

RESTORE Grants Management System (RGMS)

RGMS EXTERNAL USER GUIDE

PREPARED BY

Treasury Office of the Chief Information Officer (OCIO), Enterprise Business Solutions (EBS)



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Version 1.0	Initial	09/16/2022	Michael Gado
Version 1.1	OGCR Revision		
Version 1.2	Revision to include FFR & PPR	11/28/2022	Michael Gado
Version 1.3	Revision to include OSA	1/18/2023	Michael Gado
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Version 1.6	Revision to include MIP & Funds Availability	4/3/2023	David Barker
Version 1.7	Revision to include TRAC Compliance		David Barker
Version 1.8	Added Grant Message feature	6/2/2023	Michael
Version 1.9	Added Delete, Deny, Withdraw, OGCR Team Actions	6/13/2024	Nicklaus Sperry

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Overview

The **RESTORE Grants Management System** (RGMS) is a Salesforce Lightning Application run by the United States Department of the Treasury's Office of Gulf Coast Restoration.

The purpose of this document is to provide guidance on the application process for a new award and an amendment. The topics covered in this guide include:

- Portal Navigation
- Starting an Application for a New Award
- Entering Application Information for the 3 Award Types (Direct Component- Construction, Direct Component- Non-Construction, and Centers of Excellence)
- Submitting an Application
- Signing an Application with DocuSign
- Accepting an Award
- Creating an Amendment Application
- Entering Information for Amendment Forms
- Correspondence with The Office of Gulf Coast Restoration
- Requesting an Application Return

Assistance Information

For assistance with RGMS related matters or setting up new user accounts, please contact:

RGMShelpdesk@treasury.gov

System User Roles

Roles	Edit and Submit Permission
Authorizing Official	Able to complete, validate, certify, and submit applications for new awards, amendments, and post-award prior approvals; able to complete, certify, and submit performance reports.
	ONLY role able to certify and submit applications for new awards and amendments.
Project Investigator/ Project Director	Able to complete and validate (but not certify and submit) applications for new awards, amendments, and post-award prior approvals; able to complete, certify, and submit performance reports. ONLY role able to add and manage account user roles.
Program Support Staff	Able to complete and save (but not validate, certify, and submit) applications for new awards, and amendments, and post-award prior approvals; able to complete (but not certify or submit) performance reports.
Financial Officer	 Able to complete, validate, certify, and submit financial reports. Able to complete and save (but not validate, certify, and submit) applications for new awards, and amendments, and post-award prior approvals. ONLY role able to submit financial reports.
Financial Support Staff	Able to complete, save, and validate (but not certify and submit) financial reports. Able to complete and save (but not validate, certify, and submit) applications for new awards, and amendments, and post-award prior approvals.
	y access to all grantee-facing documents related to awards, prior approval actions, FFRs, and performance reports.

1. Accessing the RGMS Portal

The **RESTORE Grants Management System Portal** is accessible via <u>https:/portal.treasury.gov/RGMS.</u> For best site performance, the recommended browser to experience the full functionality of the RGMS portal is Google Chrome. Other browsers may be used such as Microsoft Edge, Mozilla-Firefox, or Safari, but functionalities may slightly differ between browser providers. Note that screenshots in this user guide were taken with the Chrome browser. Approved eligible entities <u>must</u> sign-up for Login.gov and complete the verification process. After the verification process has been completed, users will be able to log into

the RGMS portal with their credentials via Login.gov to access additional information and functionality. Approved external users can sign up for Login.gov on the portal <u>login page</u>.

Login.gov provides secure identity proofing, authentication, and group affiliation verification. For more information about Login.gov, visit <u>What is Login.gov</u>? | <u>Login.gov</u>. Approved external users must sign-up for Login.gov and complete the identity verification process in order to access additional information and functionality.

2. RGMS Homepage

This section provides an overview of the different components of the RGMS portal homepage.

1. The RGMS Homepage will be the first page visible after a user logs into the systems (figure 1). The user will see two lists My Application List and My Grant List. The My Application List will show a list of all outstanding applications that are in progress, being reviewed by Treasury, or awaiting grantee action to accept the award. Once an award is accepted by the grantee the application will be removed from the My Application List and the grant will appear for that application on the My Grant List.

Figure 1: RGMS Homepage

RESTORE Grants N	lanagement System		
Test Account OC	GCR		Start an Application for a New Award
		Filter By Filter Value Select a Filterable Field	
Application Number	Project Title Application	n Type Grant Number Status Submissi	on Date
1 RDC2022001181	Road construction New Aware	d Submitted 2022-09	-28 Download View/Edit Correspondence
2 RCE2022001185	New Award	d Draft	Download View/Edit Correspondence
3 RDC2022001187	Test Project Title Amendmer	nt Draft	Download View/Edit Correspondence
My Grant List			
FAIN	Amendments Project Title	Status Award Date	a

2. To navigate back to the homepage at any time during your session, click on the **Home** link in the upper left corner of the banner. Users must save their work before clicking **Home** to avoid data loss.

*To increase font size, magnify the application view. To make everything larger with a keyboard shortcut, hold CTRL and press the + key to zoom in (and – to zoom out) or use the browser magnifier tool.

3. Starting an Application for a New Award

The purpose of this section is to illustrate how to start an application for a new award.

1. Click the button **Start an Application for a New Award** at the top of the **My Application List**. (figure 2)

Figure 2: Start an Application for a New Award

RESTORE Grants N	lanagement System								
Test Account OC	GCR		Filter By		Filter Value	C	Start an A	upplication for a New J	Award
			Select a Filterable Field	•	Select a Value	<u> </u>	Filter Applica	ation Reset	Filter
Application Number	Project Title Road construction	Application Type	Grant Number	Status	Submission Date	Download	View/Edit	Correspondence	
2 RCE2022001185		New Award		Draft		Download	View/Edit	Correspondence	
3 RDC2022001187	Test Project Title	Amendment		Draft		Download	View/Edit	Correspondence	
My Grant List									
FAIN	Amendments Project Title			Status	Award Date				

- 2. A pop-up window will display, and the user will choose the application/program type they want to start an application for (figure 3). Note that entities will only be given the option to select from the RESTORE Act program types that they are eligible under. This user guide illustrates the selection options for an entity that is eligible for all 3 program/application types (Non-Construction Direct Component, Construction Direct Component, Centers of Excellence).
- 3. Once the user selects an application type click the **Start My Application** button to start the application (figure 3).

Figure 3: Start an Application for a New Award

RESTORE Grants Ma	anagement System	*
Alabama Depart	tment of Conservation and Natural Resources	
My Application List	Start en Applic	ation for a New Award
	Filter Dy Filter Value Filter Application	Reset Filter
	Select an Application Type ×	
Application Number	Project Title Use the picklist below to choose the appropriate application type.	
1 RDC2022000644	Centers of Excellence Research Grants Program Direct Component - Construction and Real Property Acquisition Activities Direct Component - Non-Construction Activities Cencel Start My Application	rrv Submit
My Grant List		
FAIN	Project Title Status Award Date	
You have no Grant		

4. Providing Information for a Direct Component Construction Application

The purpose of this section is to illustrate the process for filling out a Direct Component Construction Application.

Overview

- 1. After completing the steps in section 3 of this guide and selecting the Direct Component Construction application type the user will be taken to the application (figure 4).
- 2. On the left of the application screen there is a sidebar menu that lists the forms that need to be completed for a Direct Component Construction application.
- 3. Above the side menu is the RESTORE Act application reference number for this record (figure 4).
- 4. After inputting information, <u>it is important to click the Save button</u> in the bottom left corner of the screen before navigating away from the page (figure 4).

Figure 4: Direct Component Construction Application

RESTOF	RE Grants Management Syste	m		•
Home	a la companya de la c			
RDC2022000645	\triangleright			
SF-424	> View Burden Statement			
SF-424A	Download SF-424 PDF			
SF-LLL		Please save your work by clicking the Save B	utton before you navigate away from this page.	
Civil Rights Narrative				
Milestone Measure	Application for Federal Assistance SF-424			
Env Compliance	1. Type of Submission	2. Type of Application	If Revision, select appropriate letter(s):	Other (Specify):
DC Certifications	Application	New	None 4. Applicant Identifier:	
DC Narrative		a	U U	
SF-424C	Sa. Federal Entity Identifier 🕚		5b. Federal Award Identifier 👔	
SF-424D	State Use Only:			
Application Uploads	6. Date Received by State 💿		7. State Application Identifier	
Submission	8. APPLICANT INFORMATION: a. Legal Name:	8		
	Alabama Department of Conservation and	Natural Resources		
$\langle \rangle$	b. Employer/Taxpayer Identification Number (EIN/TIN): 745231423145		c. UEI: 0 9939388888888	
Click the Save button is save your work before your work	d.Address: *Address 1 989 Red Flower Lane			
away from this page	Address 2 0			

SF-424 Application for Federal Assistance

- 1. The first form to complete is the SF-424. This form will be the first tab on the side menu and will already be displayed after starting a new application.
- 2. The fields that are required are marked with a red asterisk (figure 5). Certain non-editable fields will be prepopulated and grayed out (e.g., Field 1. Type of Submission).

Figure 5: Required fields



- 3. Some fields will be prepopulated with entity information. These fields may be edited by the applicant. Please contact Treasury if any populated information is incorrect.
- 4. Once all required fields are filled out press the **Save** button then press the **Validate** button at the bottom left of the page (figure 6). If information needs correcting scroll to the top of the page to read error messages and adjust your provided information (figure 7).

	8. TOTAL			
Not Covered by E.O. 12372 *23. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.] No 21. By uping this application, Lentify (11) to be statements contained in the list of certifications," and 201 that the statements herein are true, complete and accurate to the best of my howidegs. Laio provide the required assurances," and agree to contrained in the list of certifications, and fauschements or claims may subject me to ciriminal, chill, or administrative penalties, U.S. Code, Tile 216, Section 1001) *** The list of certifications and assurances, or an intermet site where you may obtain this list, is contained in the amouncement or agency specific instructions. Autorized Representative: Prefix @ Representative Suffix @ Prefix @ *** The list of certifications and assurances, or an intermet site where you may obtain this list, is contained in the amouncement or agency specific instructions. Autorized Representative: Prefix @ Prefix @ Prefix @ ***	\$5,000.00	Validation Error There are one or multiple	errors. Please scroll up to see them	
2 la the Applicant Delanquent On Any Federal Delat (If "Yes," provide explanation in attachment.) ● 2 la the Applicant Delanquent On Any Federal Delat (If "Yes," provide explanation in attachment.) ● 2 la be application. Lectify (1) to be statements contained to the list of certifications." and (2) that the statements here is are true, complete and accurate to the lest of my knowledge. Lalo provide the required assurances." and agree to contraduct provide the required assurances." and agree the contraduct provide the required assurances." and agree to contraduct provide the required assurances." and agree the contraduct provide the required assurances." and agree to contraduct provide the required assurances." and agree the contraduct provide the required assurances." and agree the contraduct provide the required assurances." and agree the required assurances." and agree to contraduct provide the required assurances." and agree t	* 19. Is Application Subject to Review By	itate Under Executive Order 12372 Process?		
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* Tak Isano e * Tak				
** 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. Autorized Representative Suffic @ Representative Suffic @ Priors				
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*Email michael.gado@icf.com			Fax Number:	
michael.gado@icf.com	2088610079			
Signature of Authorized Representative: Date Signed:	michael.gado@icf.com			
	Signature of Authorized Representative:		Date Signed:	
	\frown			
\sim	<u> </u>			
	Validate			

Figure 6: Validate

Figure 7: Validate with errors

DE Cuente Monogono	at Custom		errors. Please scroll up to see t	hem					
RE Grants Manageme	nt System								
-									
> View Burden Statement									
Download SF-424 PDF									
	Ple	ase save your work by clic	king the Save Button	before you navigate awa	y from this page.				
						<u> </u>			
									_
								< C	
Validation Error:									
Validation Error: SF424 - Question 17, Project Start Date is									
	Required and must be a E	late After the Date of Entry							
	Required and must be a E	late After the Date of Entry.							
SF-I24 - Question 17, Project Start Date is		rate After the Date of Entry.							
	ince SF 424	tate ABer the Date of Entry	If Re	vision, select appropriate letter(s):	0	Other (Specify):			
SF424 - Question 17, Propert Start Date is Application for Federal Assister	ince SF 424	of Application		vision, select appropriate letter(s): form—	0	Other (Specify):			
SF424 - Gaussion 17, Project Start Date is Application for Federal Assista 1. Type of Submission	іпсь SE-121 2. Туря	of Application	v		-	Other (Specify):	_		
SF424 - Caustion 17, Project Start Date is Application for Federal Assistan 1, Type of Submission Application	іпсь SE-121 2. Туря	of Application	v	lone	-	Other (Specify):			
SF424 - Caustion 17, Project Start Date is Application for Federal Assistan 1, Type of Submission Application	іпсь SE-121 2. Туря	of Application	•	lone	-	Other (Specify):	,		
SF424 - Question 17, Propert Start Date is Application for Federal Assista 1. Type of Submission 2. Date Received:	іпсь SE-121 2. Туря	of Application	•	lone plicant Identifier: 🌘	-	Other (Specify): 0	,		
SF424 - Question 17, Propert Start Date is Application for Federal Assista 1. Type of Submission 2. Date Received:	іпсь SE-121 2. Туря	of Application	•	lone plicant Identifier: 🌘	-	Other (Specify).	,		
SF424 - Caustion 17, Project Start Date is Application for Federal Assister 1, Type of Submission Application 3, Date Received: Sa, Federal Entity Identifier	іпсь SE-121 2. Туря	of Application	•	lone plicant Identifier: 🌘	-	Other (Specify).			

5. Once the information has been adjusted click **Save** and then click **Validate**. If there are no errors, a green success message will display (figure 8).

Figure 8: Validat	ion success
	storac g
	*19. Is Application Subject to Review By State Under Executive Over 12372 Process?
	Not Covered by E.O. 12372
	*20. Is the Applicant Delinquent On Any Federal Debt?(If "Yes," provide explanation in attachment.)
	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, fictilitous, or fraudulent statements or claims may subject me to criminal, civit, or administrative penalties, (U.S. Code, Title 218, Section 1001) ** I AGREE © ***********************************
	Authorized Representative:
	Prefix Representative Suffix
	-None-
	* First Name Michael Middle Name
	"Last Name ● Gado
	*Title Tester AO
	*Telephone Number: 2088610079
	-Email ●
	Signature of Authorized Representative: Date Signed:
Save	
Click the Save button to save your work	
before you navigate away from this page	
	Not Not

6. The user can continue to enter information on other forms by navigating with the **Next** button (figure 8) or by clicking on the form name on the side menu (figure 4). Before navigating to another form with the side menu press **Save** to ensure no data is lost on the current form.

SF-424A Budget Information

1. User will provide information for section A of the form in column e and f (figure 9). Only one row of data is allowed. Note that the total rows and columns only update after the **Save** button is pressed.

Figure 9: SF-424A Section A

View Burden Statement								
ownload SF-424A PDF Please save your work by clicking the Save Button before you navigate away from this page.								
	BU	DGET INFORMA	TION - Non-Cor	nstruction Progra	ams			
		S	ECTION A - BUDGET SUMMA	RY				
Grant Program Function or	Catalog of Federal Domestic Assistance	Estimated Uno	obligated Funds		New or Revised Budget			
Activity (a)	Number (b)	Federal (c)	Non-Federal	Federal (e)	Non-Federal (f)	Total (g)		
1." DC Construction	21.015	\$0.00	\$0.00	\$5,000.00	\$100.00	\$5,100.00		
2. DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
3. DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
4. DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
5. Total		\$0.00	\$0.00	\$5,000.00	\$100.00	\$5,100.00		

2. User will provide federal budget information for section B of the form (figure 10). Only one column of data is allowed. The total in section B column 1 row i (figure 10), must match the total for section A column g row 1 (figure 9).

Figure 10: SF-424A Section B

6. Object Class Categories	3	GRANT PROGRAM, F	UNCTION OR ACTIVITY		Tot
	(1)	(2)	(3)	(4)	
	DC Construction	DC Construction	DC Construction	DC Construction	
a. Personnel	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
b. Fringe Benefits	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
c. Travel	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
d. Equipment	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
e. Supplies	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
f. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
g. Construction	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
h. Other	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
i. Total Direct Charges (sum of 6a-6h)	\$5,100.00	0.00	\$0.00	\$0.00	\$5,100.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of 6i and 6j)	\$5,100.00	\$0.00	\$0.00	\$0.00	\$5,100.00
7. Program Income	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00

3. User will provide non-federal budget information for section C of the form (figure 11). The total in section C column e row 8 must equal the total in section A column f row 1.

Figure 11: SF-424A Section C

(a) Grant Progra	" 0	(b) Applicant 👔	(c) State 👩	(d) Other Sources	(e) TOTALS
8. DC Construction	2		\$100.00		\$100.00
9. DC Construction					\$0.00
10. DC Construction					\$0.00
11. DC Construction					\$0.00
12. TOTAL (sum of lines 8-11)		\$0.00	\$100.00	\$0.00	\$100.00

- 4. Sections D and E will not be used in RGMS and section F is optional.
- 5. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 6. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

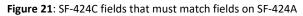
SF-424C Budget Information – Construction Programs

1. The user will enter information for the SF-424C (figure 20).

Figure 20: SF-424C Budget Information – Construction Programs

Please save your	work by clicking the Save Button before you	navigate away from this page.						
В	UDGET INFORMATION - Construction	on Programs						
NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.								
COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)					
	0	0	0					
Administrative and legal expenses	\$100.00		\$100.00					
	0	0	0					
Land, structures, rights-of-way, appraisals, etc.	\$50.00		\$50.00					
	0	0	0					
Relocation expenses and payments	\$100.00		\$100.00					
	0	0	0					
Architectural and engineering fees	\$50.00		\$50.00					
	0	0	0					
Other architectural and engineering fees	\$100.00		\$100.00					
	0	0	0					
Project inspection fees			\$0.00					
	0	0	0					
Site work	\$100.00		\$100.00					
	0	0	0					
Demolition and removal			\$0.00					

- 2. The value in column a row 12 (figure 21) must match the value in SF-424A section B column 6 row g (figure 22).
- 3. The value in column a row 15 (figure 21) must match the value in SF-424A section B column 6 row 7 (figure 22).



		0	0	0	
1	11. Miscellaneous	\$100.00		\$100.00	
			0	0	1
1	12. SUBTOTAL	\$1,000.00	\$0.00	\$1,000.00	
		0	0	0	1
1	13. Contingencies			\$0.00	
		0	0	0	1
1	14. SUBTOTAL	\$1,000.00	\$0.00	\$1,000.00	
		0	0	0	1
1	15. Project (program) income	\$1,000.00		\$1,000.00	
		0	0	0	1
1	16. TOTAL PROJECT COSTS	\$2,000.00	\$0.00	\$2,000.00	
		FEDERAL FUNDING			-
Save	17. Federal assistance requested, calculate as follows:		0	0	
Click the Save button	(Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.	Enter eligible costs from line 16c Multiply X	82%	\$1,639.34	
to save your work					_
away from this page					
Val	lidate			N	Next
Save Click the Save button to save your work before you navigate away from this page	(Consulf Federal agency/for Federal percentage share.) Enter the resulting Federal share.	\$2,000.00 FEDERAL FUNDING	\$0.00	\$2,000.00	

Figure 22: SF-424A fields that must match fields on SF-424C

Object Class Categories 👔		GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1)	(2)	(3)	(4)	(5)		
	DC Construction	DC Construction	DC Construction	DC Construction			
a. Personnel	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00		
b. Fringe Benefits	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00		
c. Travel	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00		
d. Equipment	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00		
e. Supplies	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00		
f. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
g. Construction	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00		
h. Other	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00		
i. Total Direct Charges (sum of 6a-6h)	\$5,100.00	\$0.00	\$0.00	\$0.00	\$5,100.00		
j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
k. TOTALS (sum of 6i and 6j)	\$5,100.00	\$0.00	\$0.00	\$0.00	\$5,100.00		
Program Income	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00		

4. Once the construction budget information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.

5. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

SF-LLL Disclosure of Lobbying Activities

1. The user will provide information for the Disclosure of Lobbying Activities form (figure 12).

Disclosure of Lobbying Activities	 Status Of Federal Action: 	* 3. Report Type: 👩	
Grant	Initial Award	 S. Report Type: ● Initial Filing 	
I. Name and Address of Reporting Entity:			
Type Prime		•	
Name RA-Test Account (COE)			
RA-Test Account (COE)			
Address 1		Address 2 0	
test address 1		test address 2	
City 👔	State 💿	ZIP O	
test city	AL: Alabama	▼ 36043	
•	of Prime:		
. If Reporting Entity in No.4 is Subawardee, Enter Name and Address 6. Federal Department/Agency:	of Prime:	7. Federal Program Name/Description:	
If Reporting Entity in No.4 is Subawardee, Enter Name and Address 5. Federal Department/Agency:	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and	l Revived Econo
. If Reporting Entity in No.4 is Subawardee, Enter Name and Address 5. Federal Department/Agency:	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and CFDA Number, If applicable:	l Revived Econo
. If Reporting Entity in No.4 is Subawardee, Enter Name and Address 5. Federal Department/Agency:	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and	l Revived Econo
Congressional District, if known:	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and CFDA Number, If applicable:	l Revived Econo
.If Reporting Entity in No.4 is Subawardee, Enter Name and Address 6. Federal Department/Agency: U.S. Department of the Treasury	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and CFDANumber.if applicable: • 21.015	l Revived Econo
. If Reporting Entity in No.4 is Subawardee, Enter Name and Address 6. Federal Department/Agency: U.S. Department of the Treasury	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and CFDANumber.if applicable: • 21.015	l Revived Econo
If Reporting Entity in No.4 is Subawardee, Enter Name and Address 6, Federal Department/Agency: U.S. Department of the Treasury I.Federal Action Number, if known: Da. Name and Address of Lobbying Registrant: refix First Name	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and CFDANumber.if applicable: • 21.015	I Revived Econo
If Reporting Entity in No.4 is Subawardee, Enter Name and Address 6. Federal Department/Agency: U.S. Department of the Treasury Federal Action Number, If known: O 0. Name and Address of Lobbying Registrant:	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and CFDA.Number.If applicable: 21.015 9.Award Amount, If known:	I Revived Econo
If Reporting Entity in No.4 is Subawardee, Enter Name and Address 5. Federal Department/Agency: U.S. Department of the Treasury Federal Action Number, If known: Da. Name and Address of Lobbying Registrant: refx First Name	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and CFDA Number, If applicable: • 21.015 ?.Award Amount, If known: •	
If Reporting Entity in No.4 is Subawardee, Enter Name and Address Scederal Department/Agency: U.S. Department of the Treasury Federal Action Number, If known: Da. Name and Address of Lobbying Registrant: refix First Name First Name	of Prime:	Resources and Ecosystems Sustainability, Tourist Opportunities, and CFDA.Number.If applicable: © 21.015 9.Award Amount, if known: ©	I Revived Econo

Figure 12: Disclosure of Lobbying Activities

2. If the Applicant conducts lobbying activities, enter the name and contact information for the lobbying registrants in question 10. If the Applicant does not have any lobbying activities to report, leave question 10 blank and only complete the fields in question 11 (i.e., only enter the authorized official name into the name fields in the signature section (Figure 12-1)).

Figure 12-1: SF-LLL enter the authorized official name

	City 🕥	State 🕐	Zip 🐧
		None	
	b. Individual Performing Services (including address if different from No. 10a)		
	Prefix 0	First Name	Middle Name 👩
	None		
	Last Name 👩		Suffix 👩
			None 💌
	Street 1 🕦	Street 2 👔	
	City O	State 👔	Zip 👩
		None	
	disclouve is required pursuant to 31 U.S.C. 1352. This information will be reported to t not more than \$100,000 for each such failure.	he Congress semi-annually and will be available for public inspection. Any person who fails to	to file the required disclosure shall be subject to a chill penalty of not less than \$10,000 and
	Prefix 0	* First Name	Middle Name
	None	Michael	
	"Last Name 🕐		Suffix 💿
	Gado		None V
	Title O	Phone Number	Date Signed
			iii (11)
Save Click the Save button to save your work			
before you navigate			
away from this page	Validate		Next

- 3. Once the lobbying information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Civil Rights Narrative

1. The user will provide responses to all questions on this form (figure 13). Questions 1 - 7 require a user to enter responses in a text field. Question 8 requires a user to upload document(s)¹.

