



Phone: (918) 682-2551

MUSKOGEE COUNTY EMERGENCY MANAGEMENT

Director Jeffrey L. Smith, CFM, OCEM

P.O. Box 2274

Muskogee, OK 74402-2274

E-Mail jsmith@readymuskogee.org



Fax: (918) 684-1699

February 21, 2023

Mr. Mark Gower

Director, Oklahoma Department of Emergency Management
and Homeland Security

P.O. Box 53365

Oklahoma City, Oklahoma 73152-3365

RE: FEMA DR-4530-00123 Grant Match Commitment Letter
Muskogee County Hazard Mitigation Plan Update

Dear Mr. Gower,

Accompanying this letter is an application for funding assistance through FEMA's Hazard Mitigation Grant Program.

Muskogee County hereby commits to providing \$12,500 of non-federal funds as local cost-share for this project. This is 10% of the total project cost of \$125,000. Local match funding is available through county cash accounts and is available through the duration of the award period. Should an unforeseen cost increase require additional local cost-share, Muskogee County is prepared to cover those costs through additional, non-federal, county funding sources.

Muskogee County Emergency Management staff will oversee the project upon award.

Muskogee County is excited to participate in this program and appreciate your staff's assistance and staff in this regard.

Sincerely,


Chairman, Commissioner Kenny Payne



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Fax: (918) 684-1699

To: Whom it May Concern

From: Muskogee County Emergency Management

Ref: Muskogee County Hazard Mitigation Plan Participation

A letter of agreement for each jurisdiction wishing to participate in Muskogee County's 2023 Hazard Mitigation Plan update will be provided once those jurisdictions are identified in the planning process.

Thank you in advance for your assistance in this matter.

Jeffrey L. Smith, CFM, OCEM
EM Director



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Sincerely,



Chairman, Commissioner Kenny Payne

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:

- Application
- Plan
- Funding Request
- Other

Other (specify):

1.b. Frequency:

- Annual
- Quarterly
- Other

Other (specify):

1.d. Version:

- Initial
- Resubmission
- Revision
- Update

2. Date Received:

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

1.c. Consolidated Application/Plan/Funding Request?

- Yes
- No

Explanation

4b. Federal Award Identifier:

7. APPLICANT INFORMATION:

a. Legal Name:

b. Employer/Taxpayer Identification Number (EIN/TIN):

c. UEI:

d. Address:

Street1:

Street2:

City:

County / Parish:

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 submission:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title: EM Director

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

B: County Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

FEMA

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Descriptive Title of Applicant's Project:

Hazard Mitigation Plan Update

12. Areas Affected by Funding:

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

2

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

01/30/2023

b. End Date:

15. ESTIMATED FUNDING:

a. Federal (\$):

112,500.00

b. Match (\$):

12,500.00

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

- a. This submission was made available to the State under the Executive Order 12372 Process for review on:
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

Explanation

18. 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

** This 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:

Jeffrey

Middle Name:

L

Last Name:

Smith

Suffix:

Title:

EM Director

Organizational Affiliation:

Telephone Number:

918-682-2551

Fax Number:

Email:

jsmith@readymuskogee.org

Signature of Authorized Representative:



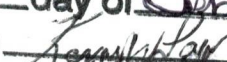

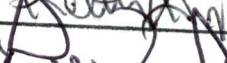

Date Signed:

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

27 day of Feb 2023
Chairman 
Member 
Member 
Attest 
County Clerk



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Consolidated Application/Plan/Funding Request Explanation:

[Empty box for Consolidated Application/Plan/Funding Request Explanation]

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Applicant Federal Debt Delinquency Explanation:

[Empty text area for explanation]

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.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE EM Director
APPLICANT ORGANIZATION Muskogee County Emergency Management	DATE SUBMITTED

27th day of Feb 20 23
 Chairman _____
 Member _____
 Member _____
 Attest _____
 County Clerk

Standard Form 424B (Rev. 7-97) Back



U. S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND
OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

*O.M.B. No. 1660-0025
Expires July 31, 2007*

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions and searching existing data sources, gathering and maintaining the data needed and completing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0001). **NOTE: Do not send your completed form to this address.**

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 44 CFR Part 18, "New Restrictions on Lobbying" and 28 CFR Part 17, "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 Federal Emergency Management Agency (FEMA) determines to award the transaction, grant, or cooperative agreement.

1. LOBBYING

As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) 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 making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

Standard Form-LLL "Disclosure of Lobbying Activities" attached
(This form must be attached to certification if nonappropriated funds are to be used to influence activities.)

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of a or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public a public (Federal, State, or local) transaction or contract 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 otherwise criminally or civilly charged by a governmental 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 had one or more public transactions (Federal, State, or local) terminated for cause of default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEE OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17.615 and 17.620-

A. The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distributions
(b) Establishing an on-going 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 to 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 term of the statement; and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring on the workplace no later than five calendar days after such convictions;

(e) Notifying the agency, in writing, with 10 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 the applicable FEMA awarding office, i.e., regional office or FEMA office.

(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 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 an 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).

B. 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)

3000 NORTH ST
MUSKOGEE, OK 74403

Check
here.



If there are workplaces on file that are not identified

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a state wide certification.

