter congressional district. Foreign applicants should enter "90." 16(b) All applicants should enter "90."
17. Enter **start date October 1, 2022,** and projected end date.
18. (18a) Enter the **amount requested** for the project described in the full proposal under "Federal"; (18b) enter any cost-share under "Applicant." If not proposing cost-share, enter zeros.
19. **Select** "c. Program is not covered by E.O 12372."
20. **Select the appropriate box.** If the answer is "yes" to this question, provide an explanation.
21. Enter the name, title, and all contact information of the **individual authorized to sign for the application** on behalf of the applicant organization.

**SF-424A –Applicants often say this form is confusing. Please review the detailed instructions below BEFORE completing this form online.**

***Section A - Budget Summary – Complete Tab 1***

a. **Enter:** Anti-Trafficking Program (This is the only grant program that needs to be entered). Click Save to refresh the page.
b. Click the Anti-Trafficking Program link and **enter:** 19.019.
c-d. Leave these fields blank.
e. Enter the **amount of federal funds requested** for this project.
f. Enter the **amount of any other funds the applicant will receive** towards this project.
g. The **total cost** of this project will automatically be calculated. Click Save & Return

***Section B - Budget Categories – Complete Tab 2 – Enter total project costs in each category in Column 1 as described below. In Column 5 the form should automatically show the sum. Columns 2, 3, and 4 leave blanks.***

a-h. Click into each category to enter the amount for **each object class category** (Include cost sharing).
i. Enter the **sum** of 6a-6h.
j. Enter **any indirect charges**.
k. Enter the **sum of 6i and 6j**.

Program Income. Enter any program income that will be earned **as a result of the project**. If none, leave this section blank.

***Section C - Non-Federal Resources – Complete Tab 3 –*** *(Only complete this section if the proposal includes funds from other sources)*

1. **Click into** Anti-Trafficking Program.
2. Enter **cost share** amount in the Applicant field, if applicable.
3. Leave the State field **blank**.
4. Enter the amount of any **other funding sources** for this project.
5. The **total amount for all non-federal resources** should automatically be calculated.

***Section D - Forecasted Cash Needs – Complete Tab 4***

1. In the first column, enter the total amount of **federal funds** requested for the project. Forecasted cash needs by quarter are not required.
2. In the first column, enter the total amount of **non-federal funds** you expect to expend during the project. Please list total cost share in this column. Forecasted cash needs by quarter are not required.
3. The form should automatically calculate the sum. Forecasted cash needs by quarter are not required.

***Section E - Budget Estimates of Federal Funds Needed for Balance of the Project – Complete Tab 5***

1. **Click** Anti-Trafficking Program.
2. Enter the amount of federal funds to be expended in year one of the project. Click Save.
3. Enter the amount of federal funds to be expended in year two of the project (if applicable).
4. Enter the amount of federal funds to be expended in year three of the project (if applicable).

***Section F - Other Budget Information – Complete Tab 6***

1. Enter: Direct Charges – **Leave Blank.**
2. Enter: Indirect Charges – If Indirect Charges are shown in Tab 2 (Budget Categories), enter the type of Indirect Rate used (Provisional, Predetermined, Final, or Fixed).
3. Enter any comments.

**SF-424B**

This form must be signed online in **SAMS Domestic**. Please note, the SF-424B is now required only for those applicants who have not registered in SAM.gov or recertified their registration in SAM.gov since February 2, 2019 and completed the online representations and certifications.

**Project Narrative**
*Applicants are required to use the project narrative template on SAMS-Domestic. The template automatically complies with the character limit and black-colored, Times New Roman font. Spaces, footnotes, and charts **are included** within the character limit. Applicants **MUST** type within the template's grey box as it is set to the character limit (no more than 9,000, which is approximately 3 pages).*

The project narrative must list the following key information in the cover page:

- Project Title
- Name of applicant organization
- Name and email address of point of contact for the application (this should be the same contact that is listed on the SF-424 in 8f)
- Funding amount requested in U.S. dollars. If applicants include a cost share it should also be in U.S. dollars. No other figures are requested at this time.
- Project duration in months

The remaining area of this section will make up the foundation of the project narrative.

**Project Narrative**

The project narrative should include the following components:

**1. Colombian Human Trafficking Situational Assessment (required)**
The application describes current problem(s) and trends related to human trafficking, preferably child trafficking, in Colombia and how the organization has addressed said problems in past or present projects. This assessment should contextualize these problem(s) and trends, including but not limited to: the cause of the problem(s); its magnitude; the impact on child trafficking (specifically within the four *trafficking types* listed in the NOFO); who or what is being impacted by the problem; and relevant conditions (e.g., economic, political, social, environmental, etc.) affecting the problem. At least one *trafficking type* should be reflected in this assessment and past performance should take place in one of the seven departments listed in the NOFO. Strong applications include a situational assessment that relies heavily on past performance of the applicant and local information sources.