¹ The RGMS file uploader accepts most Microsoft files (word, excel, ppt, etc.), PDF, Image files, zip files, audio/video files.

Figure 13: Civil Rights Narrative Form

Download Civil Rights Narrative PDF
Civil Rights Act of 1964 Title VI Narrative for RESTORE Act – Direct Component and Centers of Excellence Research Grants Applicants – Department of the Treasury
OMB Approval No. 1505-0250
All applicants must provide a Title VI Narrative as an upload in their applications. The Title VI Narrative must be approved by the applicant's board of directors or appropriate governing entity or official(s) responsible for policy decisions prior to submission to Treasury. Applicants must submit a copy of the board resolution, meeting minutes, or similar documentation with the Title VI Narrative as evidence that the board of directors or appropriate governing entity or official(s) has approved the Title VI Narrative.
The Title VI Narrative, submitted with the application, shall include the information listed below. Treasury will accept a Title VI compliance form recently prepared and submitted to another Federal agency. If any information required by Treasury sin not included in the other agency's Title VI compliance form, the missing information must be submitted with the application for the Title VI Narrative to be considered a complete response. If any item listed below is not relevant to the project for which federal financial assistance is requested, the information should be marked as "not applicable." The Title VI Narrative should include:
1.* A statement that the Title VI notice to the public is posted in a prominent place or places, and the type of postings being used (i.e., in the recipient's place(s) of business, in written communications to the beneficiaries, or on the recipient's website). Title VI Notice in Public View
Salesforce Sans \blacksquare 12 \blacksquare
Test test test test
2.* A list of any pending Title VI investigations, complaints, or lawsuits filed with the applicant. This list should include those investigations, complaints, or lawsuits that pertain to allegations of discrimination on the basis of race, color, and/or national origin that pertain to the applicant submitting the narrative. Title VI investigations or lawsuits
Salesforce Sans \checkmark 12 \checkmark B I \sqcup \ominus \equiv \exists $+\ddagger$ $+\ddagger$ \equiv \equiv \varnothing C I_x
Test test test test
3.* Information regarding the applicant's Title VI compliance history if it has previously received funding from another federal agency. The information shall include a copy of any Title VI compliance review reports issued by such other federal agency in the previous two years. The information shall include:

- 2. Once the Civil Rights Title VI information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 3. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Milestones and Performance Measures

1. The user must add at least one Milestone and at least one Performance Measure to the form (figure 14).

Figure 14: Milestones and Performance Measures

Download Milestones Performance PDF			
	stones and Peri	formance Measu	res – Department of the Treasury
OMB Approval No. 1505-0250			
A. Milestones:			
Provide the milestones and the estimated timeframe for comp	letion (i.e., performance period star	t date + number of months to comple	ction).
Add Milestone			
Milestone Description Milestone Time	frame		
1 Test Milestone Description tes 2			
B. Performance Measures:			
Include the following information. For guidance, see illustrative	e list of performance measures on T	'reasury's RESTORE Act website.	
Add Performance Measure			
Performance Measure Description	Performance Baseline	Performance Target	
1 Test Performance Measure Description test test	Test Performance Baseline test test	Test Performance Target test test	
Validate			Next

2. To add a milestone or performance measure click on the add button on the top of the relevant table (figure 14). A pop-up window will display with input fields (figure 15). All field are required to add an entry to the relevant table. A user can click on the help text icon to find more information about the type of entry required (figure 15). When all fields have been entered for the record click create (figure 15).

Figure 15: Entering a milestone

MI	ilestones:	Milesto	ne Information	×
ovi	ide the appropriate milestone information			
	r Milestone Description:			
D typ	pe here			
nter	r Milestone TimeFrame:			
Ca	ancel			Create
	Performance Measure Description	Performance Baseline	Performance Target	
	Test Performance Measure Description test test	Test Performance Baseline test test	Test Performance Target test test	

3. When entering a milestone timeframe, the user must enter a timeframe (in months) no longer than the proposed project period length measured in months. The project length (in months) is calculated from the project start date and project end date on the SF-424 (figure 15).

Figure 15: SF-424 project start and end date

*a.Start Date ● *b.End Date ● Feb 28, 2023	1	17. Proposed Project:		
Sep 13, 2022	2	a. Start Date 🕐	 *b. End Date 🕦	
		Sep 13, 2022	Feb 28, 2023	

- 4. Continue entering all milestones and measuring by repeating steps #2 and #3 as many times as necessary. Once all milestones and measures information is entered click **Save** then click **Validate** on the bottom left of the screen.
- 5. When the user has completed adjustments to the form click **Next** on the bottom right of the page to continue to the next application form. Note that there is no **Save** button for milestones and performance measures because all records are automatically saved when they are created in a table.

Environmental Compliance

- 1. The user will enter information for the environmental compliance form and begin on the **Form Intake** section (figure 16). If the user indicates that the project will not be implemented by a subrecipient (question 3) (figure 16) then an additional section "Assessment of Applicability of Environmental Laws" will appear (figure 16).
- 2. Complete the information for the individual who provided the information for this form. Then, for question 2, select "Not applicable The project includes construction activities" unless the project is ONLY for land acquisition, in which case select the appropriate answer from the dropdown.
- 3. Indicate in question 3 if a subrecipient is completing the scope of work. If you select yes, you will be prompted to enter the name of the subrecipient and asked to upload a copy of the environmental narrative. (If a subrecipient will be completing the scope of work, the user can download a fillable version of the form and provide to the subrecipient to complete.) If you are not able to provide this at the time of application, you will be prompted to provide an explanation. Please note that this will likely result in a Special Award Condition to provide an environmental narrative prior to receiving permission to proceed with construction.
- 4. Continue completing the form, navigating to each section by clicking on each of the arrow-shaped tabs along the top of the forms. On the last tab, Certification, indicate whether your environmental narrative is 'final' or 'preliminary.' If you indicate 'preliminary,' you will be required to provide an updated environmental narrative prior to receiving permission to proceed with construction.

Figure 16: Environmental Compliance form

Download Environmental Compliance PDF
RESTORE Act Environmental Compliance Form - Department of the Treasury
OMB Approval Number 1505-0250
The following questions will aid the applicant in identifying the environmental laws that may apply to the eligible activity and the environmental documents that should be submitted with the applicant in identifying the environmental laws that may apply to the eligible activity and the environmental documents that should be submitted with the applicant in identifying the environmental laws that may apply to the eligible activity and the environmental documents that should be submitted with the applicant that stee option to summarize their analysis and conclusion regarding the non-applicability of the environmental laws. Teasury will use submitted documents to record the applicant's assertion that it has complied with applicable environmental laws. For projects that will be implemented by a subrecipient, applicant as the option of the following uses for steered to any of the following the non-applicability of the environmental laws. For projects that will be implemented by a subrecipient, applicant as different applicant as the option of the applicant completed by the subrecipient authorized representative. A signed statement from the applicant tattesting to its review of the subrecipient's RESTORE Act Environmental Compliance Form must be included with the application.
Please note: More information, references, and links to all the laws and executive orders can be found in the Environmental Checklist Reference Guide on Treasury's RESTORE Act website.
FORMINTAKE ASSESSMENT OF APPLICABILITY OF ENVIRONMENT OTHER PERMITS AND CERTIFICATIONS CERTIFICATION
1) Please offer the following details about who provided the information to complete this form. Name:"
Title:
Organization."
Cryatika da na serie da na
Date:*
2) For projects that do not involve construction activities, has the applicant identified any environmental laws that may apply to the eligible activity?
Yes
3) Will the project be implemented by a subrecipient?
No

- 5. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 6. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Direct Component Applicant Certifications

1. The Direct Component applicant certifications form must be read by the user (figure 17). No information is needed for entry at this stage of the application process.

Figure 17: Direct Component applicant certifications

> View Burden Statement
Download DC-Certifications PDF
Please save your work by clicking the Save Button before you navigate away from this page.
RESTORE Act Direct Component Applicant Certifications Department of the Treasury
Directions: These certifications are required by federal law and Department of the Treasury (Treasury) regulations to be submitted with each application to Treasury for financial assistance under the RESTORE Act Direct Component. The certifications must be signed by an authorized senior official of the Applicant who can legally bind the entity and has oversight for the administration and use of the Direct Component funds.
A. RESTORE Act Certification
 Pursuant to the RESTORE Act, I certify that for any award agreement resulting from this application: (a) Each activity funded under this agreement was been primarily designed to plan for or undertake activities to restore and protect one or more of the following: the natural resources, ecosystems, fisheries, marine and wildlife habitats, beaches, coastal wetlands, or consmoy of the duff coast region. (b) Each activity funded under this agreement was selected after consideration of all meaningful input from the public, including broad- based participation from individuals, businesses, Indian tribes, and nonprofit organizations, as described in the grant application. The certification in this agreement was selected after consideration of all meaningful input from the bubic, including broad- based participation from individuals, businesses, Indian tribes, and nonprofit organizations, as described in the grant application. The certification in this agreement was elected after consideration of all meaningful input from the best vanilable science, as that term is defined in 31 C.F.R. Part 34. (d) The Applicant has procedures in place for procuring property and services under this award for any contract unless this certification remains true and accurate. (f) Pursuant to 2 C.F.R. 2003, Bite Applicant will establish and maintain effective internal control over all award agreements resulting from this application, and provide reasonable assurance that the Applicant will manage the award. In compliance with Federal statutes, regulations, and the terms and conditions of the award. The Applicant knowledge and child fund under this Agreement. (e) The Applicant will Constre status with 2 C.F.R. 2003, Bite Applicant will and activity funded under this Agreement. (f) A conflict of interes policy consistent will the C.VII Rights Act of 19/24, the Rehabilitation Act of 19/27, and all other applicable federal laws and regulations concerning
compliance with each of these certifications is a condition of the Applicant's initial and continuing receipt and use of the funds provided under this Agreement.
B. Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions: Instructions for Certification
1. By signing and submitting this Application, the prospective primary participant (the Applicant) is providing the certification set out below.
2. The inability of an Applicant to provide the certification required below will not necessarily result in the denial of participation in this covered transaction. The prospective Applicant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with Treasury's approval of the proposed application. However, failure of the Applicant to furnish a certification or an explanation shall disqualify such person/entity from participation in this transaction.
3. This certification is a material representation of fact upon which reliance is placed when Treasury determines to enter into this transaction. If it is later determined that the Applicant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, Treasury may terminate this transaction for cause or default.
4. The Applicant shall provide immediate written notice to Treasury if at any time the Applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transactions," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal", and "voluntarily excluded," as used in this clause (certification), have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact Treasury for assistance in obtaining a copy of those regulations (31 C.F.R. Part 19).
6. The Applicant agrees by submitting this Application that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by Treasury.

2. The user will see the fields name, title, and organization prepopulated at the bottom of the form (figure 18). Name and title are prepopulated from the entry for the authorized official on the bottom of the SF-424 form. The signature and date field will be blank when the user submits the application because the form will be signed in DocuSign when the Authorizing Official submits the application.

Figure 18: prepopulated field section of Direct Component applicant certifications

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment in such grant, the emploi (i) Abide by the terms of the statement; and (ii) Notify the employer of any criminal drug use statute conviction for a violation occurring in the workplace no later than five	,
(e) Notifying the granting agency in writing, within ten calendar days after receiving notice of a conviction under paragraph (d)(ii)	from an employee or otherwise receiving actual notice of such conviction;
(f) Taking one of the following actions, within 30 days of receiving notice under paragraph (d)(iii), with respect to any employee will action against such an employee, up to and including termination, consistent with the requirer (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such	nents of the Rehabilitation Act of 1973, as amended; or
(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a) through (ŋ.
E. Certification Regarding Lobbying	
(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Applicant, to any person for influencing or employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or Member of Congress in connection with this Application, the undersigned shall complete and submit Standard Form-LLC. "Diedo (c) The Applicant shall require that the language of this certification be included in the award documents for all subawards at all t shall certify and disclose accordingly. 2. This certification is material representation of fact upon which reliance is placed when this transaction is made or entered int section 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and Signature of Authorized Senior Official:	making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, o influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a sure Form to Report Lobbying. ¹ in accordance with its instructions. lers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients o. Submission of this certification is a prerequisite for making or entering into this transaction imposed by title 31 U.S. Code
Signature of Authorized Senior Official.	
Name:	Title:
Michael Gado	Tester
Date:	Organization:
	RA-Test Account (COE)
,	
	Next

3. When the user has read the form click **Next** on the bottom right of the page to continue to the next application form. Note that there is no **Save** or **Validate** button since no information will be entered by the user.

Direct Component Application Narrative

1. The user will enter information for the Direct Component Application Narrative (figure 19).

RESTORE Act Direct Component Application Narrative - Department of the Treasury
OMB Approval No. 1505-0250
The Direct Component Funding Opportunity Announcements describe in detail the content and information required for your application submission. This application form must be included with your application, along with the separate Direct Component Application submission. This application form must be included with your application, along with the separate Direct Component Application submission. This application form must be included with your application, along with the separate Direct Component Application submission. This application form must be included with your application, along with the separate Direct Component Application as a compared by the relevant Funding Opportunity Announcement.
Download DC Narrative PDF
Please save your work by clicking the Save Button before you navigate away from this page.
General Information
1. Applicant Name: RA-Test Account (COE)
2. Descriptive Title of the Project (refer to SF-424): Test Project Title
* 3. Activity Title from Multiyear Plan Matrix, column #6:
<i>b</i>
Statutory Questions
*4.Select the Primary Qualifying Eligible Activity:
5. Select all other eligible activities that apply: Available Chosen
a. Restoration and protection of the natural resources, ecosystems, fisheries, marine and wildlife habitats, beaches b. Mitigation of damage to fish, wildlife and natural resources c. Implementation of a federally approved marine, coastal, or comprehensive conservation management plan, inclu d. Workforce development and job creation
* & Was the Proposed activity included in any claim for compensation paid out by the Oil Spill Liability Trust Fund after July 6, 2012? -None-

Figure 19: Direct Component Application Narrative

 Complete all required fields. Note that depending on your answer, additional required fields may appear. Please also note that the user will have to fill out some questions that are structured like question 8 of this form (figure 19-1). The user must enter their information for the question and click Add at the bottom of the fields. The information will then be added to the table below (figure 19-2).

Figure 19-1: Entering a form input response

8. If there is more than one location	for the activity, please include a list of the addition	nal locations.		
a. Street Address				
test street				
b. City/Town		c	.County/Parish	
test city			test county	
d. State		e	.Zip Code	
test state			23621	
Add Location 💼 Delete Selecto	ad J			
Street Address	✓ City/Town	✓ State	✓ County/Parish	V Zip Code
D. 16 w ultichter ween die tektikunge Rewerkungs (s.)	n CPC anandiantas fan the landting (1) sê the analysis			

Figure 19-2: Adding a form input response

8. If there is more than one location f	for the activity, please include a list of the addition	onal locations.		
a. Street Address				
b. City/Town		c. Cor	unty/Parish	
d. State		e. Zip	Code	
Add Location	d			
Street Address	✓ City/Town	✓ State	✓ County/Parish	✓ Zip Code
test street	test city	test state	test county	23621

- 3. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

SF-424D Assurances - Construction Programs

1. The SF-424D Assurances – Construction Programs form must be read by the user (figure 23). No information is needed for entry at this stage of the application process.

igure 23: SF-424D Assurances – Construction Programs for	rm
--	----

> View Burden Statement Download SF-424D PDF
Please save your work by clicking the Save Button before you navigate away from this page.
Assurances - 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. Including suggestions for reducing this burden, to the Office of Management and Budget, Papervork Reduction Project (0348-0042), 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 assistance 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 costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. 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.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of 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).
9. 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.
10. 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 (RL. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education

2. The user will see the fields title and organization prepopulated at the bottom of the form (figure 24). Title is prepopulated from the entry for the authorized official on the bottom of the SF-424 form. The signature and date field will be blank when the user submits the application because the form will be signed in DocuSign when the Authorizing Official submits the application.

 Will comply, as applicable, with the provisions of the Davis- Bacon Act (40 U.S.C. §§276a to 276a-7), for federally-assisted construction subagreements. 	the Copeland Act (40 U.S.C. \$276c and 18 U.S.C. \$674), and the Contract Work Hours and Safety Standards Act (40 U.S.C. \$5327-333) regarding labor standards
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Pro cost of insurable construction and acquisition is \$10,000 or more.	otection Act of 1973 (PL, 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total
notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 1199 developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of	stitution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL. 91- 190) and Executive Order (EO) 11514; (b) 90; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program 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. §57401 et seq.); (g) ended (PL. 93-53); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (PL. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protect	ting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Pre Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).	eservation Act of 1966, as amended (16 U.S.C. \$470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic
18. Will cause to be performed the required financial and compliance audits in accordance with the Sing	gle Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations,	, and policies governing this program.
	A) 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 and 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	APPLICANT ORGANIZATION
	RA-Test Account (COE)
	los respectant (COL)
TITLE	DATE SUBMITTED
TITLE Tester	
	DATE SUBMITTED
	DATE SUBMITTED
	DATE SUBMITTED

Figure 24: SF-424D Assurances – Construction Programs signature section

3. When the user has read the form click **Next** on the bottom right of the page to continue to the next application form. Note that there is no **Save** or **Validate** button since no information will be entered by the user.

Application Uploads - Conditional Requirements and Supporting Documents

- 1. In the first section the user will provide program and state specific uploads with optional narrative explanation. The appropriate file upload requests will display depending on the applicant's state (Alabama, Louisiana, Florida) and program (DC or COE). Refer to Funding Opportunity Announcement for more information about these conditional mandatory. Note that if, based on your application's characteristics, no additional uploads are required, you will see a screen like the one shown in Figure 27. If you see this screen, you must check the box marked 'Section is N/A to the project' in order to proceed.
- 2. The bottom section Supporting Documentation (figure 24) is an optional section for the grantee to submit any additional documents that support their application. If the user wishes to include a narrative description for any/all of the uploads, please list the files and add a description for each in the optional field. The user can use bullets or numbering to indicate each attachment.

Figure 24: Application Uploads (certification visible for an Alabama DC application) (Alabama COE will not see)

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.
Conditional Requirements and Supporting Document Uploads
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A.
The State of Alabama must submit with each Direct Component application a certification, signed by the authorized official, that the funding request was approved in accordance with 33 U.S.C. §1321(t)(1)(F), and that Alabama is in compliance with 33 U.S.C. §1321(t)(1)(F)(i)(IV). Alabama Certification regarding 33 U.S.C. §1321(t)(1)(F) and 33 U.S.C. §1321(t)(1)(F)(i)(V)
1 Upload Files Or drop files
(optional) Provide a narrative description of any additional documentation that has been provided with the application. Narrative Description
h_
Supporting Documentation
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation
t Upload Files Or drop files
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application.
Å
Validate
Velicator Noti

Figure 25: Application Uploads (certification visible for a Florida DC application that responded "b. Program is subject to E.O. 12372 but has not been selected for 12372 review" to question 19 on S-F424) (Florida COE or Florida DC that did not respond "b. Program is subject to E.O. 12372 but has Not been selected for 12372 review" to SF-424 question 19 will not see).

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.	
Conditional Requirements and Supporting Document Uploads	
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A. Section is N/A to the project	
Applicable if the Direct Component applicant is an eligible entity for the state of Florida and the application was made available to the State for review under the Executive Order 12372 Process. Intergovernmental Review	2
Upload Files Or drop files	
(optional) Provide a narrative description of any additional documentation that has been provided with the application.	
	1,
Supporting Documentation	
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation	
Upload Files Or drop files	
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application.	
	li
Validate	Next

Figure 26: Application Uploads	(certification visible for a Louisiana Applicant)

Please save your work by clicking the Save Button before you navigate away from this page.	
litional Requirements and Supporting Document Uploads	
e review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A.	
is IVA to the project	
t of its first application, each Louisiana parish must certify to the Governor of Louisiana that the parish has a comprehensive land use plan and submit to Treasury a copy of a s	gned
ation that complies with 31 C.F.R. § 34.302(f).	
e-Parish's first application for a Direct Component award?	
nal) Provide a narrative description of any additional documentation that has been provided with the application.	
e uescripuori	
	/
parish modifies its comprehensive land use plan, the parish must submit an updated certification.	
and on indexities to example indexe and use plan incess withing a previous application to ressurv?	
é-	*
nal) Provide a narrative description of any additional documentation that has been provided with the application.	
e description	
	1.
orting Documentation	
nal) Upload any additional documentation that supports the applicant's request.	
ing documentation	
Jpload Files Or drop files	
nal) Provide a narrative description of any additional supporting documentation that has been provided with the application.	
s veski ipivini	
	/
	Ne

Figure 27: Application Uploads if no uploads required

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.	
Conditional Requirements and Supporting Document Uploads	_
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A. Section is N/A to the project	
Supporting Documentation	_
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation C Upload Files Or drop files	
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application.	
Narrative description	1.
Vaidate	Next

- 3. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Application Submission form

The project investigator / project director that is filling out this application will see the following page (figure 28). The project investigator / project director will click the Validate button (figure 28). This will return a list of validation errors for all sections of the application. To correct validation errors, refer to validation step 4 and 5 for filling out an SF-424 form.

PERFORE Act authorized official with authority to legally bind your organization must certify and submit your application. PerstORE Act authorized official with authority to legally bind your organization must certify and submit your application. PerstORE Act authorized official First Name: Authorized Official First Name: Authorized Official First Name: Authorized Official Title: Tester Authorized Official Title: Authorized Official Email: Michael.gado@icf.com Authorized Official First Name: Authorized Official Email: Bichael.gado@icf.com Authorized Official First Name: Authorized Official First Name: Authorized Official Email: Bichael.gado@icf.com Authorized Official First Name: Authorized Official Email: Bichael.gado@icf.com Authorized Official First Name: Authorized Official Firs	Application PDF	
Authorized Official First Name: Authorized Official Last Name: Michael Gado Authorized Official Title: Gado Authorized Official Title: Authorized Official Email: Tester Michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the applications: Assurance - Construction Programs SF-424 (required for all applications) Assurance - Construction Programs SF-424 (required for all applications) Assurance - Construction Programs SF-424 (required for all applications) 	ESTORE Act Application Submission	
Authorized Official First Name: Authorized Official Last Name: Michael Gado Authorized Official Title: Gado Tester Authorized Official Email: Michael.gado@icf.com michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the applications: Assurances - Construction Programs SF-424 (required for all applications) Assurances - Construction Programs SF-424 (required for all applications) 	e RESTORE Act authorized official with authority to legally bind your organization must certify and	I submit your application.
Michael Gado Authorized Official Title: Authorized Official Email: Tester Michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: Application for Federal Assistance SF-424 (required for all applications) RESTORE Act Applicant Certifications (required for all applications) DISCLOSURE OF LOBENTING ACTIVITIES SF-LLL (required for all applications) Assurances - Construction/Programs SF-4240 (required for all applications) Assurances - Construction Programs SF-4240 (required for all applications) Assurances - Construction Programs SF-4240 (required for all applications) Assurances - Construction Programs SF-4240 (required for all applications) Assurances - Construction Programs SF-4240 (required for all Construction) Assurances - Construction Programs SF-4240 (required for all Construction)	Validate Application	
Authorized Official Title: Authorized Official Email: Tester michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: Application for Federal Assistance SF-424 (required for all applications) DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) Austrices - Construction/Programs SF-4240 (required for all applications) 		
Tester michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-424 (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-424 (required for all applications) 4. Assurances - Construction Programs SF-424 (required for all applications)	Michael	Gado
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-424 (required for all applications) 4. Assurances – Construction Programs SF-4240 (required for all applications)	Authorized Official Title:	Authorized Official Email:
The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-424 (required for all applications) 4. Assurances – Construction Programs SF-424 (required for all construction/Land Acquisition projects)	Tester	michael.gado@icf.com
	The DocuSign link will include the following forms for the Authorized Official to enter their elect 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 4. Assurances – Construction Programs SF-424D (required for all construction/Land Acquis	tronic signature and thereby certify to the truthfulness, completeness and accuracy of the application:

Figure 28: PI/PD view of submission form

2. After successfully validating the application the "Ready for AO Review and Submission" button will appear (figure 29). When the button is pressed an email will be sent the individual listed as the authorized official in the SF-424 to log in and submit the award.