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	SF424 Mandatory Form
Form Version Number	3.0
OMB Number	4040-0020
OMB Expiration Date	01/31/2023

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.a.	Type of Submission	Required	Select one type of submission in accordance with agency instructions. This field is required.
1.a.	Other Submission Type Explanation	Optional	Specify the type of submission in the text box.
1.b.	Frequency	Required	Select the applicable frequency for the type of submission. This field is required.
1.b.	Other Frequency Explanation	Optional	Specify the frequency of the submission.
1.c.	Consolidated Request	Optional	Indicate if the submission is a consolidated application/plan/funding request.
1.c.	Consolidated Request Explanation	Optional	If this is a Consolidated Application/Plan/Funding Request, please identify the programs covered by the consolidated submission as required in agency instructions.
1.d.	Version	Required	Select the applicable version for the type of submission. This field is required.
2.	Date Received Header	Required	Completed by Grants.gov upon submission.
3.	Applicant Identifier	Optional	If you wish to use a unique identification number for your own purposes, enter it here.
4a.	Federal Entity ID	Optional	Enter the number assigned to your organization by the Federal agency.
4b.	Federal Award ID	Optional	Enter the award number previously assigned by the Federal agency, if any.
5.	Date Received State	Optional	Enter the date received by the State, if applicable. Enter in the format mm/dd/yyyy.

Field Number	Field Name	Required or Optional	Information
6.	State Application ID	Optional	Enter the identifier assigned by the State, if applicable.
7a.	Organization Name	Optional	Enter the legal name of the applicant that will undertake the assistance activity. This field is required.
7b.	EIN/TIN	Required	Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. This field is required.
7c.	UEI	Required	Enter the UEI of the applicant organization. This field is required.
7d.	Address	Required	Section label.
7d.	Street1	Required	Enter the first line of the Street Address. This field is required.
7d.	Street2	Optional	Enter the second line of the Street Address.
7d.	City	Required	Enter the City. This field is required.
7d.	County / Parish	Optional	Enter the County / Parish.
7d.	State	Optional	Select the state, US possession or military code from the provided list. This field is required if Country is the United States.
7d.	Province	Optional	Enter the Province.
7d.	Country	Required	Select the Country from the provided list. This field is required.
7d.	Zip / Postal Code	Optional	Enter the nine-digit Postal Code (e.g., ZIP code). This field is required if the country is the United States.
7e.	Department Name	Optional	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity.
7e.	Division Name	Optional	Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity.
7f.	Name and Contact Information	Required	Section label
7f.	Prefix	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
7f.	First Name	Required	Enter the First Name. This field is required.
7f.	Middle Name	Optional	Enter the Middle Name.

Field Number	Field Name	Required or Optional	Information
7f.	Last Name	Required	Enter the Last Name. This field is required.
7f.	Suffix	Optional	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
7f.	Title	Optional	Enter the position title.
7f.	Organizational Affiliation	Optional	Enter the Organizational Affiliation of the person to contact on matters related to this application.
7f.	Telephone Number	Required	Enter the daytime Telephone Number. This field is required.
7f.	Fax Number	Optional	Enter the Fax Number.
7f.	Email	Required	Enter a valid Email Address. This field is required.
8a.	Type of Applicant	Required	Select the appropriate applicant type code. This field is required.
8a.	Other Applicant Type Explanation	Optional	If you selected "Other" in 8a, specify your applicant type here.
8b.	Additional Description	Optional	Enter a secondary description of applicant type, if required by the agency.
9.	Name of Federal Agency	Required	Pre-populated from the Application cover sheet.
10.	CFDA Number	Optional	Pre-populated from the Application cover sheet.
10.	CFDA Title	Optional	Pre-populated from the Application cover sheet.
11.	Descriptive Title of Applicant Project	Required	Enter a descriptive title of the project. This field is required.
12.	Areas Affected by Funding	Optional	Enter areas or entities affected using categories specified in the agency instructions.
13.	Additional Congressional Districts	Optional	Section label
13a.	Congressional District Applicant	Required	Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If outside the US, enter 00-000. This field is required.

Field Number	Field Name	Required or Optional	Information
13b.	Congressional District Project	Optional	Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000.
14a.	Funding Period Start Date	Required	Enter the start date of the funding period for this submission. Enter in the format mm/dd/yyyy. This field is required.
14b.	Funding Period End Date	Required	Enter the end date of the funding period for this submission. Enter in the format mm/dd/yyyy. This field is required.
15a.	Federal Estimated Funding	Required	Enter the dollar amount. This field is required.
15b.	Match Estimated Funding	Optional	Enter the dollar amount.
16.	Submission Subject to Review	Required	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. This field is required.
16.	State Review Date	Optional	Enter the date the submission was provided to the State for review. Enter in the format mm/dd/yyyy.
17.	Applicant Delinquent Federal Debt	Required	This question applies to the applicant organization, not the person who signs as the authorized representative. This field is required.
17.	Delinquent Federal Debt Explanation	Optional	Provide an explanation of Delinquent Federal Debt in the text box.
18.	I Agree	Required	Check to select. This field is required.
18.	Authorized Representative	Required	Section label.

Field Number	Field Name	Required or Optional	Information
18.	AOR Prefix	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
18.	AOR First Name	Required	Enter the First Name. This field is required.
18.	AOR Middle Name	Optional	Enter the Middle Name.
18.	AOR Last Name	Required	Enter the Last Name. This field is required.
18.	AOR Suffix	Optional	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
18.	AOR Title	Required	Enter the position title. This field is required.
18.	AOR Organizational Affiliation	Optional	Enter the Organizational Affiliation of the person to contact on matters related to this application.
18.	AOR Telephone Number	Required	Enter the daytime Telephone Number. This field is required.
18.	AOR Fax Number	Optional	Enter the Fax Number.
18.	AOR Email	Required	Enter a valid Email Address. This field is required.
18.	Authorized Signature	Required	Completed by Grants.gov upon submission.
18.	Signature Date	Required	Completed by Grants.gov upon submission.
18.	Attach Supporting Documents	Optional	Select to add attachment(s).