**2. Organizational Capacity (required)**

The application describes the capacities and qualifications that enable the applicant to address the problems stated above in the proposed location(s). The application clearly demonstrates the applicant's ability to implement project activities that incorporate trauma- and survivor-informed principles to combat child trafficking in Colombia. The applicant has appropriate knowledge of child trafficking, specifically in the four *trafficking types* listed in the NOFO. Applicants should describe any demonstrable experience in administering projects of similar size and scope, and experience administering projects within similar or related subject matter areas.

For prior recipients of both TIP Office and other U.S. government funding, the TIP Office will consider the past performance on awards. For new applicants, the TIP Office will evaluate the organization's potential to successfully implement programmatic interventions. Applicant must identify well-qualified key personnel to manage the project and oversee implementation.

**3. Partnerships (required)**

All applicants must describe existing or proposed partnerships with anti-trafficking and other related stakeholders, including the Government of Colombia and other state entities, that would enhance their ability to carry out implementing partner activities effectively, meet CPC Partnership objectives, and contribute to the CPC Partnership's goal. In cases where an applicant is not able to partner with a local organization or institution, does not consider it feasible to do so, or does not consider it in the project's best interest, the application must clearly explain why. Applicants are encouraged to work with survivor-led organizations as sub-grantees or partners.

Applicants may share past projects where they partnered with other organizations to implement and carry out project activities. In such a situation, the application should demonstrate how the respective roles and responsibilities of the applicant and each partner were delineated in the project. Applicants should submit a copy of any relevant signed partnership agreements. All letters of partnership from intended sub-recipients may be submitted in a foreign language, however, if selected for funding the applicant will be asked to submit an English translation.

In instances where the project works with a government entity, the applicant must demonstrate political will or their ability to secure a partnership with the government.

## Proposal Narrative Annexes

All applicants are required to submit the following illustrative annexes, completed to the extent possible. Proposal review panel members will use the annexes (unless noted otherwise) along with the project narrative to evaluate applications.

### Annex A: Budget Summary by Project Year (required)

*Applicants should use the required template on **SAMS Domestic**. The budget must be presented in Microsoft Word or Microsoft Excel with black-colored, Times New Roman font.*

The submitted summary budget must specify the total amount of funding requested and the amount spent per year and must be in U.S. dollars. If your application has voluntary cost share, please be sure to list it in the appropriate columns as demonstrated below.

Provide a summary budget showing totals for the categories listed below for each year of the project. Only include the cost-share column if the requested budget includes voluntary cost-share.

For your convenience, a sample is listed below.

| **Budget Summary Categories** | **Year XX** | **Year XX** | **Cost Share** *(if applicable)* | **Total Federal Funds Requested** | **Total Cost of Project** *(includes cost-share, if applicable)* |
|---|---|---|---|---|---|
| **1. Personnel** | | | | | |
| **2. Fringe Benefits** | | | | | |
| **3. Travel** | | | | | |
| **4. Equipment** | | | | | |
| **5. Supplies** | | | | | |
| **6. Contractual** | | | | | |
| **7. Construction** | | | | | |
| **8. Other Direct Costs** | | | | | |
| **9. Total Direct Costs (lines 1-8)** | | | | | |
| **10. Indirect Costs** | | | | | |
| **11. Total Costs (lines 9-10)** | | | | | |

**Annex B: Resumes/CVs for Key Personnel (5 pages per resume maximum)**
*Resumes and CVs must be presented in Microsoft Word with black-colored, Times New Roman font. Each resume or CV may be no longer than five pages.*

If key personnel have already been identified for the proposed project, applicants must submit the relevant individuals' resume/CVs. Key personnel are defined as individuals who contribute to the program development or execution of a project in a substantive measurable way; this is typically a program director or program manager. No more than five positions should be identified as key personnel.

Each resume/CV shall include the individual's educational background, current employment status, and previous work experience, including position title, duties performed, dates in position, and employing organizations. The resume should highlight skills relevant to managing the program, including donor coordination, grants management, and anti-trafficking-in-persons expertise.

If the key personnel selected to work on the proposed program will also be working on another TIP Office program or project that is already being funded, please provide the time commitments for both the existing program and proposed program.

**Annex C: Negotiated Indirect Cost Rate Agreement (NICRA)***
*This is not applicable to all applicants and is only required for those applicants that have a NICRA.*

A Negotiated Indirect Cost Rate Agreement (NICRA) is a document published to reflect an estimate of indirect cost rate negotiated between the Federal Government and a grantee organization, which reflects the indirect costs (facilities and administrative costs) and fringe benefit expenses incurred by the organization that will be the same across all of the agencies of the United States.

Applicants that have a NICRA must submit a copy of the current NICRA between their organization and the relevant U.S. government agency. It should clearly indicate the type of Indirect Rate used (*e.g., Provisional, Predetermined, Final, or Fixed*).

Not all organizations may have a NICRA and organizations that do not have a NICRA will not be disqualified or penalized. Applicants that do not have a NICRA can include a de minimis rate of 10% of modified total direct costs (MTDC).

## Annex D: Letters of Agreement or Letters of Intent to Cooperate

Applicants should submit letters of intent to cooperate, **in English**, from the entity or entities that indicate their willingness to form a partnership for the purposes of the program.