Figure 29: PI/PD view of submission form and request AO button

Application PDF	
RESTORE Act Application Submission	
he RESTORE Act authorized official with authority to legally bind your organization must certify and su	ubmit your application.
Validate Application Ready for AO Review and Submission	
Authorized Official First Name:	Authorized Official Last Name:
Michael	Gado
Authorized Official Title:	Authorized Official Email:
Tester	michael.gado@icf.com
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a cert The DocuSign link will include the following forms for the Authorized Official to enter their electro 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 4. Assurances – Construction Programs SF-424D (required for all Construction/Land Acquisiti 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, and	onic signature and thereby certify to the truthfulness, completeness and accuracy of the application:

3. The authorized official (AO) will log into the RGMS portal and click on the application that they were requested to submit by pressing the View/Edit link on the My Application List (figure 30). The AO will review the application information. If the AO makes any changes to the application information the application will need to be re-validated.

Figure 30: Accessing the application from the My Application List

My A	pplication List									Start an Applicati	on for a N	lew Award
					Filter By Select a Filter	rable Field 🔻	Filter Value Select a		•	Filter Application	Re	eset Filter
	Application Number	Project Title	Application Type	Grant Number	Status	Submission Date						
1	RDC2022000258	Test Project Title	New Award		Ready for AO Submission		Download	View/Edit	Corresponde	nce		
2	RDC2022001002		New Award				Download	View/Edit	Corresponde	nce		

4. Once they have reviewed the application, the AO will navigate to the submit tab. Once on the submit tab they will see the "Submit Application" button (figure 31). The submit application button will first validate the application to catch any errors caused during final edits made by the AO. If errors occur refer to validation step 4 and 5 for filling out an SF-424 form. Once the AO presses the Submit Application button the success message will appear (figure 32) and the AO will receive a DocuSign email. The application will be in a status of "AO Signature Pending" until

the DocuSign has been complete (see section for completing DocuSign). <u>Please note that until</u> <u>the AO signs the application via DocuSign, Treasury is NOT in receipt of the application. Please</u> <u>see section 7 of this document for the DocuSign process.</u>

Figure 31: AO view of submission form

Application PDF	
RESTORE Act Application Submission	
The RESTORE Act authorized official with authority to legally bind your organization must certify and	submit your application.
Authorized Official First Name: Michael	Authorized Official Last Name: Gado
Authorized Official Title:	Authorized Official Email:
Tester	michael.gado@icf.com
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a cer The DocuSign link will include the following forms for the Authorized Official to enter their electr 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 4. Assurances – Construction Programs SF-424D (required for all Construction/Land Acquisi 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, Submit Application	ronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: Ition projects)

Figure 32: AO view of submission form

Intersection	Application has been sent to the Authorizing Official for e-Signature. The AO will receive an em	will with the DocuSign Envelope. Once the Signature part is completed, the application is considered Submitted and Treasury will be notified of the s
Appreciation PDF DESTORE ACL Application Submission Activated official with authority to legally bind your organization must certify and submit your application Autorized Official First Name: Michael Autorized Official First Michael Autorized Official First Michael Autorized Official First Michael Autorized Official First Michael Michael Autorized Official First Michael Michael Michael Advisorized Contradiation for all applications Michael Applicate Contradiation for all applications <	ione	
<form></form>		
Performer De P		
Appreciation PDF DESTORE ACL Application Submission Activated official with authority to legally bind your organization must certify and submit your application Autorized Official First Name: Michael Autorized Official First Tester Autorized Official First Tester Autorized Official First Michael Autorized Official First Include Instructure Autorized Official First Michael Autorized Official First Include Instructure Autorized Official First Michael Autorized Official First Include Instructure Autorized Official First Name: Include Instructure Applicate Official to enter their electronic signature and thereby certify to the truttfulness, completeness and accuracy of the application: 1000000000000000000000000000000000000		
Actionation for four and particular data parteco particular data parteco particular data particular data partic	Please save your work by clicking the Sa	ve Button before you navigate away from this page.
Actionized Official First Name: Authorized Official Last Name: Michael Gado Authorized Official Title: Authorized Official Email: Tester Authorized Official Cast Name: Michael Gado Authorized Official Title: Authorized Official Email: Tester Michael.gado@icf.com Authorized Official First Name: Inchael.gado@icf.com Michael Sadou@icf.com Authorized Official First Name: Inchael.gado@icf.com Michael Sadou@icf.com Sadou@icf.com Authorized Official First Name: Inchael.gado@icf.com Michael Application for Foderal Assistance SF-424 (required for all applications) Sadou@icf.com Michael Application for Foderal Assistance SF-424 (required for all applications) Sadou@icf.com Michael Application for Foderal Assistance SF-424 (required for all applications) Sadou@icf.com Michael Application for Foderal Assistance SF-424 (required for all applications) Sadou@icf.com Michael Applicatin Conffication for fourd fourd Application f		
Authorized Official First Name: Authorized Official Last Name: Michael Gado Authorized Official Title: Authorized Official Email: Tester Michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the applications: 1. Application for Federal Assistance 5F-424 (required for all applications) 2. NESCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 3. DISCLOSURE FOR ONPROVEMENT FORM FORM Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)	Application PDF	
Authorized Official First Name: Authorized Official Last Name: Michael Gado Authorized Official Title: Authorized Official Email: Tester Michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the applications: 1. Application for Federal Assistance 5F-424 (required for all applications) 2. NESCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 3. DISCLOSURE FOR ONPROVEMENT FORM FORM Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)	RESTORE Act Application Submission	
Authorized Official First Name: Authorized Official Last Name: Michael Gado Authorized Official Title: Authorized Official Title: Tester Michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: 1. Application for Federal Assistance 5F-424 (required for all applications) 2. RESTORE Act Applicart Confrictions (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 3. DISCLOSURE For Conframison Foregrames F-4240 (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 3. DISCLOSURE OF Conframison (required for all applications) 3. DISCLOSURE OF Conframental Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications) 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)	Let one Act Application Submission	
Michael Gado Authorized Official Title: Authorized Official Entail: Tester michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the applications: Application for Federal Assistance 5F-424 (required for all applications) SESTOR EAT Applicant Certifications (required for all applications) DISCLOSUBE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) Assistance - Construction Programs 5F-424 (Proguired for all applications) Assistance - Construction Programs 5F-424 (Proguired for all applications) DiscLOSUBE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) Assistance - Construction Programs 5F-424 (Proguired for all applications) Assistance - Construction Programs 5F-424 (Program 5F-424) (Program 5F-424	he RESTORE Act authorized official with authority to legally bind your organization must certif	y and submit your application.
Michael Gado Authorized Official Title: Authorized Official Entail: Tester michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the applications: Application for Federal Assistance 5F-424 (required for all applications) SESTOR EAT Applicant Certifications (required for all applications) DISCLOSUBE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) Assistance - Construction Programs 5F-424 (Proguired for all applications) Assistance - Construction Programs 5F-424 (Proguired for all applications) DiscLOSUBE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) Assistance - Construction Programs 5F-424 (Proguired for all applications) Assistance - Construction Programs 5F-424 (Program 5F-424) (Program 5F-424		
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Tester michael.gado@icf.com After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the applications: 1. Application for Federal Assistance 5F-424 (required for all applications) 2. RESTOR Act Applicat Critifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 4. Assumes – Construction Programs 5F-424 (required for all applications) 4. Assumes – Construction Programs 5F-424 (required for all applications) 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)	Michael	Gado
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: 1. Application for Federal Assistance 5F-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES F-1LL (required for all applications) 4. Assurances – Construction Programs SF-424D (required for all application) 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects) 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)	Authorized Official Title:	Authorized Official Email:
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The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: 1. Application for Federal Assistance 5F-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES F-1LL (required for all applications) 4. Assurances - Construction Programs SF-424D (required for all applications) 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)		
 Application for Federal Assistance SF-424 (required for all applications) RESTORE Act Applicant Certifications (required for all applications) DISCLODER FOLDBYING ACTIVITIES FULL (required or all applications) Assurances - Construction Programs SF-424D (required for all Construction/Land Acquisition projects) Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications) 	After you click the button below to SUBMIT APPLICATION, an email will be sent to you wit	th a certification statement and a DocuSign link for an electronic signature.
RESTORE Act Applicant Certifications (required for all applications) JDISCLOSURE OF LOBBYING ACTIVITIES SF-LLI (required for all applications) Assurances – construction Programs SF-424D (required for all Construction/Land Acquisition projects) S.Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)	The DocuSign link will include the following forms for the Authorized Official to enter their	electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application:
 DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) Assurances – Construction Programs SF-424D (required for all Construction/Land Acquisition projects) Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications) 		
5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)	3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications)	
Submit Application		
Submit Application		
	Submit Application	

5. Providing Information for a Direct Component Non-Construction Application

The purpose of this section is to illustrate the process for filling out a Direct Component Non-Construction Application.

Overview

- 1. After completing the steps in section 3 of this guide and select the Direct Component Non-Construction application type the user will be taken to the application (figure 33).
- 2. On the left of the application screen there is a sidebar menu that lists the forms that need to be completed for a direct component construction application.
- 3. Above the side menu is the RESTORE Act application reference number for this record (figure 33).
- 4. After inputting information, it is important to click the **Save** button in the bottom left corner of the screen before navigating away from the page (figure 33).

Figure 33: Direct Component Construction Application

				۹
He	me			
RDC2022001034)			
SF-424	> View Burden Statement			
SF-424A	Download SF-424 PDF			
SF-LLL		Please save your work by clicking the Save Bu	utton before you navigate away from this page	
Civil Rights Narrative				
Milestone Measure	Application for Federal Assistance SF-424			
Env Compliance	1. Type of Submission ()	2. Type of Application 🚯	If Revision, select appropriate letter(s):	Other (Specify):
	Application	New	None	▼
DC Certifications	3. Date Received:		4. Applicant Identifier: 👩	
DC Narrative		首		
Application Uploads	Sa. Federal Entity Identifier 🔹		5b. Federal Award Identifier 👔	
Submission	State Use Only:			
	6. Date Received by State 🕚		7. State Application Identifier	
		<u></u>		
	8. APPLICANT INFORMATION:			
	a. Legal Name: RA-Test Account (COE)			
	b. Employer/Taxpayer Identification Number (EIN/TIN):		c.UEI: 0 123d32s2f2s3	
	d. Address:		125452521255	
	* Address 1			
	test address 1			
Save				
Click the Save button	Address 2 test address 2			
to save your work before you navigate				
away from this page	*City			
	L test aitu			

SF-424 Application for Federal Assistance

- 1. The first form to complete is the SF-424. This form will be the first tab on the side menu and will already be displayed after starting a new application.
- 2. The fields that are required are marked with a red asterisk (figure 34).

Figure 34: Required fields



- 3. Some fields will be prepopulated with entity information. Please contact Treasury if any populated information is incorrect.
- 4. Once all required fields are filled out. Press the **Save** button then press the **Validate** button at the bottom left of the page (figure 35). If information needs correcting scroll to the top of the page to read error messages and adjust your provided information (figure 36).

Figure 35: Validate

	g. TOTAL	
	\$5,000.00 Validation Error There are one or multiple errors. Please scroll up	to see them
	* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
	Not Covered by E.O. 12372	v
	*20. Is the Applicant Delinquent On Any Federal Debt? (If *Yes," provide explanation in attachment.) 👔	
	No	▼
	21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements here resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to crimi	in are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any nal. civil. or administrative penalties. (U.S. Code. Title 218. Section 1001)
	IAGREE O	
	** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or age	ncy specific instructions.
	Authorized Representative:	
	Prefix	Representative Suffix
	-None	-None
	* First Name Michael	
	Michael	
	Middle Name 👔	
	*Last Name	
	Gado	
	*Title 🚺	
	Tester AO	
	*Telephone Number:	Fax Number:
	2088610079	
	* Email 🕐	
	michael.gado@icf.com	
	Signature of Authorized Representative:	Date Signed:
	Signature of Authorized Representative:	Date Signed:
Save		
Click the Save button to save your work		
before you navigate		
away from this page	Validate	Noxt

Figure 36: Validate with errors

		idation Error reare one or multiple errors. Please	e scroll up to see them	<				
RE Grants Manageme	ent System	1					•	
j j								
> View Burden Statement Download SF-424 PDF								
	Please save y	our work by clicking the	Save Button before y	o u navigate away f rom th	nis page.			
Validation Error: SF424 - Question 17, Project Start Date is								
	s Required and must be a Date After the I	Date of Entry.						
		Date of Entry				_		
SF424 - Question 17, Project Start Date :			lf Revision, select	appropriate letter/s): 👩	Other (Sj	ecity): ()		
SF424 - Question 17, Project Start Date : Application for Federal Assist	an co SF-424		If Revision, select V	appropriate letter(s):	Other (sj	xecify): 👔		
SF424 - Question 17, Project Start Date # Application for Federal Assist 1. Type of Submission @	anc o &F-424 2. Type of Application					secify): O		
SF424 - Question 17, Project Start Date a Application for Federal Assist 1, Type of Submission @ Application	anc o &F-424 2. Type of Application		▼None			secify): 👔		
SF424 - Question 17, Project Start Date a Application for Federal Assist 1, Type of Submission @ Application	anc o &F-424 2. Type of Application		None 4. Applicant Iden	iñer: O		pecify): O		
SF424 - Question 17, Project Start Date r Application for Federal Assist 1. Type of Submission @ Application 3. Date Received:	anc o &F-424 2. Type of Application		None 4. Applicant Iden	iñer: O		recifyi: O		
SF424 - Question 17, Project Start Date r Application for Federal Assist 1. Type of Submission @ Application 3. Date Received:	anc o &F-424 2. Type of Application		None 4. Applicant Iden	iñer: O		xclty: •		
SF424 - Question 17, Project Start Date a Application for Federal Assist 1. Type of Submission Application 3. Date Received: 5. Federal Entity Identifier	anc o &F-424 2. Type of Application		None 4. Applicant Iden	ifter: O		recify): 💽		

5. Once the information has been adjusted click **Save** and then click **Validate**. If there are no errors, a green success message will display (figure 37).

Figure 37: Validation success

		ess 🗵	
	* 19. Is Application Subject to Review By State Under Executive Older 12372 Process?		
	Not Covered by E.O. 12372		•
	"20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in att	tachment.)	
	No		-
		tractions** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assuranc tements or claims may subject me to criminal, civil, or administrative penalties, IU.S. Code, Title 218, Section 1001)	es** and agree to comply with a
	►IAGREE ()		
	** The list of certifications and assurances, or an internet site where you may obtain this lis	at la contribuid in the sense recomment or among consider instructions	
		A, is contrained in the uninouncements of logency agreeme instructions.	
	Authorized Representative:		
	Prefix None	Representative Suffix	
		 Interface 	
	* First Name Michael		
	Middle Name 👩		
	"Last Name		
	Gado		
	* Title 🚺		
	Tester AO		
	*Telephone Number:	Fax Number: 0	
	2088610079		
	Email		
	michael.gado@icf.com		
	Signature of Authorized Representative:	Date Signed:	
			Ê
Save			
he Save button e your work			/
e you navigate			
from this page	Validate		

6. The user can continue to enter information on other forms by navigating with the **Next** button (figure 37) or by clicking on the form name on the side menu (figure 33). Before navigating to another form with the side menu press **Save** to ensure no data is lost on the current form.

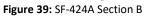
SF-424A Budget Information

1. User will provide information for section A of the form in column e and f (figure 38). Only one row of data is allowed. Note that the total rows and columns only update after the **Save** button is pressed.

Figure 38: SF-424A Section A

Noad SF-424A PDF						
	Please	save your work by clic	king the Save Button befor	re you navigate away fro	om this page.	
	BL	JDGET INFORM	1ATION - Non-Co	onstruction Pro	grams	
			SECTION A - BUDGET SUM	MARY		
Grant Program Function or	Catalog of Federal Domestic Assistance	Estimated	I Unobligated Funds		New or Revised Budget	
Activity (a)	Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
DC Construction	21.015	\$0.00	\$0.00	\$5,000.00	\$100.00	\$5,100.00
DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$5,000.00	\$100.00	\$5,100.00

2. User will provide information for section B of the form (figure 39). Only one column of data is allowed. The total in section B column 1 row i (figure 39), must match the total for section A column g row 1 (figure 38).



Į.	6. Object Class Categories 👔	SECTION B - BUDGET CATEGORIES GRANT PROGRAM, FUNCTION OR ACTIVITY				
	_	(1)	(2)	(3)	(4)	Total (5)
		DC Construction	DC Construction	DC Construction	DC Construction	
						7
	a. Personnel	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
	b. Fringe Benefits	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
	c. Travel	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
	d. Equipment	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
	e. Supplies	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
	f. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	g. Construction	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
	h. Other	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
	i. Total Direct Charges (sum of 6a-6h)	\$5,100.00	5∞	\$0.00	\$0.00	\$5,100.00
	j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	k. TOTALS (sum of 6i and 6j)	\$5,100.00	\$0.00	\$0.00	\$0.00	\$5,100.00
	7. Program Income	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00

3. User will provide information for section C of the form (figure 40). The total in section C column e row 8 must equal the total in section A column f row 1.

Figure 40: SF-424A Section C

	SECTI	ON C - NON-FEDERAL RESO	URCES		
	(a) Grant Program 👔	(b) Applicant 👩	(c) State 🕥	(d) Other Sources 👔	(e) TOTALS
	8. DC Construction		\$100.00		\$100.00
	9. DC Construction				\$0.00
	10. DC Construction				\$0.00
Save	11. DC Construction				\$0.00
	12. TOTAL (sum of lines 8-11)	\$0.00	\$100.00	\$0.00	\$100.00
Click the Save button to save your work before you navigate away from this page			1	1	<u> </u>

- 4. Sections D and E will not be used in RGMS and section F is optional.
- 5. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 6. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

SF-LLL Disclosure of Lobbying Activities

1. The user will provide information for the Disclosure of Lobbying Activities form (figure 41).

Figure 41: Disclosure of Lobbying Activities

1. Type of Federal Action: 👩		2. Status Of Federal Action:		* 3. Report Type: 👩
Grant	Ŧ	Initial Award		Initial Filing
Name and Address of Reporting Entity:				
Type				
Prime			•	
lame 👩				
RA-Test Account (COE)				
Address 1 🚯			Address 2 👩	
test address 1			test address 2	
City 👩		State 👩		ZIP 🕦
				26042
ngressional District, if known: ①	me and Address of Prime:	AL: Alabama	Y Edited Deserve Mere Deservation -	36043
test city ongressional District, if known: If Reporting Entity in No.4 is Subawardee, Enter Na . Federal Department/Agency: U.S. Department of the Treasury	me and Address of Prime:	AL: Alabama	7. Federal Program Name/Description: Resources and Ecosystems: CFDA Number, if applicable:	
ongressional District, if known: If Reporting Entity in No.4 is Subawardee, Enter Na Sederal Department/Agency: U.S. Department of the Treasury	me and Address of Prime:	AL: Alabama	7.Federal Program Name/Description: Resources and Ecosystem: CFDA Number, if applicable: 21.015	
ongressional District, if known: If Reporting Entity in No.4 is Subawardee, Enter Na Sederal Department/Agency: U.S. Department of the Treasury	me and Address of Prime:	AL: Alabama	7. Federal Program Name/Description: Resources and Ecosystems: CFDA Number, if applicable:	
angressional District, if known:	me and Address of Prime:	AL: Alabama	7.Federal Program Name/Description: Resources and Ecosystem: CFDA Number, if applicable: 21.015	
ongressional District, if known:	me and Address of Prime:	AL: Alabama	7.Federal Program Name/Description: Resources and Ecosystem: CFDA Number, if applicable: 21.015	
angressional District, if known: If Reporting Entity in No.4 is Subawardee, Enter Na Federal Department/Agence: U.S. Department of the Treasury Federal Action Number, if known: An Name and Address of Lobbying Registrant: efx		AL: Alabama	2. Federal Program Name/Description: Resources and Ecosystem: CFDA Number, if applicable: 21.015 9. Award Amount, if known:	
ongressional District, if known: If Reporting Entity in No.4 is Subawardee, Enter Na Kederal Department/Agency: U.S. Department of the Treasury Federal Action Number, if known: An Name and Address of Lobbying Registrant: refx		AL: Alabama	2. Federal Program Name/Description: Resources and Ecosystem: CFDA Number, if applicable: 21.015 9. Award Amount, if known:	
If Reporting Entity in No.4 is Subawardee, Enter Na .Federal Department/Agency: U.S. Department of the Treasury Federal Action Number, If known: B. Name and Address of Lobbying Registrant: efx		AL: Alabama	2. Federal Program Name/Description: Resources and Ecosystem: CFDA Number, if applicable: 21.015 9. Award Amount, if known:	s Sustainability, Tourist Opportunities, and Revived Econ

2. If the Applicant conducts lobbying activities, enter the name and contact information for the lobbying registrants in question 10. If the Applicant does not have any lobbying activities to report, leave question 10 blank and only complete the fields in question 11 (i.e., only enter the authorized official name into the name fields in the signature section (Figure 42).

Figure 42: SF-LLL enter the authorized official name

	City 🕥	State 0	Zip 👩	
		None	zip	
		THUR -		
	b. Individual Performing Services (including address if different from No. 10a)			
	Prefix 🚯	First Name	Middle Name 👔	
	None			
	Last Name		Suffix ()	
			None	
	Street 1 🕦	Street 2 🔘		
	City 👩	State 0	Zip 👩	
		None 💌		
	11 Information requested through this form is suthorized by title 01 U.S.C. section 1052	This disclosure of lobbying activities is a material representation of fact upon which relian		-
	disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the	e Congress semi-annually and will be available for public inspection. Any person who fails to		
	not more than \$100,000 for each such failure.			
	Signature			
	Prefix 0	* First Name	Middle Name 👩	
	None	Michael		
	"Last Name 🕐		Suffix O	
	Gado		None 🔻	
	Title 🕐	Phone Number	Date Signed	
			÷	
Save				
Click the Save button to save your work				
before you navigate				
away from this page	Validate		Ne	ext
_				

- 3. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Civil Rights Narrative

1. The user will provide responses to all questions on this form (figure 43).

Figure 43: Civil Rights Narrative Form

Download Civil Rights Narrative PDF
Civil Rights Act of 1964 Title VI Narrative for RESTORE Act – Direct Component and Centers of Excellence Research Grants Applicants – Department of the Treasury
OMB Approval No. 1505-0250
All applicants must provide a Title VI Narrative as an upload in their applications. The Title VI Narrative must be approved by the applicant's board of directors or appropriate governing entity or official(s) responsible for policy decisions prior to submission to Treasury. Applicants must submit a copy of the board resolution, meeting minutes, or similar documentation with the Title VI Narrative as evidence that the board of directors or appropriate governing entity or official(s) has approved the Title VI Narrative.
The Title VI Narrative, submitted with the application, shall include the information listed below. Treasury will accept a Title VI compliance form recently prepared and submitted to another Federal agency. If any information required by Treasury is not included in the other agency's Title VI compliance form, the missing information must be submitted with the application for the Title VI Narrative to be considered a complete response. If any item listed below is not relevant to the project for which federal financial assistance is requested, the information should be marked as "not applicable." The Title VI Narrative should include:
1.* A statement that the Title VI notice to the public is posted in a prominent place or places, and the type of postings being used (i.e., in the recipient's place(s) of business, in written communications to the beneficiaries, or on the recipient's website). Title VI Notice in Public VIew
Salesforce Sans \checkmark 12 \checkmark B I \sqcup \ominus \equiv \models $+ \models$ $+ \models$ \equiv \equiv \varnothing \square Ix
Test test test test
2.* A list of any pending Title VI investigations, complaints, or lawsuits filed with the applicant. This list should include those investigations, complaints, or lawsuits that pertain to allegations of discrimination on the basis of race, color, and/or national origin that pertain to the applicant submitting the narrative.
Title VI Investigations or lawsuits Salesforce Sans ▼ 12 ▼ ■ F U C T E IF 4# 4# E E E E Ø E I,
Salesforce Sans V 12 V B I U S E 15 45 45 5 E 2 0 12 I.
3.* Information regarding the applicant's Title VI compliance history if it has previously received funding from another federal agency. The information shall include a copy of any Title VI compliance review reports issued by such other federal agency in the previous two years. The information shall include:

- 2. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 3. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Milestones and Performance Measures

1. The user must add at least one Milestone and at least one Performance Measure to the form (figure 44).

Figure 44: Milestones and Performance Measures

Download Milestones Performance PDF			
ESTORE Act Application Mile	stones and Perf	formance Measu	ires – Department of the Treasury
MB Approval No. 1505-0250			
A. Milestones: Provide the milestones and the estimated timeframe for comp	letion (i.e., performance period star	t date + number of months to comple	etion).
Add Milestone			
Milestone Description Milestone Time	frame		
1 Test Milestone Description tes 2			
B. Performance Measures: Include the following information. For guidance, see illustrative	e list of performance measures on T	reasury's RESTORE Act website.	
Add Performance Measure			
Performance Measure Description	Performance Baseline	Performance Target	
1 Test Performance Measure Description test test	Test Performance Baseline test test	Test Performance Target test test	
Validate			Next

2. To add a milestone or performance measure click on the **add** button on the top of the relevant table (figure 44). A pop-up window will display with input fields (figure 45). All field are required to add an entry to the relevant table. A user can click on the help text icon to find more information about the type of entry required (figure 45). When all fields have been entered for the record click **create** (figure 45).

Figure 45: Entering a milestone

	al No. 1505-0250			
Mi	ilestones:	Milesto	ne Information	×
ovi	ide the appropriate milestone information			
	r Milestone Description:			
D typ	pe here			
nter	r Milestone TimeFrame:			
Ca	ancel			Create
	Performance Measure Description	Performance Baseline	Performance Target	
	Test Performance Measure Description test test	Test Performance Baseline test test	Test Performance Target test test	

3. When entering a milestone timeframe, the user must enter a timeframe (in months) no longer than the project length measured in months. The project length is calculated from the project start date and project end date on the SF-424 (figure 46).

Figure 46: SF-424 project start and end date

17. Proposed Project:		
a. Start Date 🕕	"b. End Date 🕕	
Sep 13, 2022		

- 4. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 5. When the user has completed adjustments to the form click **Next** on the bottom right of the page to continue to the next application form. Note that there is no **Save** button for milestones and performance measures because all records are automatically saved when they are created in a table.

Environmental Compliance

- 1. The user will enter information for the environmental compliance form and begin on the Form Intake section (figure 47). For nonconstruction projects, the user should enter either 'Yes' if you have identified any environmental laws that may apply or 'no.' Do not select 'not applicable' as this only applies to construction projects. For most nonconstruction projects, the answer is 'no.' If you select 'no,' the Assessment of Applicability of Environmental Laws and the Other Permits and Certifications tabs will not display, and you should navigate direction to the Certification tab by clicking on the Certification arrow along the top. Once there, indicate if this is a final environmental compliance form or if this is preliminary and you will need to provide an updated form at a later date. If you select 'yes,' you will be prompted to complete the Assessment of Applicability of Environmental taws and the Other Permits and Certifications tabs.
- 2. Indicate whether the scope of work will be carried out by a subrecipient. If the user indicates that the project will not be implemented by a subrecipient (question 3) (figure 47) then an additional section "Assessment of Applicability of Environmental Laws" will appear (figure 47).

Download Environmental Compliance PDF	
RESTORE Act Environmental Compliance Form - Department of the Treasury	,
OMB Approval Number 1505-0250	
The following questions will aid the applicant in identifying the environmental laws that may apply to the eligible activity and the environmental documents that should be s questions, the applicant should summarize the status of any actions taken to implement the requirements of the law. If a response of 'No' is recorded to any of the following the non-applicability of the environmental aw. Thesavury will use submitted documents to record the applicant's assertion that it has complied with applicable environment RESTORE Act Environmental Compliance Form completed by the subrecipient's authorized representative. A signed statement from the applicant attesting to its review of application.	uestions, the applicant has the option to summarize their analysis and conclusion regarding laws. For projects that will be implemented by a subrecipient, applicants may submit an
Please note: More information, references, and links to all the laws and executive orders can be found in the Environmental Checklist Reference Guide on Treasury's RE	TORE Act website.
FORM INTAKE ASSESSMENT OF APPLICABILITY OF ENVIRONMENT OTHER PERMITS AND CER	TIFICATIONS CERTIFICATION
A. FORM INTAKE	
1) Please offer the following details about who provided the information to complete this form.	
Name:*	
Title*	
Organization:*	
Date:*	
2) For projects that do not involve construction activities, has the applicant identified any environmental laws that may apply to the eligible activity?	
Yes 🔻	
3) Will the project be implemented by a subrecipient?	
× No V	

Figure 47: Environmental Compliance form

- 4. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 5. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Direct Component Applicant Certifications

1. The direct component applicant certifications form must be read by the user (figure 48). No information is needed for entry.

Figure 48: direct component applicant certifications

> View Burden Statement
Download DC-Certifications PDF
Please save your work by clicking the Save Button before you navigate away from this page.
RESTORE Act Direct Component Applicant Certifications Department of the Treasury
Directions: These certifications are required by federal law and Department of the Treasury (Treasury) regulations to be submitted with each application to Treasury for financial assistance under the RESTORE Act Direct Component. The certifications must be signed by an authorized senior official of the Applicant who can legally bind the entity and has oversight for the administration and use of the Direct Component funds.
A. RESTORE Act Certification
 Pursuant to the RESTORE Act. I certify that for any award agreement resulting from this application: A pursuant to the RESTORE Act. I certify that for any award agreement resulting from this application: A cat. ActiVity funded under this agreement was been primarily designed to plan for or under take activities to restore and protect one or more of the following: the natural resources, ecosystems, fisheries, marine and wildlife habitats, beaches, coastal wetlands, or cosmory of the did/Coast region. C Each activity funded under this agreement was selected after consideration of all meaningful input from the public, including broad-based participation from individuals, businesses, Indian tribes, and nonprofit organizations, as described in the grant application. The certification in this paragraph (1)(c) does not apply to planning assistance funds to prepare and amend the Multityear Implementation Plan. C Bach activity funded under this agreement was releved after consistent with the procurement standards applying to Federal grants. The Applicant will not request funds under this award that are consistent with the procurement standards applying to Federal grants. The Applicant will not request funds under this award in a consistent with the procurement standards applying to Federal grants. The Applicant will not request funds under this award in compliance with Federal statutes, regulations, and the terms and conditions of the award. The Applicant knows of no material deficiencies in its internal controls. A conflict of Interest policy consistent with 2 C.F.R. \$ 200.318(c) is the fect and covering each activity funded under this Agreement. The Applicant will consistent with 2 C.F.R. \$ 200.318(c) is the fect and covering each activity funded under this Agreement. The Applicant will compleace with 2 C.F.R. \$ 200.318(c) is the ffect and covering eac
compliance with each of these certifications is a condition of the Applicant's initial and continuing receipt and use of the funds provided under this Agreement.
B. Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions: Instructions for Certification
1. By signing and submitting this Application, the prospective primary participant (the Applicant) is providing the certification set out below. 2. The inability of an Applicant to provide the certification required below will not necessarily result in the denial of participation in this covered transaction. The prospective Applicant shall submit an explanation of why it cannot provide the certification set out below. Below. The certification or explanation will be considered in connection with Treasury's approval of the proposed application. However, failure of the Applicant to furnish a certification or an explanation shall disqualify such person/entity from participation in this transaction.
3. This certification is a material representation of fact upon which reliance is placed when Treasury determines to enter into this transaction. If it is later determined that the Applicant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, Treasury may terminate this transaction for cause or default.
4. The Applicant shall provide immediate written notice to Treasury if at any time the Applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transactions," 'debarred, "suspended, "ineligible," invert iter covered transaction, "participant," "proposel," and "voluntarily excluded," as used in this clause (certification), have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact Treasury for assistance in obtaining a copy of those regulations (31 C.F.R. Part 19).
6. The Applicant agrees by submitting this Application that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by Treasury.

2. The user will see the fields name, title, and organization prepopulated at the bottom of the form (figure 49). Name and title are prepopulated from the entry for the authorized official on the bottom of the SF-424 form. The signature and date field will be blank when the user submits the application because the form will be signed in DocuSign when the user submits the application.

Figure 49: prepopulated field section of direct component applicant certifications

 (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment in such grant, the employee will: (i) Abide by the terms of the statement; and (ii) Notify the employer of any criminal drug use statute conviction for a violation occurring in the workplace no later than five calendar days after such conviction; 				
(e) Notifying the granting agency in writing, within ten calendar days after receiving notice of a conviction under paragraph (d)(ii)	from an employee or otherwise receiving actual notice of such conviction;			
(f) Taking one of the following actions, within 30 days of receiving notice under paragraph (d)(ii), with respect to any employee who is so convicted: (i) 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 (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and				
(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a) through (ŋ.			
E. Certification Regarding Lobbying				
(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Applicant, to any person for influencing or attempting to influence an officer or employee of an agency. A Member of Congress, an officer or employee of Congress, an officer or employee of Congress, an officer or employee of any Sederal contract, the making of any Federal grant, the making of any Federal contract, the making of any Fed				
Name:	Title:			
Michael Gado	Tester			
Date: Organization:				
RA-Test Account (COE)				
	Next			

3. When the user has read the form click **Next** on the bottom right of the page to continue to the next application form. Note that there is no **Save** or **Validate** button since no information will be entered by the user.

Direct Component Application Narrative

1. The user will enter information for the Direct Component Application Narrative (figure 50).

Figure 50: Direct Component Application Narrative

RESTORE Act Direct Component Application Narrative - Department of the Treasury				
OMB Approval No. 1505-0250				
he Direct Component Funding Opportunity Announcements describe in detail the content and information required for your application submission. This application form must be included with your application, along with the separate Direct Component pplication Narrative Supplement (i.e., project and budget narratives) and other documentation as required by the relevant Funding Opportunity Announcement.				
Download DC Narrative PDF				
Please save your work by clicking the Save Button before you navigate away from this page.				
General Information				
1. Applicant Name:				
RA-Test Account (COE)				
2. Descriptive Title of the Project (refer to SF-424);				
Test Project Title				
* 3. Activity Title from Multiyear Plan Matrix, column #6:				
Statutory Questions				
* 4. Select the Primary Qualifying Eligible Activity:				
None				
5. Select all other eligible activities that apply: Available Chosen				
a. Restoration and protection of the natural resources, ecosystems, fisheries, marine and wildlife habitats, beaches				
b. Mitigation of damage to fish, wildlife and natural resources				
c. Implementation of a federally approved marine, coastal, or comprehensive conservation management plan, inclu				
d. Workforce development and job creation				
* 6. Was the Proposed activity included in any claim for compensation paid out by the Oil Spill Llability Trust Fund after July 6, 2012?				
None				

2. The user will have to fill out some questions that are structured like question 8 of this form (figure 50-1). The user must enter their information for the question and click **Add** at the bottom of the fields. The information will then be added to the table below (figure 50-2).

Figure 50-1: Entering a form input response

8. If there is more than one location for the activity, please include a list of the additional locations.					
a. Street Address					
test street					
b. City/Town			. County/Parish		
test city			test county		
d. State		e	. Zip Code		
test state			23621		
Add Location â Delete Selected					
Street Address	✓ City/Town	✓ State	✓ County/Parish	✓ Zip Code	
0 if available, provide istitude/lengitude/s) or Gi	n DC coordinates for the location(s) of the project				

Figure 50-2: Adding a form input response

8. If there is more than one location for the activity, please include a list of the additional locations.					
a. Street Address					
b. City/Town		c. Cc	punty/Parish		
d.State			e. Zip Code		
Add Location 💼 Delete Select	cted				
Street Address	 ✓ City/Town 	✓ State	✓ County/Parish	✓ Zip Code	
test street	test city	test state	test county	23621	

- 3. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Application Uploads – Conditional Requirements and Supporting Documents

- 1. In the first section the user will provide program and state specific uploads with optional narrative explanation. The appropriate file upload requests will display depending on the applicant's state (Alabama, Louisiana, Florida) and program (DC or COE). Refer to Funding Opportunity Announcement for more information about these conditional mandatory. Note that if, based on your application's characteristics, no additional uploads are required, you will see a screen like the one shown in Figure 54. If you see this screen, you must check the box marked 'Section is N/A to the project' in order to proceed.
- 2. The bottom section **Supporting Documentation** (figure 55) is an optional section for the grantee to submit any additional documents that support their application. If the user wishes to include a narrative description for any/all of the uploads, please list the files and add a description for each in the optional field. The user can use bullets or numbering to indicate each attachment.

Figure 51: Application Uploads (certification visible for an Alabama DC application) (Alabama COE will not see)

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.
Conditional Requirements and Supporting Document Uploads
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A.
The State of Alabama must submit with each Direct Component application a certification, signed by the authorized official, that the funding request was approved in accordance with 33 U.S.C. §1321(t)(1)(F), and that Alabama is in compliance with 33 U.S.C. §1321(t)(1)(F)(i)(IV). Alabama Certification regarding 33 U.S.C. §1321(t)(1)(F) and 33 U.S.C. §1321(t)(1)(F)(i)(V)
1 Upload Files Or drop files
(optional) Provide a narrative description of any additional documentation that has been provided with the application. Narrative Description
h_
Supporting Documentation
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation
t Upload Files Or drop files
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application.
Å
Validate
Velicator Noti

Figure 52: Application Uploads (certification visible for a Florida DC application that responded "b. Program is subject to E.O. 12372 but has not been selected for 12372 review" to question 19 on S-F424) (Florida COE or Florida DC that did not respond "b. Program is subject to E.O. 12372 but has Not been selected for 12372 review" to SF-424 question 19 will not see).

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.	
Conditional Requirements and Supporting Document Uploads	
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A. Section is N/A to the project	
Applicable if the Direct Component applicant is an eligible entity for the state of Florida and the application was made available to the State for review under the Executive Order 12372 Process. Intergovernmental Review	
☆ Upload Files Or drop files	
(optional) Provide a narrative description of any additional documentation that has been provided with the application.	
	1,
Supporting Documentation	
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation	
1 Upload Files Or drop files	
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application. Narrative description	
	11
Validate	Next

Figure 53: Application Uploads (certification visible for	Louisiana Applicant)
---	----------------------

Please save your work by clicking the Save Button before you navigate away from this page.				
litional Requirements and Supporting Document Uploads				
e review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A.				
is IVA to the project				
t of its first application, each Louisiana parish must certify to the Governor of Louisiana that the parish has a comprehensive land use plan and submit to Treasury a copy of a s	gned			
ation that complies with 31 C.F.R. § 34.302(f).				
e-Parish's first application for a Direct Component award?				
nal) Provide a narrative description of any additional documentation that has been provided with the application.				
e uescripuoni				
	/			
parish modifies its comprehensive land use plan, the parish must submit an updated certification.				
and on indexities to example indexe and use plan incess withing a previous application to ressurv?				
é-	*			
nal) Provide a narrative description of any additional documentation that has been provided with the application.				
e description				
	1.			
orting Documentation				
nal) Upload any additional documentation that supports the applicant's request.				
ing documentation				
Jpload Files Or drop files				
nal) Provide a narrative description of any additional supporting documentation that has been provided with the application.				
s veski ipivon				
	/			
	Ne			

Figure 54: Application Uploads if no uploads required

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.	
Conditional Requirements and Supporting Document Uploads	
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A.	
Supporting Documentation	_
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation C Upload Files Or drop files	
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application.	
Narrative description	4
Vaidate	Next

- 3. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Figure 55: Optional Supporting Documentation

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.
Conditional Requirements and Supporting Document Uploads
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A.
The State of Alabama must submit with each Direct Component application a certification, signed by the authorized official, that the funding request was approved in accordance with 33 U.S.C. §1321(t)(1)(F), and that Alabama is in compliance with 33 U.S.C. §1321(t)(1)(F)(i)(IV). Alabama Certification regarding 33 U.S.C. §1321(t)(1)(F) and 33 U.S.C. §1321(t)(1)(F)(i)(IV).
1, Upload Files Ordrop files
(optional) Provide a narrative description of any additional documentation that has been provided with the application. Narrative Description
Supporting Documentation
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation
1. Upload Files Or drop files
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application. Narrative description
4
Validate

Application Submission form

The project investigator / project director that is filling out this application will see the following page (figure 56). The project investigator / project director will click the validate button (figure 56). To correct validation errors, refer to validation step 4 and 5 for filling out an SF-424 form.

Figure	56:	PI/PD	view	of	submission	form
		,		•••		

Application PDF				
RESTORE Act Application Submission				
The RESTORE Act authorized official with authority to legally bind your organization must certify and	submit your application.			
Validate Application				
Authorized Official First Name: Michael	Authorized Official Last Name: Gado			
Authorized Official Title:	Authorized Official Email: michael.gado@icf.com			
Iester michael.gado@icf.ccm After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the applications: 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicand Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITES SF-1LL (required for all applications) 4. Assurances - Construction Programs SF-424D (required for all Construction/Land Acquisition projects) 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)				

2. After successfully validating the application the "Ready for AO Review and Submission" button will appear (figure 57). When the button is pressed an email will be sent to the authorized official of the user organization to login and submit the award.

Figure 57: PI/PD view of submission form and request AO button

pplication PDF	
ESTORE Act Application Submission	
RESTORE Act authorized official with authority to legally bind your organization must certify and	submit your application.
Validate Application Ready for AO Review and Submission	
Authorized Official First Name:	Authorized Official Last Name:
Michael	Gado
Authorized Official Title:	Authorized Official Email:
Tester	michael.gado@icf.com
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a ce The DocuSign link will include the following forms for the Authorized Official to enter their electr 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 4. Assurances – Construction Programs SF-424D (required for all Construction/Land Acquisition projects, 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects,	ronic signature and thereby certify to the truthfulness, completeness and accuracy of the application:

3. The authorized official will log into the RGMS portal and click on the application that they were requested to submit by pressing the **View/Edit** link on the **My Application List** (figure 58). The authorized official will review the application information.

Figure 58: Accessing the application from the My Application List

My A	pplication List								Start an Applicati	on for a New Award
					Filter By Select a Filter	rable Field 🔻	Filter Value Select a Value	•	Filter Application	Reset Filter
	Application Number	Project Title	Application Type	Grant Number	Status	Submission Date				
1	RDC2022000258	Test Project Title	New Award		Ready for AO Submission		Download View/Ed	dit	indence	
2	RDC2022001002		New Award				Download View/Ed	lit Correspo	ndence	

5. Once they have reviewed the application, they will navigate to the submit tab. Once on the submit tab they will see the "Submit Application" button (figure 59). The submit application button will first validate the application to catch any errors caused during final edits made by the AO. If errors occur refer to validation step 4 and 5 for filling out an SF-424 form. Once they successfully press the button the success message will appear and the authorized official will receive a DocuSign email. The application will be in a status of "AO Signature Pending" until the DocuSign has been complete (see section for completing DocuSign). Please note that until the AO signs the

application via DocuSign, Treasury is NOT in receipt of the application. Please see section 7 of this document for the DocuSign process.

4.

Figure 59: AO view of submission form

Application PDF	
RESTORE Act Application Submission	
The RESTORE Act authorized official with authority to legally bind your organization must certify and	submit your application.
Authorized Official First Name: Michael	Authorized Official Last Name: Gado
Authorized Official Title: Tester	Authorized Official Email: michael.gado@icf.com
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a ce	tification statement and a DocuSign link for an electronic signature.
The DocuSign link will include the following forms for the Authorized Official to enter their electr 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications)	onic signature and thereby certify to the truthfulness, completeness and accuracy of the application:
 Assurances – Construction Programs SF-424D (required for all Construction/Land Acquisi Environmental Compliance Form (required for all Construction/Land Acquisition projects, 	
Submit Application	

6. Providing Information for a Center of Excellence Application

The purpose of this section is to illustrate the process for filling out a Center of Excellence Application.

Overview

- 1. After completing the steps in section 3 of this guide and select the Direct Component Non-Construction application type the user will be taken to the application (figure 60).
- 2. On the left of the application screen there is a sidebar menu that lists the forms that need to be completed for a direct component construction application.
- 3. Above the side menu is the RESTORE Act application reference number for this record (figure 60).
- 4. After inputting information, it is important to click the **Save** button in the bottom left corner of the screen before navigating away from the page (figure 60).

Figure 60: Direct Component Construction Application

Home				
RCE2022001044	\triangleright			
SF-424	> View Burden Statement			
SF-424A	Download SF-424 PDF			
SF-LLL		Please save your work by clicking the Save Bu	utton before you navigate away from this page.	
Civil Rights Narrative				
Milestone Measure	Application for Federal Assistance SF-42	4		
Env Compliance	1. Type of Submission 👔	2. Type of Application 👔	If Revision, select appropriate letter(s):	Other (Specify):
	Application 👻	New	None 🔻	
COE Certification	3. Date Received:		4. Applicant Identifier: 👔	
COE Narrative				
Application Uploads	5a. Federal Entity Identifier 👩		5b. Federal Award Identifier 👩	
Submission	State Use Only:			,
	6. Date Received by State 👔		7. State Application Identifier 0	
		ä		
	8. APPLICANT INFORMATION:			
	a. Legal Name: RA-Test Account (COE)			
	b. Employer/Taxpayer Identification Number (EIN/TIN):		c. UEI: 👩	
	123456789		123d32s2f2s3	
Save	d. Address:			
Click the Save button	*Address 1 0			
to save your work	test address 1			
before you navigate away from this page	Address 2 0			

SF-424 Application for Federal Assistance

- 1. The first form to complete is the SF-424. This form will be the first tab on the side menu and will already be displayed after starting a new application.
- 2. The fields that are required are marked with a red asterisk (figure 61).

Figure 61: Required fields

* Address 1 🚯
989 Red Flower Lane

- 3. Some fields will be prepopulated with entity information. Please contact Treasury if any populated information is incorrect.
- 4. Once all required fields are filled out. Press the **Save** button then press the **Validate** button at the bottom left of the page (figure 62). If information needs correcting scroll to the top of the page to read error messages and adjust your provided information (figure 63).

Figure 62: Validate

	8. TOTAL	
	\$5,000.00 Validation Error There are one or multiple errors. Please scroll up to	o see them
	* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
	Not Covered by E.O. 12372	v
	*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) 🕖	
	No	▼
	21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements hereir resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to crimin	
	*LAGREE	
	** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agen	cy specific instructions.
	Authorized Representative:	
	Prefix 0	Representative Suffix
	-None-	None
	* First Name Michael	
	Middle Name 👔	
	*Last Name	
	Gado	
	Title O	
	Tester AO	
	*Telephone Number:	Fax Number: 0
	2088610079	
	* Emeil	
	michael.gado@icf.com	
	Signature of Authorized Representative:	Date Signed:
	signature of Authorized Representative:	Date signed:
Save		
Click the Save button to save your work		
before you navigate away from this page		
away in our units page	Validate	Noxt

Figure 63: Validate with errors

	Validation Error There are one or multiple en	rors. Please scroll up to see them		
RE Grants Management Sy	vstem			•
2				
5				
> View Burden Statement				
Download SF-424 PDF				
	Please save your work by click	king the Save Button before you navigate away fro	om this page.	
Validation Error:				
Validation Error: SF424 - Question 17, Project Start Date is Required a				
	ind must be a Date After the Date of Entry.			
	nd must be a Date Aller the Date of Entry)
SF424 - Question 17, Project Start Date is Required a Application for Forderal Assistance CF. 1. Type of Submission	-121 2. Type of Application 👩	i Revision, select appropriate letter fait: 👔	Other (Specify):	
SF424 - Question 17, Project Start Date is Required a Application for Federal Assistance SF.	424	If Revision, select appropriate letter fail: •	Other (Specify):	
SF424 - Question 17, Project Start Date is Required a Application for Forderal Assistance CF. 1. Type of Submission	-121 2. Type of Application 👩	None 4. Applicant Identifier:		
SF424 - Caussion 17, Project Start Date is Required a Application for Federal Assistance SF 1, Type of Submission	-121 2. Type of Application 👩	▼None		
SF424 - Caussion 17, Project Start Date is Required a Application for Federal Assistance SF Application	-121 2. Type of Application 👩	None 4. Applicant Identifier:		
SF424 - Question 17, Project Start Date is Required a Application for Federal Assistance SF 1. Type of Submission 2. Date Received:	-121 2. Type of Application 👩	None Applicant Identifier:		
SF424 - Question 17, Project Start Date is Required a Application for Federal Assistance SF. 1. Type of Submission Application 2. Date Receives: Sa. Federal Entity Identifier State Use Coty:	-121 2. Type of Application 👩	None- Applicant identifier: 5b. Federal Award identifier		
SF424 - Caussion 17, Project Start Date is Required a Application for Federal Assistance SF. 1. Type of Submission Application 3. Date Received: 5. Federal Entity Identifier	-121 2. Type of Application 👩	None Applicant Identifier:		

5. Once the information has been adjusted click **Save** and then click **Validate**. If there are no errors, a green success message will display (figure 64).

Figure 64: Validation success

	S 10 /AC 0 SS,000.00 Success	
	* 19. Is Application Subject to Review By State Under Executive Other 12372 Process?	
	Not Covered by E.O. 12372	•
	"20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
	No	v
	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, compresulting 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 admir	
	· 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 instru-	uctions.
	Authorized Representative:	
	Prefix 0 Representative	e Suffix 🚺
	None Vone	v
	First Name	
	Michael	
	Middle Name 🕐	
	*Last Name	
	Gado	
	*Title O	
	Tester AO	
	"Telephone Number: Fax Number:	0
	2088610079	
	*Email o	
	michael.gado@icf.com	
	Signature of Authorized Representative: Date Signed:	
		<u> </u>
Save		
ick the Save button save your work		
fore you navigate vay from this page		(
	Validate	Ne

6. The user can continue to enter information on other forms by navigating with the **Next** button (figure 64) or by clicking on the form name on the side menu (figure 60). Before navigating to another form with the side menu press **Save** to ensure no data is lost on the current form.

SF-424A Budget Information

1. User will provide information for section A of the form in column e and f (figure 65). Only one row of data is allowed. Note that the total rows and columns only update after the **Save** button is pressed.

Figure 65: SF-424A Section A

View Burden Statement	Please	save your work by clicki	ng the Save Button before	: you navigate away fro	m this page.	
	BU		ATION - Non-Co		grams	
Grant Program	Catalog of Federal		SECTION A - BUDGET SUMM	ARY		
Function or Activity	Domestic Assistance Number		nobligated Funds		New or Revised Budget	
0 (a)	(b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.* DC Construction	21.015	\$0.00	\$0.00	\$5,000.00	\$100.00	\$5,100.00
2. DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1.						
3. DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. DC Construction	21.015 21.015	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00

2. User will provide information for section B of the form (figure 66). Only one column of data is allowed. The total in section B column 1 row i (figure 66), must match the total for section A column g row 1 (figure 65).

Figure 66: SF-424A Section B

6. Object Class Categories		SECTION B - BUDGET CATEGORIES GRANT PROGRAM, FUNCTION OR ACTIVITY				
_	(1)	(2)	(3)	(4)	Tot (5	
	DC Construction	DC Construction	DC Construction	DC Construction	10	
a.Personnel	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	
b. Fringe Benefits	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	
c. Travel	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	
d. Equipment	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	
e. Supplies	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	
f. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
g. Construction	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	
h. Other	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	
i. Total Direct Charges (sum of 6a-6h)	\$5,100.00	0.00	\$0.00	\$0.00	\$5,100.00	
J. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
k. TOTALS (sum of 6i and 6j)	\$5,100.00	\$0.00	\$0.00	\$0.00	\$5,100.00	
7. Program Income	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	

3. User will provide information for section C of the form (figure 67). The total in section C column e row 8 must equal the total in section A column f row 1.

	(a) Grant Program 👔	SECT	ON C - NON-FEDERAL RESO (b) Applicant	(c) State ()	(d) Other Sources	(e) TOTALS
					-	
	8. DC Construction			\$100.00		\$100.00
		h		-		\sim
	9. DC Construction					\$0.00
		h				
	10. DC Construction					\$0.00
		h				
	11. DC Construction					\$0.00
Save		1.				
_	12. TOTAL (sum of lines 8-11)		\$0.00	\$100.00	\$0.00	\$100.00
k the Save button ave your work			1			1

- 4. Sections D and E will not be used in RGMS and section F is optional.
- 5. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 6. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

SF-LLL Disclosure of Lobbying Activities

1. The user will provide information for the Disclosure of Lobbying Activities form (figure 68).

1. Type of Federal Action: 0		* 2. Status Of Federal Action: 🕚		* 3. Report Type: 🕐
Grant	•	Initial Award		▼ Initial Filing
Name and Address of Reporting Entity:				
Туре				
Prime				•
Name 🕦				
RA-Test Account (COE)				
Address 1 👩			Address 2 ()	
test address 1			test address 2	
City 👩		State 🚯		ZIP 💿
test city		AL: Alabama		▼ 36043
· · · · · · · · · · · · · · · · · · ·	of Prime:			
ongressional District, If known:	of Prime:		7.Federal Program Name/Description	
If Reporting Entity in No.4 is Subawardee, Enter Name and Address 5. Federal Department/Agency:	s of Prime:		Resources and Ecosyste	• • • ms Sustainability, Tourist Opportunities, and Revived Ec
If Reporting Entity in No.4 is Subawardee, Enter Name and Address	s of Prime:			
. If Reporting Entity in No.4 is Subawardee, Enter Name and Address 5. Federal Department/Agency:	s of Prime:		CFDA Number, if applicable:	
If Reporting Entity in No.4 is Subawardee, Enter Name and Address 5. Federal Department/Agency: U.S. Department of the Treasury	s of Prime:		Resources and Ecosyste CFDA Number, if applicable: • 21.015	
If Reporting Entity in No.4 is Subawardee, Enter Name and Address & Federal Department/Agency: U.S. Department of the Treasury Federal Action Number, If known:	s of Prime:		Resources and Ecosyste CFDA Number, if applicable: • 21.015	
If Reporting Entity in No.4 is Subawardee, Enter Name and Address 6. Federal Department/Agency: U.S. Department of the Treasury	s of Prime:		Resources and Ecosyste CFDA Number, if applicable: • 21.015	
If Reporting Entity in No.4 is Subawardee, Enter Name and Address Federal Department/Agency: U.S. Department of the Treasury Federal Action Number, If Known: Ja, Name and Address of Lobby/ing Registrant:	s of Prime:		Resources and Ecosyste CFDA Number, If applicable: 21.015 9. Award Amount, If known:	
If Reporting Entity in No.4 is Subawardee, Enter Name and Address is Federal Department/Agency: U.S. Department of the Treasury Federal Action Number, If known: O Da. Name and Address of Lobbying Registrant: refix First Name O	s of Prime:		Resources and Ecosyste CFDA Number, If applicable: 21.015 9. Award Amount, If known:	
If Reporting Entity in No.4 is Subawardee, Enter Name and Address Federal Department/Agency: U.S. Department of the Treasury Federal Action Number, If known: Name and Address of Lobbying Registrant: efx First Name First Name	s of Prime:		Resources and Ecosyste CFDA Number, If applicable: 21.015 9. Award Amount, If known:	ems Sustainability, Tourist Opportunities, and Revived Ec

Figure 68: Disclosure of Lobbying Activities

2. If the Applicant conducts lobbying activities, enter the name and contact information for the lobbying registrants in question 10. If the Applicant does not have any lobbying activities to report, leave question 10 blank and only complete the fields in question 11 (i.e., only enter the authorized official name into the name fields in the signature section (Figure 69).

Figure 69: SF-LLL enter the authorized official name

	City 🕥	State 0	Zip 👩	
		None	zip	
		THUR -		
	b. Individual Performing Services (including address if different from No. 10a)			
	Prefix 🚯	First Name	Middle Name 👔	
	None			
	Last Name		Suffix ()	
			None	
	Street 1 🕦	Street 2 🔘		
	City 👩	State 0	Zip 👩	
		None 💌		
	11 Information requested through this form is suthorized by title 01 U.S.C. section 1052	This disclosure of lobbying activities is a material representation of fact upon which relian		-
	disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the	e Congress semi-annually and will be available for public inspection. Any person who fails to		
	not more than \$100,000 for each such failure.			
	Signature			
	Prefix 0	* First Name	Middle Name 👩	
	None	Michael		
	"Last Name 🕐		Suffix O	
	Gado		None 🔻	
	Title 🕐	Phone Number	Date Signed	
			÷	
Save				
Click the Save button to save your work				
before you navigate				
away from this page	Validate		Ne	ext
_				

- 3. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Civil Rights Narrative

1. The user will provide responses to all questions on this form (figure 70).

Figure 70: Civil Rights Narrative Form

Download Civil Rights Narrative PDF
Civil Rights Act of 1964 Title VI Narrative for RESTORE Act - Direct Component and Centers of Excellence Research Grants Applicants – Department of the Treasury
OMB Approval No. 1505-0250
All applicants must provide a Title VI Narrative as an upload in their applications. The Title VI Narrative must be approved by the applicant's board of directors or appropriate governing entity or official(s) responsible for policy decisions prior to submission to Treasury. Applicants must submit a copy of the board resolution, meeting minutes, or similar documentation with the Title VI Narrative as evidence that the board of directors or appropriate governing entity or official(s) has approved the Title VI Narrative.
The Title VI Narrative, submitted with the application, shall include the information listed below. Treasury will accept a Title VI compliance form recently prepared and submitted to another Federal agency. If any information required by Treasury solution for the Title VI Narrative to be considered and submitted to another Federal agency. If any information required by Treasury is not included in the other agency's Title VI compliance form, the missing information must be submitted with the application for the Title VI Narrative to be considered a complete response. If any item listed below is not relevant to the project for which federal financial assistance is requested, the information should be marked as "not applicable." The Title VI Narrative should include:
1.* A statement that the Title VI notice to the public is posted in a prominent place or places, and the type of postings being used (i.e., in the recipient's place(s) of business, in written communications to the beneficiaries, or on the recipient's website). Title VI Notice in Public View
Salesforce Sans \checkmark 12 \checkmark B I \sqcup \ominus \equiv $\downarrow\Xi$ $+\models$ $+\models$ \equiv \equiv \varnothing \square I _x
Test test test test
2.* A list of any pending Title VI investigations, complaints, or lawsuits filed with the applicant. This list should include those investigations, complaints, or lawsuits that pertain to allegations of discrimination on the basis of race, color, and/or national origin that pertain to the applicant submitting the narrative.
Title VI Investigations or lawsuits
Salesforce Sans \blacksquare 12 \blacksquare \blacksquare I \bigcup \ominus \blacksquare
Test test test test
3.* Information regarding the applicant's Title VI compliance history if it has previously received funding from another federal agency. The information shall include a copy of any Title VI compliance review reports issued by such other federal agency in the previous two years. The information shall include:

- 2. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 3. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Milestones and Performance Measures

1. The user must add at least one Milestone and at least one Performance Measure to the form (figure 71).

Figure 71: Milestones and Performance Measures

Download Milestones Performance PDF							
RESTORE Act Application Milestones and Performance Measures – Department of the Treasury							
1B Approval No. 1505-0250							
A. Milestones: Provide the milestones and the estimated timeframe for comp	letion (i.e., performance period star	t date + number of months to comple	etion).				
 B. Performance Measures: Include the following information. For guidance, see illustrative 	B. Performance Measures: Include the following information. For guidance, see illustrative list of performance measures on Treasury's RESTORE Act website.						
Add Performance Measure							
Performance Measure Description 1 Test Performance Measure Description test test	Performance Baseline Test Performance Baseline test test	Performance Target Test Performance Target test test					
Validate			Next				

2. To add a milestone or performance measure click on the add button on the top of the relevant table (figure 71). A pop-up window will display with input fields (figure 72). All field are required to add an entry to the relevant table. A user can click on the help text icon to find more information about the type of entry required (figure 72). When all fields have been entered for the record click create (figure 72).

Figure 72: Entering a milestone

	al No. 1505-0250			
Mi	ilestones:	Milesto	ne Information	×
ovi	ide the appropriate milestone information			
	r Milestone Description:			
D typ	pe here			
nter	r Milestone TimeFrame:			
Ca	ancel			Create
	Performance Measure Description	Performance Baseline	Performance Target	
	Test Performance Measure Description test test	Test Performance Baseline test test	Test Performance Target test test	

3. When entering a milestone timeframe, the user must enter a timeframe (in months) no longer than the project length measured in months. The project length is calculated from the project start date and project end date on the SF-424 (figure 73).

Figure 73: SF-424 project start and end date

17. Proposed Project:		
a. Start Date 🕕	"b. End Date 🕕	
Sep 13, 2022		

- 4. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 5. When the user has completed adjustments to the form click **Next** on the bottom right of the page to continue to the next application form. Note that there is no **Save** button for milestones and performance measures because all records are automatically saved when they are created in a table.

Environmental Compliance

- 1. The user will enter information for the environmental compliance form and begin on the Form Intake section (figure 74). For COE applications, the user should enter either 'Yes' if you have identified any environmental laws that may apply or 'no.' Do not select 'not applicable' as this only applies to construction projects. For most COE projects, the answer is 'no.' If you select 'no,' the Assessment of Applicability of Environmental Laws and the Other Permits and Certifications tabs will not display, and you should navigate direction to the Certification tab by clicking on the Certification arrow along the top. Once there, indicate if this is a final environmental compliance form or if this is preliminary and you will need to provide an updated form at a later date. If you select 'yes,' you will be prompted to complete the Assessment of Applicability of Environmental Laws and the Other Permits and Certifications tabs.
- 2. Indicate whether the scope of work will be carried out by a subrecipient. If the user indicates that the project will not be implemented by a subrecipient (question 3) (figure 74) then an additional section "Assessment of Applicability of Environmental Laws" will appear (figure 74).
- 3. The user will enter information for the environmental compliance form and begin on the **Form Intake** section (figure 74). If the user indicates that the project will not be implemented by a subrecipient (question 3) (figure 74) then an additional section "Assessment of Applicability of Environmental Laws" will appear (figure 74).

Figure 74: Environmental Compliance form

Download Environmental Compliance PDF						
RESTORE Act Environmental Compliance Form - Department of the Treasury						
OMB Approval Number 1505-0250						
The following questions will aid the applicant in identifying the environmental laws that may apply to the eligible activity and the environmental documents that should be submitted with the application. If a response of 'Yes' is recorded to any of the following questions, the applicant should summarize the status of any actions taken to implement the requirements of the law. If a response of 'Ne' is recorded to any of the following questions, the applicant should summarize the status of any actions taken to implement the requirements of the law. If a response of 'Ne' is recorded to any of the following questions. The applicant has the option to summarize their analysis and conclusion regard the non-applicability of the environmental law. Tessury will use submitted documents to record the applicant's assertion that it has complied with applicable environmental laws. For projects that will be implemented by a subrecipient's authorized representative. A signed statement from the applicant attesting to its review of the subrecipient's RESTORE Act Environmental Compliance Form must be included with the included with tapplication application.						
Please note: More information, references, and links to all the laws and executive orders can be found in the Environmental Checklist Refer	ence Guide on Treasury's RESTORE Act website.					
FORMINTAKE ASSESSMENT OF APPLICABILITY OF ENVIRONMENT	OTHER PERMITS AND CERTIFICATIONS	CERTIFICATION				
A. FORM INTAKE 1) Please offer the following details about who provided the information to complete this form. Name:* Title:* Organization:* Organization:* Date:* Date:* Solution: Date:* Solution: Date:* No Solution: Solution:	igible activity?					

- 4. If the user responds "No" to question 2 only the Form Intake and Certification sections will display.
- 5. The user will complete all required fields in the sections that display.
- 6. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 7. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Centers of Excellence Applicant Certifications

1. The centers of excellence applicant certifications form must be read by the user (figure 75). No information is needed for entry.

Figure 75: Centers of excellence applicant certifications

Please save your work by clicking the Save Button before you navigate away from this page.				
RESTORE Act Centers of Excellence Applicant Certifications Department of the Treasury				
OMB Approval No. 1505-0250				
Directions: These certifications are required by federal law and Department of the Treasury (Treasury) regulations to be submitted with each application to Treasury for financial assistance under the RESTORE Act Centers of Excellence Research Grants program. The certifications must be signed by an authorized senior official of the Applicant who can legally bind the entity and has oversight for the administration and use of the Centers of Excellence Research Grants program funds.				
 A. RESTORE Act Certification 1. Pursuant to the RESTORE Act, I certify that for any award agreement resulting from this application: (a) Funds will be used to award competitive grants for the establishment of Centers of Excellence that focus on science, technology, and monitoring in at least one of the following disciplines:				
(b) Kules and policies for Centers of excelence research Grants, including the competitive selection process and measures to guard against connicts or interest, were published and available for public review and comment for a minimum of +3 days, and that they were adopted after consideration of all measuring full input from the public, including broad-based participation from individuals, businesses, Indian tribes, and non-profit organizations. The certification in this paragraph (1)(b) does not apply in instances where state statutes and regulations or policies addressing this issue were in effect prior to August 15, 2014.				
(c) The Applicant has procedures in place for procuring property and services under this award that are consistent with the procurement standards applying to Federal grants. The Applicant will not request funds under this award for any contract unless this certification remains true and accurate. (d) Pursuant to 2 CFR 200.303, the Applicant will establish and maintain effective internal control over all award agreements resulting from this application, and provide reasonable assurance that the Applicant will manage the award in compliance with Federal statutes, regulations, and the terms and conditions of the award. The Applicant knows of no material deficiencies in its internal controls.				
(e) A conflict of interest policy consistent with 2 CFR § 200.318(c) is in effect and covering each Center of Excellence funded under this Agreement.				
(f) The Applicant will comply with Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, and all other applicable federal laws and regulations concerning anti-discrimination.				
2. I make each of these certifications based on my personal knowledge and belief after reasonable and diligent inquiry, and I affirm that the Applicant maintains written documentation sufficient to support each certification made above, and that the Applicant's compliance with each of these certifications is a condition of the Applicant's initial and continuing receipt and use of the funds provided under an award Agreement.				
B. Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions: Instructions for Certification				
1. By signing and submitting this Application, the prospective primary participant (the Applicant) is providing the certification set out below.				

2. The user will see the fields name, title, and organization prepopulated at the bottom of the form (figure 76). Name and title are prepopulated from the entry for the authorized official on the bottom of the sf-424 form. The signature and date field will be blank when the user submits the application because the form will be signed in DocuSign when the user submits the application.

Figure 76: prepopulated field section of centers of excellence applicant certifications

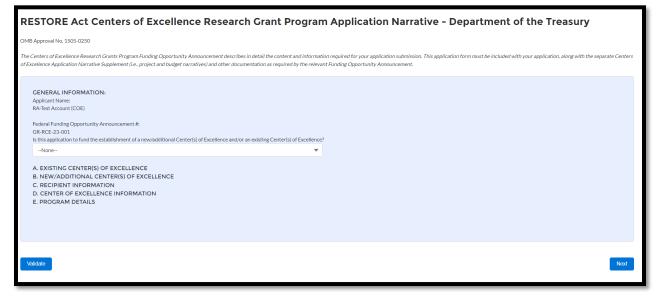
	Int, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of C
	ract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuati ement.
	son for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
(c) The Applicant shall require that the language of this certification be included in the award do recipients shall certify and disclose accordingly.	locuments for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that
2. This certification is a material representation of fact upon which reliance is placed when this trans section 1352. Any person who fails to file the required certification shall be subject to a civil penalty	saction is made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by title 31 U.S y of not less than \$10,000 and not more than \$100,000 for each such failure.
Name:	Date:
MichaelGado	
Title:	Organization:

4. When the user has read the form click **Next** on the bottom right of the page to continue to the next application form. Note that there is no **Save** or **Validate** button since no information will be entered by the user.

Centers of Excellence Application Narrative

1. The user will enter information for the Centers of Excellence Application Narrative (figure 77).

Figure 77: Centers of Excellence Application Narrative



2. Based on the users answer to the first question, different tabs will appear (figure 78). The users will then enter responses to questions on each of the tabs that appear.

Figure 77: Centers of Excellence Application Narrative (with all sections displaying)

RESTORE Act Centers of Excellence Research Grant Program Application Narrative - Department of the Treasury
OMB Approval No. 1505-0250
The Centers of Excellence Research Grants Program Funding Opportunity Announcement describes in detail the content and information required for your application submission. This application form must be included with your application, along with the separate Centers of Excellence Application Narrative Supplement (i.e., project and budget narratives) and other documentation as required by the relevant Funding Opportunity Announcement.
CENERAL INFORMATION: Applicant Name: RA-Test Account (COE) Federal Funding Opportunity Announcement #: GR: RCE-23-001 Is this application to fund the establishment of a new/additional Center(s) of Excellence? Both Existing and New/Additional Center(s) of Excellence and/or an existing Center(s) of Excellence? M. EXISTING CENTER(S) OF EXCELLENCE B. NEW/ADDITIONAL CENTER(S) OF EXCELLENCE C. RECIPIENT INFORMATION D. CENTER OF EXCELLENCE INFORMATION E. PROCRAM DETAILS
A EXISTING CENTER(S) OF EXCELLENCE B. NEW/ADDITIONAL CENTER(S) OF EXCE C. RECIPIENT INFORMATION D. CENTER OF EXCELLENCE INFORMATION E. PROGRAM DETAILS
A. EXISTING CENTER(S) OF EXCELLENCE: Selection Process and Public Input 1.a List existing Center(s) and the corresponding grant number(s) under which it was first established, thereby incorporating previous responses by reference.
1.b Provide a description of any modifications to the rules and policies that were approved after consideration of meaningful input from the public made since the selection of the existing Center(s).
Validate

- 3. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Application Uploads – Conditional Requirements and Supporting Documents

- 1. In the first section the user will provide program and state specific uploads with optional narrative explanation. The appropriate file upload requests will display depending on the applicant's state (Alabama, Louisiana, Florida) and program (DC, or COE). Refer to figures (78, 79, 80, 81) to see the various conditions that result in different certifications.
- 2. The bottom section **Supporting Documentation** (figure 78) is an optional section for the grantee to submit any additional documents that support their application.

Figure 78: Application Uploads (certification visible for an Alabama DC application) (Alabama COE will not see)

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.
Conditional Requirements and Supporting Document Uploads
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A.
The State of Alabama must submit with each Direct Component application a certification, signed by the authorized official, that the funding request was approved in accordance with 33 U.S.C. §1321(t)(1)(F), and that Alabama is in compliance with 33 U.S.C. §1321(t)(1)(F)(i)(IV). Alabama Certification regarding 33 U.S.C. §1321(t)(1)(F)(0)(V)
☆ Upload Files Or drop files
(optional) Provide a narrative description of any additional documentation that has been provided with the application. Narrative Description
Supporting Documentation
(optional) Upload any additional documentation that supports the applicant's request.
▲ Upload Files Ordrop files
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application.
4
Validate

Figure 79: Application Uploads (certification visible for a Florida DC application that responded "Not Selected for 12372 Review" to question 19 on S-F424) (Florida COE or Florida DC that did not respond "Not Selected for 12372 Review" to SF-424 question 19 will not see)

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.	
Conditional Requirements and Supporting Document Uploads	
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A.	
Applicable if the Direct Component applicant is an eligible entity for the state of Florida and the application was made available to the State for review under the Executive Order 12372 Process. Intergovernmental Review	
1 Upload Files Or drop files	
(optional) Provide a narrative description of any additional documentation that has been provided with the application. Narrative Description	
Supporting Documentation	
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation	
L Upload Files Or drop files	
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application.	
Validate	t

Figure 80: Application Upl	loads (certification visible	for a Louisiana Applicant)

Please save your work by clicking the Save Button before you navigate away from this page.				
Conditional Requirements and Supporting Document Uploads				
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A. Section is N/A to the project				
As part of its first application, each Louisiana parish must certify to the Governor of Louisiana that the parish has a comprehensive land use plan and submit to Treasury a copy of a signed certification that comples with 31 C.F.R. § 34.302(f).				
None				
(optional) Provide a narrative description of any additional documentation that has been provided with the application. Narrative description				
If the parish modifies its comprehensive land use plan, the parish must submit an updated certification. Has the Parish modified their comprehensive land use plan since submitting a previous application to Treasury?				
-None				
(optional) Provide a narrative description of any additional documentation that has been provided with the application.				
Supporting Documentation				
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation				
む Upload Files Or drop files				
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application.				
Validato				

Figure 81: Application Uploads (certifications visible if conditions mentioned in figures 78, 79, and 80 are not met)

Download Application Uploads PDF Please save your work by clicking the Save Button before you navigate away from this page.	
Conditional Requirements and Supporting Document Uploads	
Please review the following selections and provide any supporting documentation as it applies to your project. If none of the following items are applicable, please select N/A. Section is N/A to the project	
Supporting Documentation	
(optional) Upload any additional documentation that supports the applicant's request. Supporting documentation C Upload Files Or drop files	
(optional) Provide a narrative description of any additional supporting documentation that has been provided with the application.	
	ĥ
Valdore	Next

- 3. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Application Submission form

The project investigator / project director that is filling out this application will see the following page (figure 82). The project investigator / project director will click the validate button (figure 82). To correct validation errors, refer to validation step 4 and 5 for filling out an SF-424 form.

Figure 82: PI/PD view of submission form

Application PDF						
RESTORE Act Application Submission						
The RESTORE Act authorized official with authority to legally bind your organization must certify and s	submit your application.					
Validato Application Authorized Official First Name:	Authorized Official Last Name:					
Michael	Gado					
Authorized Official Title: Tester	Authorized Official Email: michael.gado@icf.com					
Itester Initicial gado (@ICT.COM After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the applications: 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 4. Assurances - Construction Programs SF-424D (required for all applications) 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)						

3. After successfully validating the application the "Ready for AO Review and Submission" button will appear (figure 83). When the button is pressed an email will be sent to the authorized official of the user organization to login and submit the award.

Figure 83: PI/PD view of submission form and request AO button

pplication PDF					
ESTORE Act Application Submission					
RESTORE Act authorized official with authority to legally bind your organization must certify and s	submit your application.				
Validate Application Ready for AO Review and Submission					
Authorized Official First Name:	Authorized Official Last Name:				
Michael	Gado				
Authorized Official Title:	Authorized Official Email:				
Tester	michael.gado@icf.com				
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a certification statement and a DocuSign link for an electronic signature. The DocuSign link will include the following forms for the Authorized Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-424D (required for all construction/Land Acquisition projects) 4. Assurances – Construction Programs SF-424D (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications) 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, and as applicable for Non-Construction and Centers of Excellence applications)					

4. The authorized official will log into the RGMS portal and click on the application that they were requested to submit by pressing the **View/Edit** link on the **My Application List** (figure 84). The authorized official will review the application information.

Figure 84: Accessing the application from the My Application List

My A	pplication List								Start an Applicatio	n for a New Award
					Filter By Select a Filter	able Field 🔻	Filter Value Select a Value	Ŧ	Filter Application	Reset Filter
	Application Number	Project Title	Application Type	Grant Number	Status	Submission Date				
1	RDC2022000258	Test Project Title	New Award		Ready for AO Submission		Download View/Edit	Correspond	ence	
2	RDC2022001002		New Award				Download View/Edit	Correspond	ence	

6. Once they have reviewed the application, they will navigate to the submit tab. Once on the submit tab they will see the "Submit Application" button (figure 85). The submit application button will first validate the application to catch any errors caused during final edits made by the AO. If errors occur refer to validation step 4 and 5 for filling out an SF-424 form. Once they successfully press the button the success message will appear (figure 86) and the authorized official will receive a DocuSign email. The application will be in a status of "AO Signature Pending" until the DocuSign has been complete (see section for completing DocuSign). Please note that until the AO signs the

application via DocuSign, Treasury is NOT in receipt of the application. Please see section 7 of this document for the DocuSign process.

Figure 85: AO view of submission form

Application PDF						
RESTORE Act Application Submission						
The RESTORE Act authorized official with authority to legally bind your organization must certify and	submit your application.					
Authorized Official First Name:	Authorized Official Last Name:					
Michael	Gado					
Authorized Official Title:	Authorized Official Email:					
Tester	michael.gado@icf.com					
 After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a ce The DocuSign link will include the following forms for the Authorized Official to enter their electration. 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 4. Assurances - Construction Programs SF-424D (required for all Construction/Land Acquisition projects, 	ronic signature and thereby certify to the truthfulness, completeness and accuracy of the application:					

Figure 86: AO view of submission form

KC	
	by clicking the Save Button before you navigate away from this page.
Please save your work	by clicking the save button before you havigate away from this page.
oplication PDF	
STORE Act Application Subm	ission
RESTORE Act authorized official with authority to legally bind your	organization must certify and submit your application.
Authorized Official First Name:	Authorized Official Last Name:
Michael	Gado
Authorized Official Title:	Authorized Official Email:
Tester	michael.gado@icf.com
After you click the button below to SUBMIT APPLICATION, an em	all will be sent to you with a certification statement and a DocuSign link for an electronic signature.
	ed Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application:
The DocuSign link will include the following forms for the Authoriz 1. Application for Federal Assistance SF-424 (required for all appli- 2. RESTORE Act Applicant Certifications (required for all appli-	ed Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: pplications) cations)
The DocuSign link will include the following forms for the Authoriz 1. Application for Federal Assistance SF-424 (required for all ag 2. RESTORE Act Applicant Certifications (required for all application) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for 4. Assurances - Construction Programs SF-4240 (required for	ed Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: pplications) for all applications) all Construction/Land Acquisition projects)
The DocuSign link will include the following forms for the Authoriz 1. Application for Federal Assistance SF-424 (required for all ag 2. RESTORE Act Applicant Certifications (required for all application) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for 4. Assurances - Construction Programs SF-4240 (required for	ed Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: pplications) cations)
The DocuSign link will include the following forms for the Authoriz 1. Application for Federal Assistance SF-424 (required for all al 2. RESTORE Act Applicant Certifications (required for all application) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-1LL (required for 4. Assurances - Construction Programs SF-424D (required for 5. Environmental Compliance Form (required for all Construct)	ed Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: pplications) for all applications) all Construction/Land Acquisition projects)
The DocuSign link will include the following forms for the Authoriz 1. Application for Federal Assistance SF-424 (required for all ag 2. RESTORE Act Applicant Certifications (required for all application) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required 4. Assurances – Construction Programs SF-424D (required for	ed Official to enter their electronic signature and thereby certify to the truthfulness, completeness and accuracy of the application: pplications) for all applications) all Construction/Land Acquisition projects)

7. Signing an Application with DocuSign

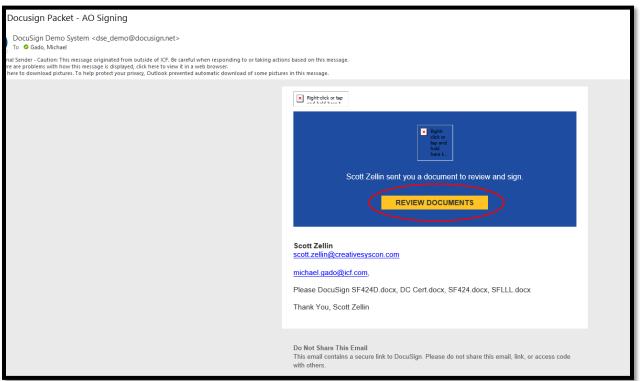
1. After the AO submits the application, the application will be in a status of "AO Signature Pending" until the DocuSign has been complete (figure 87).

Figure 87: My Application List status before DocuSign

Penaing	3 RDC2022000258 Test Project Title New Award	AO Signature Pending	Download View/Edit Correspondence
---------	--	-------------------------	-----------------------------------

2. The AO will receive the following email (figure 88). Click on **Review Documents** (figure 88).

Figure 88: DocuSign email



3. The user will be brought to the following screen to sign all documents needed for their application (figure 89). Click the checkbox and Continue (figure 89).

Figure	89:	First	DocuSign	screen
--------	-----	-------	----------	--------

Please Review & Act on These Documents	DocuSign
Scott Zellin Treasury UAT DocuSign	
Please read the <u>Electronic Record and Signature Disclosure</u>	
AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.	
NOTE: Certain of these assurances may not be applicable to your projed or program. If you have questions, please cortact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you unit be notified. As the duty authority or apply for federal assistance. 1. Certify that the applicant. 1. Has the logit authority to apply for federal assistance. 5. Will comply with the hatpoortmental Personnel Act or 1970 (421 US. (54729-4763 relating to presented a standards or mell system of project costs) to ensure proceed planning, management and completion of project described in this applicator. 9. Will comply with the hatpoortmental Personnel Act or 1970 (421 US. (54729-4763 relating to presented a standards or a Merit System of programs funded on the application.	
2. Will graphy table targe subscripting graphy, the Comproling General 9. Will comply with the Least Based Paint Poissoning of the United States and F, argy provides the State. Prevention AC (LD US C, S)(s)(LD US C, S)(s)(LD US LS C, S)(s)(LD US C, S)(S)(LD U	
directives: d	

4. The user will click start to begin filling out the forms to be signed in DocuSign (figure 90). This will take you to the first form to be signed.

Figure 90: Start signing the forms

Please review the documents below.		FINISH	OTHER ACTIONS •
	Ø Ø ቾ∗ 😐 t; Q		
START	Dudge Envelope ID: 66675086-3355-4971-AEC3-3663FAAC4D4E ASSURANCES - CONSTRUCTION PROGRAMS OME Number: 4640-0005 Construction provide a set of the construction of information is estimated to average 15 minutes per response. Including time for reviewing information is estimated to average 15 minutes per response. Including time for reviewing the reductor of information. Seed comments regarding the turne estimate or any other aspect of this colection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Papervork Reductor Project (0248-0042), 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 Avarding Agency. Further, certain Federal assistance avarding agencies may require applicants to certry to additional assurances. If such the the case, your will be notified. As the dug authorized representative of the applicable to your project or program. If you have questions, please contact the advarding Agency. Further, certain Federal assistance avarding agencies may require applicants to certry to additional assurances. If such the to ace your will be notified. As the dug authorized representative of the applicable capability. As the dug authorized representative (capability). As the bug authorized rep		

5. The user will click sign for each signature section of the form (figure 91). A pop up will display asking the user to type their full name that will be used to auto generate a signature to use for signing the form (figure 91). The user can alternatively draw or upload a signature to use for the signing. Once selected press **Adopt and Sign** (figure 91).

Figure 91: Start signing the	forms				
Select the sign field to create and add your sig			:	FINISH	OTHER ACTIONS -
· · · · · · · · · · · · · · · · · · ·	Adopt Your Signature				
	confirm your name, initials, and signature.				
	Required				
	ull Name*		Initials*		
	Michael Gado		м		
	ELECT STYLE DRAW UPLOAD				
	REVIEW		Change Style		
	Docusigned by: Michael Gads E68984D000B9840C				
E	ly selecting Adopt and Sign, I agree that the signature and initials will be the electronic re ny agent) use them on documents, including legally binding contracts - just the same as	presentation of my s a pen-and-paper sig	signature and initials for all purposes when I (or nature or initial.		
(ADOPT AND SIGN CANCEL				
	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	effect or (3) Using	period of time that the award is in forced labor in the performance of the ds under the award.		
	SIGNATURE OF ANTHORIZED CERTIFYING OFFICIAL	TTLE			
NEXT	Sign Contraction Contraction	Tester			
	APPLICANT ORGANIZATION	DATE SUBMITTED			

6. One the last form has been signed the user will click **Finish** at the bottom of the page (figure 92).

Figure 92: finish signing the forms

	Information requested through this torm is authorized by the 31 U.S.C. secton 1332. This disclosure of toopying activities is a material representation of fact upon which he tomaschon use made or entered into. This disclosure in required pusuant to 31 U.S.C. 1352. This information will be explosed to the Competence of the section of the tomaschon use made or entered into. This disclosure in required pusuant to 31 U.S.C. 1352. This information will be explosed to the Competence of the tomaschon use made or entered into. This disclosure in required pusuant to 31 U.S.C. 1352. This information will be explosed to the Competence of the tomaschon use made or entered into. This disclosure in required disclosure is all be sugged to a civil penalty of notices than \$10,000 for each such failure. * Signature: * Signature: * Reference of the tomaschon use of the tomaschon use to the tomaschon use of the t	
	Title: Telephone No.: Date: 9/12/2022 Federal Use Only: #dnmmet for Loss Reproduction Reproduction #dnmmet for Loss Reproduction Reproduction	
	Federal Use Only: Itenderd Form - LLL (Rev. 7.47)	
SFLLL.docx	FINISH	1 of 1

7. A pop up will display (figure 93). The user does not have to create an account since the signed forms will be accessible in the RGMS portal on the "My Application List" download action. The user will click **No Thanks** and the user will see a success screen (figure 94). The user will also receive a success email with the signed documents (figure 95). The Treasury will be notified of the recent submission.

Figure	93:	finish	signing	the	forms	part	2
inguie	55.	11111311	Signing	une	1011113	μαιι	2

document.				FINISH	OTHER ACTIONS -
	Save a Copy of Your Document	<u></u> , ⊥ , –			
	Sign up for a FREE DocuSign account today and sign all your documents e	electronically.			
	Email michael.gado@icf.com	Electronically sign any document.			
	Password	Get signatures from others.			
	Confirm Password	Sign on the go with DocuSign Mobile!			
	Country/Region select				
	By clicking the 'SUBMIT' button, you agree to the Terms & Conditions I ³ and Privacy Policy I ³ .		ability,	Tourist C	pportunities, and Revi
	SUBMIT NO THANKS				
	"Last Name Suffs - Street 1 Street 2 "City Street				
	b. Individual Performing Services (including address if different from No. 10a)				

Figure 94: DocuSign Success

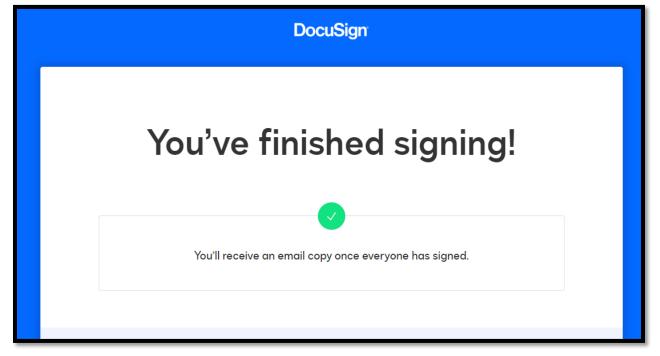


Figure 95: DocuSign success email

Completed: DC C Docusign Packet - AO Signing									
DocuSign Demo System <dse_demo@docusign.net> To • Gado, Michael</dse_demo@docusign.net>									
(i) External Sender - Caution: This message originated from outside of ICF. Be careful when responding to or taking and If there are problems with how this message is displayed, click here to view it in a web browser. Click here to download pictures. To help protect your privacy. Outlook prevented automatic download of some pict									
SF424D.docx.pdf v DC Cert.docx.pdf v SF424.docx.pdf v SF4	SFLLL-docx.pdf 154 KB								
	Right-click or tap								
	■ Right clack or top and hold here t.								
	Your document has been completed								
	Scott Zellin scott.zellin@creativesyscon.com								
	All parties have completed DC C Docusign Packet - AO Signing .								

8. The user will be able to confirm on the RGMS portal **My Application List** that their application has been successfully submitted (figure 96). They will also be able to view their completed and signed application with the download action (figure 96).

Figure 96: RGMS portal My Application List after DocuSign

3	RDC2022000258	Test Project Title	New Award	Submitted	Download View/Edit Correspondence	
_						

8. Accepting an Award

1. Once the application has been reviewed by the Office of Gulf Coast Recovery the applicant will receive an email (figure 97) to notify them that an award has been issued for their new award application.

Figure 97: Email to notify a grantee that an award has been issued

Sandbox: RESTORE ACT NOA Issued
Michael Gado <michael.gado@treasury.gov.invalid> To © Ovando Reyes, Carola; © Gado, Michael ① External Sender - Caution: This message originated from outside of ICF. Be careful when responding to or taking actions based on this message.</michael.gado@treasury.gov.invalid>
A Notice of Award has been issued for RA-Test Account (COE) application RDC2022000258. Please have your organization's Authorized Official log into the Restore Act Grant Management System to accept or reject the award for grant RDCGR000306-01-00.

2. The applicant authorizing official will log into the RGMS portal and go to the **My Application List** to view and accept the notice of award (figure 98). Click on **Accept/ View Award** link next to the application (figure 98).

Figure 98: Accept/ View Award link on the landing page

9	RDC2022000258	Test Project Title	New Award	Awaiting Grantee Acceptance	Download	View/Edit	Correspondence	Acce Vie Awa	w	
										_

- 3. The user will be taken to a screen to accept or reject the award. There will be a link "Notice of Award PDF" that the user can press to view and download the notice of award (figure 99).
- 4. Once the user has reviewed the notice of award. The authorized official can either accept or reject the notice of award (figure 99). Note that only the authorizing official will be able to see the option to accept or reject the award.

Figure 99: Applicant accepts the award

Home			
Notice of Award PDF	I Conditions and Programmatic Terms and Conditions and Sp	ecial Award Conditions.	
* Accept or Reject Award? -NOA	Accept the Award		v)
			Submit Response

5. If the user selects reject the award an explanation is required before the user can submit the response (figure 100).

Figure 100: Applicant rejects the award

Home	
Notice of Award PDF	
	dard Terms and Conditions and Programmatic Terms and Conditions and Special Award Conditions.
On behair of my organization, I accept this award and the stan	lard terms and Conditions and Programmatic terms and Conditions and Special Award Conditions.
* Accept or Reject Award? -NOA	Reject the Award
recept of regener that of rear t	Reject the Award
Please enter a reason for rejecting this award.	
* Reason for Rejection -NOA	Salesforce Sans \checkmark 12 \checkmark \blacksquare \checkmark \blacksquare I \sqcup \ominus $≔$ $!≡$ $!≡$ $!≡$ $!≡$ $!≡$ $≡$ $≡$ $≅$ $@$ \blacksquare I_x
	Submit Response

6. When the authorizing official selects **Accept the Award** and presses the **Submit Response** button (figure 101) a green success message will display, and the authorizing official and Treasury will receive an email notification of the authorizing official's response. The user will be automatically redirected to the home page.

Figure 101: Applicant accepts the award and submits response

	Success Saved!	X	۲
Home			
Notice of Award PDF On behalf of my organization, I accept this award and the Standard Terms and *Accept or Reject Award?-NOA	Conditions and Programmatic Terms and Conc	iltions and Special Award Conditions.	Submit Response

7. Once the browser has been redirected the application will be removed from the **My Application** List and will appear in the **My Grant List** (figure 102).

Figure 102: My grants list

FAIN Amendments Project Title Status Award Date Image: Constraint of the status of the statu	Μ	ly Gi	ant List								
1 RDCGR000308 Amendments Test Project Title Awarded Download Amendment/Prior Correspondence			FAIN	Amendments	Project Title	Status	Award Date				
		1	RDCGR000308	Amendments	Test Project Title	Awarded		Download	Amendment/Prior	Correspondence	a,

9. Starting an Amendment Application

1. If the user wants to make an amendment or prior approval request for a grant, they will navigate to the My Grants List (figure 103) and they will click on the **Request Amendment/ Prior Approvals** link (figure 103).

Figure 103: My grants list

My Grar	nt List							
FA	AIN	Amendments	Project Title	Status	Award Date		\frown	
1 RI	RDCGR000308	Amendments	Test Project Title	Awarded		Download	Request Amendment/Prior Approvals	Correspondence

2. After clicking on the link, the user will see a pop-up window with a multi-select list of amendments and prior approval types (figure 104). The user may select as many amendment and prior approval types that apply to their request.

Figure 104: Request Amendment/ Prior Approvals pop-up window

16	RCE2022001042		Request Amendme	ent/	Prior Appro	vals	(pondence	Request Return	Submit
17	RDC2022001043		Available Material change to award scope of work	Þ	Chosen Commencement of			- 4	pondence	Request Return	Submit
18	RCE2022001044		Extend the award period of performance Approve subaward or contract not specified in approved s Change approved cost-sharing or matching		Satisfaction of Spec			4	pondence	Request Return	Submit
19	RDC2022001049	Test Project Ti		L]	-5	pondence	Request Return	Submit
My G	rant List				Canc	el Create A	n Amendment Applica	tion			
inty of											
	FAIN	Amendments	Project Title			Status	Award Date				
1	RDCGR000308	Amendments	Test Project Title			Awarded		Downlo	ad An	Request nendment/Prior Approvals	Correspondence

3. 3. When the user selects Create an Amendment Application the screen will buffer for a few seconds and an amendment application will be created in the My Application List. The user will be redirected into the amendment application they created (figure 104).

10. Amendment Application Forms

Overview

Based on the different amendment or prior approval types selected and the program type of the grant to be amended different sets of forms will display.

SF-424 Application for Federal Assistance

- 1. The user will provide information for the SF-424 some information will be prepopulated from the original application submitted for the grant.
- 2. The fields that are required are marked with a red asterisk (figure 106).

Figure 106: Required fields

Address 1 🚯
989 Red Flower Lane

- 3. Some fields will be prepopulated with entity information. Please contact Treasury if any populated information is incorrect.
- 4. Once all required fields are filled out. Press the **Save** button then press the **Validate** button at the bottom left of the page (figure 107). If information needs correcting scroll to the top of the page to read error messages and adjust your provided information (figure 108).

Figure 107: Validate	Figure	107:	Validate
----------------------	--------	------	----------

8 TOTAL	
\$5,000.00 Validation Error There are one or multiple errors. Please scroll up to see them	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
	*
Not Covered by E.D. 12372	•
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
No	*
21. By signing this application, I certify [1] to the statements contained in the list of certifications ¹⁴ and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurant resulting terms if I accept an aware. I am aware that any false, fictilitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties, (U.S. Code, Title 218, Section 1001)	nces** and agree to comply with any
1.1.6.16€ ●	
** 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 Representative Suffix	
-None- V -None-	•
*First Name 👩	
Michael	
Middle Name	
ListName @	
Gado	
Tester AO	
Telephone Number: Fax Number:	
2088610079	
*Email	
michael.gado@icf.com	
Signature of Authorized Representative: Date Signed:	
	=
Swe	
Cikit the Save button	
to save your work	
before you navigate and the second seco	
Validate	Next

Figure 108: Validate with errors

DE Cuente Monogono	at Custom		errors. Please scroll up to see t	hem					
RE Grants Manageme	nt System								
> View Burden Statement									
Download SF-424 PDF									
	Ple	ase save your work by clic	king the Save Button	before you navigate awa	y from this page.				
						<u> </u>			
									_
								< C	
Validation Error:									
Validation Error: SF424 - Question 17, Project Start Date is									
	Required and must be a E	late After the Date of Entry							
	Required and must be a E	late After the Date of Entry.							
SF-I24 - Question 17, Project Start Date is		rate After the Date of Entry.							
	ince SF 424	tate ABer the Date of Entry	If Re	vision, select appropriate letter(s):	0	Other (Specify):			
SF424 - Question 17, Propert Start Date is Application for Federal Assister	ince SF 424	of Application		vision, select appropriate letter(s): form—	0	Other (Specify):			
SF424 - Gaussion 17, Project Start Date is Application for Federal Assista 1. Type of Submission	іпсь SE-121 2. Туря	of Application	v		-	Other (Specify):	_		
SF424 - Caustion 17, Project Start Date is Application for Federal Assistan 1, Type of Submission Application	іпсь SE-121 2. Туря	of Application	v	lone	-	Other (Specify):			
SF424 - Caustion 17, Project Start Date is Application for Federal Assistan 1, Type of Submission Application	іпсь SE-121 2. Туря	of Application	•	lone	-	Other (Specify):	,		
SF424 - Question 17, Propert Start Date is Application for Federal Assista 1. Type of Submission 2. Date Received:	іпсь SE-121 2. Туря	of Application	•	lone plicant Identifier: 🌘	-	Other (Specify): 0	,		
SF424 - Question 17, Propert Start Date is Application for Federal Assista 1. Type of Submission 2. Date Received:	іпсь SE-121 2. Туря	of Application	•	lone plicant Identifier: 🌘	-	Other (Specify).	,		
SF424 - Caustion 17, Project Start Date is Application for Federal Assister 1, Type of Submission Application 3, Date Received: Sa, Federal Entity Identifier	іпсь SE-121 2. Туря	of Application	•	lone plicant Identifier: 🌘	-	Other (Specify).			

5. Once the information has been adjusted click **Save** and then click **Validate**. If there are no errors, a green success message will display (figure 109).

. 109. vai	idation success	
	S5,0000	
	* 19. Is Application Subject to Review By State Under Executive Once 12372 Process?	
	Not Covered by E.O. 12372	*
	*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) 🕐	
	No	Ŧ
	21. By signing this application, I certify (1) to the statements contained in the list of certifications ¹⁺ 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 complete subject met to criminal, civil, or administrative penalties, [U.S. Code, Title 218, Section 1001) */ AGREE	ly with a
	** 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 Representative Suffix	
	None 🐨None	
	Michael Midde Name	
	"Last Name	
	Gado	
	*Tite 🕐	
	Tester AO	
	*Telephone Number: Fax Number: Fax Number: Fax Number:	
	*Email michael.gado@icf.com	
	Signature of Authorized Representative: Date Signed:	
		=
Save		
the Save button ve your work		/
re you navigate from this page		/
n om uns page	Validate	

6. The user can continue to enter information on other forms by navigating with the **Next** button (figure 109) or by clicking on the form name on the side menu. Before navigating to another form with the side menu press **Save** to ensure no data is lost on the current form.

SF-424A Budget Information

1. User will provide information for section A of the form in column e and f (figure 110). Only one row of data is allowed. Note that the total rows and columns only update after the **Save** button is pressed.

Figure 110: SF-424A Section A

View Burden Stateme	ent									
Download SF-424A PDF Please save your work by clicking the Save Button before you navigate away from this page.										
	BU	DGET INFORM	ATION - Non-Co	nstruction Prog	Irams					
			SECTION A - BUDGET SUMM	IARY						
Grant Program Function or	Catalog of Federal Domestic Assistance	Estimated U	nobligated Funds		New or Revised Budget					
Activity (a)	Number (b)	Federal (C)	Non-Federal (d)	Federal (e)	Non-Federal					
L [•] DC Construction	21.015	\$0.00	\$0.00	\$5,000.00	\$100.00	\$5,100.00				
2. DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
3. DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
4. DC Construction	21.015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
5. Total		\$0.00	\$0.00	\$5,000.00	\$100.00	\$5,100.00				

7. User will provide information for section B of the form (figure 111). Only one column of data is allowed. The total in section B column 1 row i (figure 111), must match the total for section A column g row 1 (figure 110).

Figure 111: SF-424A Section B

6. Object Class Categories	0	3	GRANT PROGRAM, FU			Total	
	_						
		DC Construction	DC Construction	DC Construction	DC Construction		
a. Personnel		\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	
b. Fringe Benefits		\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	
c. Travel		\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	
d. Equipment		\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	
e. Supplies		\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	
f. Contractual		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
g. Construction		\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	
h. Other		\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	
i. Total Direct Charg	es (sum of óa-óh)	\$5,100.00		\$0.00	\$0.00	\$5,100.00	
j. Indirect Charges)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
k. TOTALS (sum of 6	i and 6j)	\$5,100.00	\$0.00	\$0.00	\$0.00	\$5,100.00	
7. Program Income		\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	

8. User will provide information for section C of the form (figure 112). The total in section C column e row 8 must equal the total in section A column f row 1.

Figure 112: SF-424A Section

	(a) Grant Program 🐧	(b) Applicant 👔	(c) State 🕐	(d) Other Sources 🔘	(e) TOTALS
8.	DC Construction		\$100.00		\$100.00
9.	DC Construction				\$0.00
10.	DC Construction				\$0.00
11.	DC Construction				\$0.00
12. T	OTAL (sum of lines 8-11)	\$0.00	\$100.00	\$0.00	\$100.00

- 9. Sections D and E will not be used in RGMS and section F is optional.
- 10. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 11. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

SF-424D Assurances - Construction Programs

1. The SF-424D Assurances – Construction Programs form must be read by the user (figure 113). No information is needed for entry.

Figure 113: SF-424D Assurances – Construction Programs form

 > View Burden Statement Download SF-4240 PDF Please save your work by clicking the Save Button before you navigate away from this page.
Assurances - 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 (0348-0042), 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 assistance 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 costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. 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.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of 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).
9. 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.
10. 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 (PL. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education

2. The user will see the fields title and organization prepopulated at the bottom of the form (figure 114). Title is prepopulated from the entry for the authorized official on the bottom of the SF-424 form. The signature and date field will be blank when the user submits the application because the form will be signed in DocuSign when the user submits the application.

Figure 114: SF-424D Assurances – Construction Programs signature section

for federally-assisted construction subagreements.	a 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
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood I cost of insurable construction and acquisition is \$10,000 or more.	Disaster Protection Act of 1973 (PL. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total
notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) o	lowing: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL. 91- 190) and Executive Order (EO) 11514; (b) to EO 11999; (c) evaluation of flood hazards in Moodplains in accordance with EO 11988; (e) assurance of project consistency with the septoved State management program 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. §57401 et seq.); (g) 1974, as amended (PL, 93-523); and, (h) protection of endingered species under the Endangered Species Act of 1973, as amended (PL. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) relate	ed to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).	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
18. Will cause to be performed the required financial and compliance audits in accordance w	with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders,	regulations, and policies governing this program.
20 MRII semak us ith the secular sets of Castley 10(4) of the Trafficium Station Destantia	
	on 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 g 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.
during the period of time that the award is in effect (2) Procuring a commercial sex act durin	
during the period of time that the award is in effect (2) Procuring a commercial sex act durin	g 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.
during the period of time that the award is in effect (2) Procuring a commercial sex act durin SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	g 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. APPLICANT ORGANIZATION
	ag 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. APPLICANT ORGANIZATION RA-Test Account (COE)
during the period of time that the award is in effect (2) Procuring a commercial sex act durin SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	ag 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. APPLICANT ORGANIZATION RA-Test Account (COE) DATE SUBMITTED
during the period of time that the award is in effect (2) Procuring a commercial sex act durin SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	ag 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. APPLICANT ORGANIZATION RA-Test Account (COE) DATE SUBMITTED

3. When the user has read the form click **Next** on the bottom right of the page to continue to the next application form. Note that there is no **Save** or **Validate** button since no information will be entered by the user.

SF-424C Budget Information – Construction Programs

1. The user will enter information for the SF-424C (figure 115).

	GET INFORMATION - Construction		
NOTE: Certain Federal assistance programs require addit		t costs eligible for participation. If such is the ca b. Costs Not Allowable	ese, you will be notified.
COST CLASSIFICATION	a. Total Cost	for Participation	(Columns a-b)
Administrative and legal expenses	0	0	•
Automisistrative and regarexpenses	\$100.00		\$100.00
	0	0	0
Land, structures, rights-of-way, appraisals, etc.	\$50.00		\$50.00
	0	0	0
Relocation expenses and payments	\$100.00		\$100.00
	0	0	0
Architectural and engineering fees	\$50.00		\$50.00
	0	0	0
Other architectural and engineering fees	\$100.00		\$100.00
	0	0	0
Project inspection fees			\$0.00
	0	0	0
Site work	\$100.00		\$100.00
	0	0	0

Figure 115: SF-424C Budget Information – Construction Programs

- 2. The value in column a row 12 (figure 116) must match the value in SF-424A section B column 6 row g (figure 117).
- 3. The value in column a row 15 (figure 116) must match the value in SF-424A section B column 6 row 7 (figure 117).

Figure 116: SF-424C fields that must match fields on SF-424A

		0	0	0	
	11. Miscellaneous	\$100.00		\$100.00	
			0	0	
	12. SUBTOTAL	\$1,000.00	\$0.00	\$1,000.00	
		0	0	0	
	13. Contingencies			\$0.00	
		0	0	0	
	14. SUBTOTAL	\$1,000.00	\$0.00	\$1,000.00	
		0	0	0	
	15. Project (program) income	\$1,000.00		\$1,000.00	
		0	0	0	
	16. TOTAL PROJECT COSTS	\$2,000.00	\$0.00	\$2,000.00	
		FEDERAL FUNDING			
Save	17. Federal assistance requested, calculate as follows:		0	0	
Click the Save button	(Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.	Enter eligible costs from line 16c Multiply X	82%	\$1,639.34	
to save your work before you navigate	۲ ۱	-			_
away from this page					
Va	alidate				Next

Figure 117: SF-424A	fields that mu	ust match fields	on SF-424C
Inguic LL/101 12 I/(menus that me	se materi neras	01101 1210

5. Object Class Categories 🕦		GRANT PROGRAM, FUNCTION OR ACTIVITY			Total
	(1)	(2)	(3)	(4)	(5)
	DC Construction	DC Construction	DC Construction	DC Construction	
a. Personnel	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
b. Fringe Benefits	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
c. Travel	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
d. Equipment	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
e. Supplies	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
f. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
g. Construction	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
h. Other	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
i. Total Direct Charges (sum of 6a-6h)	\$5,100.00	\$0.00	\$0.00	\$0.00	\$5,100.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of 6i and 6j)	\$5,100.00	\$0.00	\$0.00	\$0.00	\$5,100.00
7. Program Income	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00

- 4. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 5. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Environmental Compliance

 The user will enter information for the environmental compliance form and begin on the Form Intake section (figure 118). If the user indicates that the project will not be implemented by a subrecipient (question 3) (figure 118) then an additional section "Assessment of Applicability of Environmental Laws" will appear (figure 118).

Figure 118: Environmental Compliance form

Download Environmental Compliance PDF	
RESTORE Act Environmental Compliance Form - De	Department of the Treasury
OMB Approval Number 1505-0250	
questions, the applicant should summarize the status of any actions taken to implement the requirements of the law. the non-applicability of the environmental law. Treasury will use submitted documents to record the applicant's asse	e activity and the environmental documents that should be submitted with the application. If a response of 'Yes' is recorded to any of the following elaw. If a response of 'No' is recorded to any of the following questions, the applicant has the option to summarize their analysis and conclusion regarding s assertion that it has complied with applicable environmental laws. For projects that will be implemented by a subrecipient, applicants may submit an igned statement from the applicant attesting to its review of the subrecipient's RESTORE Act Environmental Compliance Form must be included with the
Please note: More information, references, and links to all the laws and executive orders can be found in the Enviro	Environmental Checklist Reference Guide on Treasury's RESTORE Act website.
FORM INTAKE ASSESSMENT OF APPLICABILITY OF ENVI	ENVIRONMENT OTHER PERMITS AND CERTIFICATIONS CERTIFICATION
A. FORM INTAKE 1) Please offer the following details about who provided the information to complete this form. Name:*	al laws that may apply to the eligible activity?
Yes 3) Will the project be implemented by a subrecipient?	•
s) with the project be implemented by a sobrecupient: * No	v

- 2. If the user responds "No" to question 2 only the Form Intake and Certification sections will display.
- 3. The user will complete all required fields in the sections that display.
- 4. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 5. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Permission to Commence with Construction Checklist

1. The user will provide information for the **Permission to Commence with Construction Checklist** (figure 119). As the user provides responses some additional questions will display.

Figure 119: Permission to Commence with Construction Checklist

RESTORE Act Permission to Commence with Construction Checklist - Department of the Treasury
OMB Approval No. 1505-0250
The recipient must not commence construction prior to the date of the Award. The recipient must make a written request to Treasury for permission to commence with construction after the construction contractor has been selected and at least 30 days prior to construction. No construction funds may be drawn from ASAP without Treasury's written permission. If the recipient commences construction prior to Treasury's determination, the recipient proceeds at its own risk.
Directions: The following questions will aid the applicant's request for permission to commence with construction. Treasury will use submitted documents to determine that the award of all contracts with associated costs are in compliance with the scope of the project and all terms and conditions of this award, and that all necessary permits have been or will be obtained, all Special Award Conditions tied to the commencement of construction have been satisfied, and the federal interest is secure
 Permission to commence construction should be requested after the construction contractor has been selected and at least 30 days prior to the anticipated construction start date. Upload Files Or drop files Has a good and merchantable title free of all mortgages, foreclosable liens, or encumbrances, to all land, rights of way and easements necessary for completion of the project been acquired?
Yes v
If yes, upload the appropriate supporting documentation. Examples of appropriate documentation may include recent title opinion, deed, clear site certification, etc. • Upload Files Or drop files • Upload Files Or drop files • Have all federal, state, and local permits necessary for the completion of the project been obtained? • Yes • Implication • If yes, provide a list of all required permits, or an updated Environmental Compliance Form. Note status of permits and the expiration date of any existing permits. Upload any
supporting documentation. Yes All Permits for Project - NTP
Salesforce Same \checkmark 12 \checkmark B I U S \equiv 15 40 40 \equiv 2 \checkmark D I I _x
No V

2. Click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form. Note that this form does not have a validate button because no questions on this form are required for submission.

Revised Budget & Narrative Justification

- 1. The user will provide revised budget information in the Revised Budget & Narrative Justification (figure 120). The user will see their original budget as reflected on the most recent notice of award issued for the grant and will be able to provide a new revised budget (figure 120).
- 2. After the user provides a revised budget, they will be required to enter either a revised budget justification in the text box or provide an upload version (figure 120).

Figure 120: Revised Budget & Narrative Justification

Salaries and Wages \$1,000.00 Fringe Benefits	New Budget \$900.00
Fringe Benefits 51,000,00 Fringe Benefits Equipment Supplies 5100,00 Supplies 100,00 Travel 100,00 Construction 100,00 Other 100,00 Indirect Costs 51,100,00 Indirect Costs 51,100,00 Indirect Costs 550,00 Total Approved Budget 51,150,00 Federal Share 51,100,00 Non-Federal Share 550,00	\$900.00
Total Personnel Coasts S100.00 Supplies Image: Construction Construction Image: Construction Construction Image: Construction Total Direct Costs S1,100.00 Indirect Costs S50.00 Total Approved Budget S1,150.00 Federal Share S1,100.00 Non-Federal Share S1,00.00	
Equipment \$100.00 Supples	
Supples Travel Construction Other Contractual Total Direct Costs Indirect Costs Solono Total Approved Budget S1,150,00 Federal Share S1,100,00 Non-Federal Share S1,100,00 Non-Federal Share S1,100,00 Non-Federal Share S50,00 Total Approved Budget S1,150,00 Total Approved Budget S1,150,00 S	
Travel Construction Other Contractual Total Direct Costs S1,100.00 Indirect Costs S50.00 Total Approved Budget S1,150.00 Federal Share S1,100.00	\$100.00
Construction Image: Construction Other Image: Construction Contractual Image: Construction Total Direct Costs \$1,100.00 Indirect Costs \$50.00 Total Approved Budget \$1,150.00 Federal Share \$1,100.00 Non-Federal Share \$50.00	
Other Image: Contractual Total Direct Costs \$1,100,00 Indirect Costs \$50,00 Total Approved Budget \$1,150,00 Federal Share \$1,100,00 Non-Federal Share \$1,100,00	\$100.00
Contractual Contractual Total Direct Costs S1,100,00 S50,00 S50,00 S50,00 S1,150,00 S1,150,00 S1,150,00 S1,150,00 S1,100,00 S1,100,00 S50,00	
Total Direct Costs \$1,100.00 Indirect Costs \$50.00 Total Approved Budget \$1,150.00 Federal Share \$1,100.00 Non-Federal Share \$1,000.00	
Indirect Costs \$50.00 Total Approved Budget \$1,150.00 Federal Share \$1,100.00 Non-Federal Share \$50,00	
Total Approved Budget \$1,150.00 Federal Share \$1,150.00 Non-Federal Share \$1,100.00 Solution \$50.00	\$1,100.00
Federal Share \$1,100.00 Non-Federal Share \$1,100.00 Solution \$50,00	\$50.00
Non-Federal Share S1,100.00 Solution \$50.00	\$1,150.00
Salesforce Sans ▼ 12 ▼ B I U & E IE IE IE IE E E E E E E II.	
Salesforce Sans 🔻 12 💌 🖪 I 🖳 5 \Xi 15 40 40 5 🧮 5 🗏 O 🖪 I _x	
dsudget Justification Upload ① Upload Files Or drop files	
Title V Upload Date	

- 3. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 4. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Status of Performance Report

- 1. The user will begin by entering a reporting period and goals on the top of the Status of Performance Report (figure 121). For more detail about the type of entry information click on the help text next to the field.
- 2. The user will then see a table towards the bottom of the form with pre-created number of rows. The number of rows corresponds to the number of performance measures submitted with the last approved application. The user will provide information by clicking on the edit button on each row (figure 121).
- 3. After clicking edit for a row the user will see a pop-up window (figure 122) to enter information for this performance measure. After providing information for this record the user will click **save**

(figure 122).

- 4. The user will be able to add rows to the table or remove rows from the table with the **add** button and remove link (figure 121).
- 5. Once all information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 6. When the user has completed adjustments to the form, click Save on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Instructions for Completin	g Form:	
The purpose of this form is		als of the eligible Direct Component (DC) activity/Centers of Excellence

Figure 121: Status of performance report

RESTORE Act Status of Performance Report		
Instructions for Completing Form: The purpose of this form is to report the status of progress toward reaching priority goals of the e goals (1 to 3) and the corresponding performance measures.	igible Direct Component (DC) activity/Centers of Excellence (COE) discipline (i.e., mea	ssuring success, rather than listing milestones or tasks). Please focus on a discrete number of priority
Applicant/Grantee: RA-Test Account (COE) Title: Tester Reporting Period Ending: Goal(s): Performance Goals +P.Report Salesforce Sans v 12 v B I U G		
Add A Performance Measure Measure #	✓ Baseline ✓ Target ✓ Target Date (mo ✓ I	Progress toward V Progress toward V Status/Next Steps V
Folit 1	alger anger	Progress convaru + Progress convaru + Status/react steps +
Edit 2		Remove

Figure 122: Status of performance report pop-up

RESTORE Act Status of Perform	ance Report	
Instructions for Completing Form:		ipilite [] e., measuring success, rather than listing milestones or tasks). Please focus on a discrete number of priority
an a	Add A Performance Measure	
Te Citigible Activity' Discipline # -None	O* Measure	0° Baseline
0° Target	O Target Date (month/year)	Progress toward target (reporting period)
P * for stoward target (cumulative) for the stoward target (cumulative)	© Status/Next Steps	
Cincel		Soc
Measure # V Eligible Activity	V Measure V Baseline V Target V Target Date	(mo V Progress toward V Progress toward V Status Next Steps V

Milestones Report

- 1. The user will begin by entering a reporting period on the top of the Milestones Report (figure 123). For more detail about the type of entry information click on the help text next to the field.
- The user will then see a table towards the bottom of the form with pre-created number of rows. The number of rows corresponds to the number of milestones submitted with the last approved application. The user will provide information by clicking on the edit button on each row (figure 123).
- 3. After clicking edit for a row the user will see a pop-up window (figure 124) to enter information for this milestone. After providing information for this record the user will click **Submit** (figure 124).
- 4. The user will be able to add rows to the table or remove rows from the table with the **add** button and **remove** link (figure 123).

Figure 123: Status of performance report pop-up

RESTORE Act Milestones Report - Department of the Treasury
> View Burden Statement
nstructions for Completing Form: Tense complete: Columns B-E in the initial report submitted as part of an application package. After a grant is awarded, complete Columns G-H for each inliestone as applicable and submit as part of the performance reports described in the Standard Terms and Conditions. Columns E and H alculate automatically and will show an error message unless the values in each column total 100%. These milestones should reflect what is in the applicant's scope of work as described in the applicable RESTORE Act Direct Component or Centers of Excellence Application Narrative.
Applicant/Grantee:
RA-Test Account (COE)
Title:
Tester
Reporting Period Ending:
Add A Milestone
A) Milestone Number B) Milestone Description C) Estimated Comple D) Is milestone contingent upon completio E) What percentage of the Sc G) Actual Completion Date of Milestone H) Estimated percentage of budget for
(Ed) 1 (Remov
TOTAL
Scope of Work Percentage: NaN% % of Budget Spent: NaN%

Figure 124: Status of performance report pop-up

> View Burden	Statement						
	ing Form: B-E in the initial report submitted as part of an application package. At d will show an error message unless the values in each column total 10						
		Edit Milestone			×		
Applicant/Gra RA-Test Account (Provide the appropriate milestone information						
Title: Tester	O* Description test desc	TimeFrame		Contingent No			
Reporting Per	Scope of Work Percentage	Completion Date Sep 15, 2022	苗	©* Budget Spent 100.00%			
Add A Milestone	Cancel Number B) Milestone Description C) Estimated Comple	 D) Is milestone contingent upon completio 	E) What percer	ntage of the Sc G) Actual Con	Submit mpletion Date of Milestone	H) Estimated percentage of budget for	
Edit 1							Remove
TOTAL							
	:Percentage: NaN% bent: NaN%						

5.

6. Once all information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form. 7. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Satisfaction of Special Award Conditions

- The user will enter information into the Satisfaction of Special Award Conditions form (figure 126). The SACs from the original grant application will be displayed in each of the SAC# fields (figure 126). There will be blank fields if the user's original application had less than 10 special award conditions.
- 2. The user will provide text details and/or supporting documents to show how the special award condition was satisfied (figure 126). A response is not required for every SAC, and there is no **validate** button since no field are required on this form.
- 3. Click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

51	faction of Special Award Conditions
Spe	cial Award Condition partially or fully satisfied, please enter a description of how your entity has satisfied the Special Award Condition in the Comment field corresponding to that Special Award Condition and upload as many supporting documents in the Comment field corresponding to that Special Award Condition and upload as many supporting documents in the Comment field corresponding to that Special Award Condition and upload as many supporting documents in the Comment field corresponding to that Special Award Condition and upload as many supporting documents in the Comment field corresponding to that Special Award Condition and upload as many supporting documents in the Comment field corresponding to the Special Award Condition and upload as many supporting documents in the Comment field corresponding to that Special Award Condition and upload as many supporting documents in the Comment field corresponding to that Special Award Condition and upload as many supporting documents in the Comment field corresponding to the Special Award Condition and upload as many support of the Special Award Condition in the Comment field corresponding to the Special Award Condition and upload as many support of the Special Award Condition in the Comment field corresponding to the Special Award Condition and upload as many support of the Special Award Condition in the Comment field corresponding to the Special Award Condition and upload as many support of the Special Award Condition in the Comment field corresponding to the Special Award Condition and upload as many support of the Special Award Condition and upload as many support of the Special Award Condition in the Comment field corresponding to the Special Award Condition and upload as many support of the Special Award Condition and upload as t
	AC1 C1-SAC_S
	Salesforce Sans \checkmark 12 \checkmark B I U G \equiv IF \Rightarrow \Rightarrow \equiv F \Rightarrow \Rightarrow Z
-	This is a special award condition test 1
	11Comments 11Comments-SAC \$
-	
L	Salesforce Sans \checkmark 12 \checkmark B I U \ominus \equiv \downarrow \downarrow \downarrow \downarrow \equiv \downarrow \downarrow \downarrow \downarrow \equiv \downarrow \downarrow \downarrow \downarrow \equiv \equiv \varnothing C I
SAC	1 Supporting File Upload
	A. Upload Files Ordrop files
-	
	AC 2
	Salesforce Sans \checkmark 12 \checkmark B I U \ominus \equiv B $I \oplus$ Θ \equiv B H H B \equiv D D I_{\star}
	This is a special award condition test 2

Figure 126: Satisfaction of Special Award Conditions form

Narrative Justification

- 1. The user will provide a narrative justification text input or file upload on the Narrative Justification Form (figure 127)
- 2. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 3. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

Figure 127: Narrative Justification Form

d further impact the schedule, and a risk		to be addressed in this justification. For time extensio ood of these schedule risks or their impact if they do o		
Varrative Justification				
Salesforce Sans 🔻 12	▼ B I <u>U</u> S ≡			
larrative Justification Upload				
1 Upload Files Or drop files				

New Center of Excellence Details

1. The user will provide a new center of excellence justification text input or file upload on the New Center of Excellence Details form (figure 128).

- 2. Once the information is entered click **Save** then click **Validate** on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 3. When the user has completed adjustments to the form, click **Save** on the bottom left of the screen and click **Next** on the bottom right of the page to continue to the next application form.

New Center of Excellence Details	
After the recipient notifies Treasury and finalizes the selection, the recipient must promptly inform Treasury of the details of new COE and selection process. Please provide a narrative justification for y Funding Opportunity Announcement, the RESTORE Act Program-Specific and Standard Terms and Conditions included on the award, and any Treasury-issued guidance for the specific requirements tha New COE Justification	
New COE Justification Upload	
Aukdate	Ne

Figure 128: New COE Details form

Amendment Uploads

- 1. The user will provide optional supporting documents and conditionally required documents on the Amendment Uploads form (figure 129).
- If the user selected any of the following amendment/ prior approval types, they will be required to upload documents to the first upload question (figure 129). "Material change to award scope of work" OR "Approve subaward or contract not specified in approved scope of work" OR "Early termination".
- 4. Note that there is no save button on this page since each document is saved once uploaded. Once forms have been uploaded click Validate on the bottom left of the screen. Refer to validation step 4 and 5 for filling out an SF-424 form.
- 5. When the user has completed adjustments to the form, click **Next** on the bottom right of the page to continue to the next application form.

Figure 129: Amendment Uploads form

Amendment Uploads	
If you are applying for a modification to an award made on or after June 30, 2022, this scope of work should be in redline format to clearly identify the changes from the original scope of work. If you are applying for a modification to an award made before that date, we strongly encourage submitting the scope of work in redline format to expedite our review, but it is not required. Revised Change in Award Scope Up Or drop files All Other Supporting Information	
Upload Files Or drop files Validate No.	ext

Application Submission form

The project investigator / project director that is filling out this application will see the following page (figure 130). The project investigator / project director will click the validate button (figure 130). To correct validation errors, refer to validation step 4 and 5 for filling out an SF-424 form.

Figure 130: PI/PD view of submission form

Application PDF	
RESTORE Act Application Submission	
The RESTORE Act authorized official with authority to legally bind your organization must certify and s	ubmit your application.
Validate Application	Authorized Official Last Name:
Michael	Gado
Authorized Official Title:	Authorized Official Email:
Tester	michael.gado@icf.com
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a cer The DocuSign link will include the following forms for the Authorized Official to enter their electro 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBENTIA SACTIVITIES SF-LLU (required for all applications) 4. Assurances – Construction Programs SF-424D (required for all Construction/Land Acquisition projects, a	onic signature and thereby certify to the truthfulness, completeness and accuracy of the application:

2. After successfully validating the application the "Ready for AO Review and Submission" button will appear (figure 131). When the button is pressed an email will be sent to the authorized official of the user organization to login and submit the award.

Application PDF	
RESTORE Act Application Submission	
The RESTORE Act authorized official with authority to legally bind your organization must certify and so	ubmit your application.
Validate Application Ready for AO Review and Submission	
Authorized Official First Name:	Authorized Official Last Name:
Michael	Gado
Authorized Official Title:	Authorized Official Email:
Tester	michael.gado@icf.com
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a cert The DocuSign link will include the following forms for the Authorized Official to enter their electro 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 4. Assurances – Construction Programs SF-424D (required for all Construction/Land Acquisiti 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, a	onic signature and thereby certify to the truthfulness, completeness and accuracy of the application:

Figure 131: PI/PD view of submission form and request AO button

3. The authorized official will log into the RGMS portal and click on the application that they were requested to submit by pressing the **View/Edit** link on the **My Application List** (figure 132). The authorized official will review the application information.

Figure 132: Accessing the application from the My Application List

My A	pplication List								Start an Applicatio	on for a New Award
					Filter By Select a Filter	able Field 🔻	Filter Value Select a Value	v	Filter Application	Reset Filter
	Application Number	Project Title	Application Type	Grant Number	Status	Submission Date				
1	RDC2022000258	Test Project Title	New Award		Ready for AO Submission		Download View/Edit	Correspond	lence	
2	RDC2022001002		New Award				Download View/Edit	Correspond	lence	

4. Once they have reviewed the application, they will navigate to the submit tab. Once on the submit tab they will see the "Submit Application" button (figure 133). The submit application button will first validate the application to catch any errors caused during final edits made by the AO. If errors occur refer to validation step 4 and 5 for filling out an SF-424 form. Once they successfully press the button the success message will appear (figure 134) and the authorized official will receive a DocuSign email. The application will be in a status of "AO Signature Pending" until the DocuSign has been complete (see section for completing DocuSign). Note that if the grantee selects only prior approval requests, they will not have any forms to sign in DocuSign.

Application PDF	
RESTORE Act Application Submission	
The RESTORE Act authorized official with authority to legally bind your organization must certify and	submit your application.
Authorized Official First Name:	Authorized Official Last Name:
Michael	Gado
Authorized Official Title:	Authorized Official Email:
Tester	michael.gado@icf.com
After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a ce The DocuSign link will include the following forms for the Authorized Official to enter their electr 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-LLL (required for all applications) 4. Assurances – Construction Programs SF-424D (required for all Construction/Land Acquisit 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, Submit Application	ronic signature and thereby certify to the truthfulness, completeness and accuracy of the application:

Figure 133: AO view of submission form

	Success The Application has been sent to the Authorizing Official for e-Signature. The AO will receive an email with i have.	the DocuSign Envelope. Once the Signature part is completed, the application is considered Submitted	and Treasury will be notified of the submission
00025 tle	-	itton before you navigate away from this page.	
ative	RESTORE Act Application Submission The RESTORE Act authorized official with authority to legally bind your organization must certify and su Authorized Official First Name: Michael	ubmit your application. Authorized Official Last Name: Gado	
5	Authorized Official Title: Tester After you click the button below to SUBMIT APPLICATION, an email will be sent to you with a cert	Authorized Official Email: michael.gado@icf.com	
ads	The DocuSign link will include the following forms for the Authorized Official to enter their electro 1. Application for Federal Assistance SF-424 (required for all applications) 2. RESTORE Act Applicant Certifications (required for all applications) 3. DISCLOSURE OF LOBBYING ACTIVITIES SF-1LL (required for all applications) 4. Assurances - Construction Programs SF-424D (required for all Construction/Land Acquisiti 5. Environmental Compliance Form (required for all Construction/Land Acquisition projects, a Submit Application		
			J

Figure 134: AO view of submission form (with forms to be signed in DocuSign)

11. Federal Financial Reporting

After an award has been accepted, the entity is responsible for submitting federal financial reports based on the reporting schedule listed on the notice of award in the *Federal Financial Report Cycle* table (figure 138). The entity contact that was identified as the financial officer will receive a reminder email 30 days before the reporting period due date for each report. The contacts that were identified as financial officer support will have the ability to assist the financial officer in completing the FFR. However, ONLY the financial officer will have the ability to submit the report. This section will explain the process of completing the federal financial report.

Federal Financial Report	Cycle		
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
12/21/2022	03/31/2023	Semi-Annually	04/30/2023
04/01/2023	09/30/2023	Semi-Annually	10/30/2023
10/01/2023	03/31/2024	Semi-Annually	04/30/2024
04/01/2024	09/30/2024	Semi-Annually	10/30/2024
10/01/2024	03/31/2025	Semi-Annually	04/30/2025
04/01/2025	09/30/2025	Semi-Annually	10/30/2025
10/01/2025	11/19/2025	Final	03/19/2026

Figure 138: Federal Financial Report Cycle table (3rd page of NOA)

1. The financial officer or financial officer support role will log into the RGMS. Once logged in the user will be on the RGMS homepage. On the top dark blue banner, the user will see a link "FFR and PPR Reporting" (figure 139). Once clicked they will be directed to the "My Reports" page (figure 140).

Figure 139: FFR and PPR Reporting link

Hom	e RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting			
Accourt	:					
RA-1	est Account (COE)	*				
RA	Test Account (CC	DE)				
My	Application List					Start an Application for a N
				Filter By	Filter Value	
				Select a Filterable Field	Select a Value 🔹	Filter Application R

Figure 140: My Reports page

527	RGMSUte	er Guide RGMS Grant Notes	FFR and PPR Reporting				
Account RA-Te	st Account (COE)	*					
				My Reports			
FFR							
	FAIN	Project Title			Status FFR	Next FFR Due	
\$	RCEGR110408	Test Project Title			Up to Date	2023-03-31	ALR
2	RDCGR000318	Test Project Title			Up to Date	2023-03-31	ALR
3	RCEGR110407	test coe michael			Up to Date	2023-03-31	All R
4	RCEGR000314	Michael's Test Project 2			Up to Date	2023-03-31	AL
5	RDCGR000322	Testing new testing			Up to Date	2023-03-31	ALF
6	RDCGR000347	Test Project Title			Up to Date	2023-03-31	AER
7	RDCGR000351	Test Project Title			Up to Date	2023-03-31	ALE
8	RDCGR000367	Test Project Title			Up to Date	2023-03-31	AL
9	RDCGR110409	Test 11.18			Up to Date	2023-03-31	ALR

2. The user will click on the "All Reports" link (figure 141) for the grant in the FFR list that they need to complete a report for.

Figure 141: My Reports page FFR

9 RDCGR110409 Test 11.18 Up to Date 2023-03-31 All Reports
--

3. After clicking "All Reports" the user will see a pop-up modal (figure 142). The pop up will display a table with the same information as the Federal Financial Reporting Cycle table mentioned in the notice of award. Once the reporting period start date has passed a link "Start Report" will become available to start the report. Note that although reports can be started after the reporting period start date, reports cannot be submitted until the reporting period end date has passed (30 days before the report due date).

Figure 142: My Reports pop-up FFR

Home R	MS User Guide RGMS Grant Notes FFR and PPR Reporting		
ccount RA-Test Account	All FFR Reports For FAIN RDCGR110409	×	
		*	
	Reporting Period Start Reporting Period End Due Date Reporting Frequency Report Status		
	1 2022-11-17 2023-03-31 2023-03-31 Semi-Annually Start Report		
FR	2 2023-04-01 2023-09-30 2023-10-30 Semi-Annually		
FAIN	3 2023-10-01 2024-03-31 2024-04-30 Semi-Annually		
1 RCEGR1	4 2024-04-01 2024-09-30 2024-10-30 Semi-Annually		All I
2 RDCGR	5 2024-10-01 2025-03-31 2025-04-30 Semi-Annually		All
3 RCEGRC	6 2025-04-01 2025-09-30 2025-10-30 Semi-Annually		All I
4 RDCGR0	7 2025-10-01 2025-11-19 2026-03-19 Final		AIL
5 RDCGR	4	(i	All
6 RDCGR			All F
7 RDCGR			All F
8 RDCGR:		÷	All R
PR		Close	

4. After clicking "Start Report" the user will be directed into the FFR (figure 143).

Figure 143: Federal Financial Report

RESTOR	E Grants Manag	ement Systen	n			2
	Home RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting			
	> View Burden Statement					
		Please save	e your work by clicking the Sa	ve Button before you navigate a	way from this page.	
				inancial Report		
			(FOIL)	w roll in histoccoursy	OMB Number: 4040-0 Expiration Date: 02/28/2	
	1. Federal Agency and Organizat	ional Element to Which Report is Si	ibmitted o			
	Treasury Office of Gulf Coast Re		0			
	2. Federal Grant or Other Identif RDCGR110409	ying Number Assigned by FederalA	gency (To report multiple grants, use FFR)	Attachment)		
	3. Recipient Organization (Name	and complete address including Zi	p code)			
	Recipient Organization Name: (RA-Test Account (COE)	0				
	Street 1: test address 1					
	Street 2: 0					
	test address 2					
	City: 0			County: 0		
	test city			test county		
	State: 0				Province	
	FL: Florida					
	Country:				ZIP / Postal Code:	
	United States of America				360437653	
	4a. UEI: 0			4b. EIN: 👩		
	123d32s2f2s3			123456789		
Save	5. Recipient Account Number or ide	entifying Number(To report multiple g	rants, use FFR Attachment)			
ick the Save button						
save your work fore you navigate	6. Report Type			7. Basis of Accounting		
vay from this page	Semi-Annually			✓ Cash		

5. The user will complete all required (figure 144) fields marked with a red asterisk. After inputting data, the user must click the "Save" button (always in the bottom left of the screen) (figure 144) to ensure data is recorded. If a user with a financial support staff role is completing the form, they should enter in field 13 the name and contact information of the financial officer who will certify and submit the report.



Save Click the Save button to save your work	* 12. Reharks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Upload Files Or drop files
before you navigate away from this page	

Figure 144-1: FFR Certification field

13. Certification: By signing this report, I certify to the best of my knowledge forth in the terms and conditions of the Federal award. Iam aware that any statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and a. Name and Title of Authorized Certifying Official	false, fictitious, or fraudulent information,	or the omission of any material fact,			
Prefix: 0	* First Name: ()		Middle Name: 🚯		
None					
Last Name:			Suffix: 🚯		
			None		•
*Title:					
b. Signature of Authorized Certifying Official		c. Telephone (Area code, number and	d extension)		
* d. Email Address 💽	e	e. Date Report Submitted 👔	14	. Agency use only:	
					
					/

6. After the user completes all required fields, they will click "Validate" (figure 145). If all required fields have been completed the user will see a success message (figure 145). If the validation finds a required field incomplete the user will see a message indicating errors found (figure 146). The user will scroll to the top of the screen to see the complete list of errors (Figure 147). Once the errors have been resolved click "Validate" again.

Figure 145: Successful validation message

m, Progr	Federal program income	-	eduction alternative	🕑 Succ	ess			×			
	gram Income expended in			Succ Saved	ess	2000		\mathbf{X}			
o. Unexp	xpended program income	(line I minus line m or li	ine n) 👩	Javeo	2	\$0.00					
11. Indir	lirect Expense							Add Indirect Exp	ense	🔒 Delete Select	ed
a.	. Туре 🗸	b. Rate	✓ c. Period Fi	rom ~	Period To	✓ d. Base	~ e.	Amount Charg 🗸	f. Federal Share	View/Edit	
g. Totals:	ls:		Base			Amount Charged			Federal Share		
			\$0.00			\$0.00			\$0.00		
	emarks: Attach any explar Upload Files Or drop		ary or information re	equired by Fede	ral sponsoring ager	cy in compliance with gove	rning legislatio	en:			
test											
forth in t	n the terms and condition	is of the Federal award	I. Iam aware that any	false, fictitious	, or fraudulent info	e, complete, and accurate, rmation, or the omission o I 3801-3812).					
forth in i stateme a. Name	n the terms and condition eents, false claims or othe e and Title of Authorized	is of the Federal award rwise. (U.S. Code Title	I. Iam aware that any	r false, fictitious d Title 31, Secti	, or fraudulent info ons 3729-3730 an	rmation, or the omission o		fact, may subject me to c			
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forth in stateme a. Name Prefix: @ -Nom * Last Na Gado * Title: @ tester	n the terms and condition nents, false claims or othe e and Title of Authorized ne	s of the Federal award rwise. (U.S. Code Title Certifying Official	I. Iam aware that any 18, Section 1001 and	false, fictitious d Title 31, Secti First Name	, or fraudulent info ons 3729-3730 an	rmation, or the omission of 13001-3812).	f any material	fact, may subject me to o Middle Name:			for fraud, false
forth in stateme Prefix (-Non "Last Na Gado "Title: (tester	n the terms and condition nents, false claims or othe e and Title of Authorized ne	s of the Federal award rwise. (U.S. Code Title Certifying Official	I. Iam aware that any 18, Section 1001 and	false, fictitious d Title 31, Secti First Name	, or fraudulent info ons 3729-3730 an	rmation, or the omission of 13001-3812).	f any material	Middle Name: Suffic: None			for fraud, false
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forth in i stateme a. Name Prefix: @ Non - Last Ni Gado - Title: @ tester b. Signatu	n the terms and condition nents, false claims or othe e and Title of Authorized ne	s of the Federal award rwise. (U.S. Code Title Certifying Official	I. Iam aware that any 18, Section 1001 and	false, fictitious d Title 31, Secti First Name	, or fraudulent info ons 3729-3730 an	*c. Telephone (Arr 2086-1008	f any material	Middle Name: Suffic: None	riminal, civii oradmin		for fraud, false
forth in i stateme a. Name Prefor: @ Non * Last Na Gado * Title: @ tester b. Signatu	the terms and condition events, false claims or other e and Title of Authorized ne Name: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s of the Federal award rwise. (U.S. Code Title Certifying Official	I. Iam aware that any 18, Section 1001 and	false, fictitious d Title 31, Secti First Name	, or fraudulent info ons 3729-3730 an	*c.Telephone (Arr 2086/1008	f any material	Middle Name: Suffic: None			for fraud, false
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of orth in it stateme a. Name Prefix: @ Non - Last Ni Gado - Title: @ - d. Emai micha	the terms and condition events, false claims or othe events (false claims or othe events (false claims or othe events) anne: o o o ture of Authorized Certifyin all Address ()	s of the Federal award rwise. (U.S. Code Title Certifying Official	I. Iam aware that any 18, Section 1001 and	false, fictitious d Title 31, Secti First Name	, or fraudulent info ons 3729-3730 an	*c. Telephone (Arr 2086-1008	f any material	fact, may subject me to or Middle Name: Suffice None	riminal, civii oradmin		v fraud, faise
forth in stateme a. Name Prefix: q Non - Last Ni Gado - Title: q tester - d. Emai micha	the terms and condition events, false claims or othe events (false claims or othe events (false claims or othe events) anne: o o o ture of Authorized Certifyin all Address ()	s of the Federal award rwise. (U.S. Code Title Certifying Official	I. Iam aware that any 18, Section 1001 and	false, fictitious d Title 31, Secti First Name	, or fraudulent info ons 3729-3730 an	*c. Telephone (Arr 2086-1008	f any material	fact, may subject me to or Middle Name: Suffice None	riminal, civii oradmin		v fraud, faise

Figure 146: Errors found message

	I. Total Federal program inco				dation Error			×			
	m. Program Income expende	ed in accordance with t	he deduction alternation	Ther	e are one or multiple er	rrors. Please scroll up to se	see them				
	n. Program Income expende	ed in accordance with th	ne addition alternative	Suci Save	cess d!			\mathbf{X}			
	o. Unexpended program inc	ome (line I minus line m	or line n) 👩			\$0.00					
	11. Indirect Expense							Add Indirect Exp	bense	💼 Delete Sele	cted
	а. Туре	✓ b. Rate	∽ c. Period	From V	Period To	✓ d. Base	√ e./	Amount Charg 🗸	f. Federal Share	✓ View/E	lit
	g. Totals:		Base \$0.00			Amount Charged			Federal Share		
	* 12. Remarks: Attach any e	xplanations deemed ne		required by Fede	eral sponsoring agency		ning legislation				
		drop files									
	13. Certification: By signing	g this report, I certify to	o the best of my knowl	edge and belief t	hat the report is true, c	complete, and accurate, a	and theexpendi	tures, disbursements a	nd cash receipts are	for the purposes a	nd objectives set
	13. Certification: By signing forth in the terms and cond statements, false claims or a. Name and Title of Author	litions of the Federal an otherwise. (U.S. Code 1	ward. lam aware that a Title 18, Section 1001 a	ny false, fictitiou	s, or fraudulent inform	ation, or the omission of					
	forth in the terms and cond statements, false claims or a. Name and Title of Author Prefix:	litions of the Federal an otherwise. (U.S. Code 1	ward. Iam aware that a Fitle 18, Section 1001 i	ny false, fictitiou and Title 31, Sect First Nam	s, or fraudulent inform ions 3729-3730 and 31	ation, or the omission of					
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	forth in the terms and cond statements, false claims or a. Name and Title of Author Prefix:	litions of the Federal an otherwise. (U.S. Code 1	ward. Iam aware that a Fitle 18, Section 1001 i	ny false, fictitiou and Title 31, Sect First Nam	s, or fraudulent inform ions 3729-3730 and 31	ation, or the omission of		Middle Name:			s for fraud, false
	forth in the terms and cond statements, false claims or a. Name and Title of Author Prefix: None * Last Name:	litions of the Federal an otherwise. (U.S. Code 1	ward. Iam aware that a Fitle 18, Section 1001 i	ny false, fictitiou and Title 31, Sect First Nam	s, or fraudulent inform ions 3729-3730 and 31	ation, or the omission of		act, may subject me to o Middle Name: ()			
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	forth in the terms and cond statements, false claims or a. Name and Title of Author Prefix: None * Last Name:	litions of the Federal an otherwise. (U.S. Code 1 ized Certifying Official	ward. Iam aware that a Fitle 18, Section 1001 i	ny false, fictitiou and Title 31, Sect First Nam	s, or fraudulent inform ions 3729-3730 and 31	ation, or the omission of	f any material fa	Middle Name:			s for fraud, false
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Figure 147: List of errors at the top of the page

	Home RGMS	5 User Guide	RGMS Grant Notes	FFR and PPR Reporting		
	> View Burden St	tatement				
			Please save	e your work by clicking the Save Button befo	ore you navigate away from this p	lage.
	Validation Err	or:				
			10 Cash Receipts is Required			
	Federal Financial R	Report: Question 1	10 Cash Disbursements is Req 12 Remarks upload or text resp			
	Federal Financial R Federal Financial R		13 Last Name is Required 13 Title is Required			
				Federal Financial	Report	
				(Follow form Instructions)		
						OMB Number: 4040-001 Expiration Date: 02/28/202
			al Element to Which Report is Sul	Jomitted 👩		
	Treasury Office of C					
	2. Federal Grant or RDCGR110409	Other Identifying	Number Assigned by FederalAg	Agency (To report multiple grants, use FFR Attachment)		
			d complete address including Zip	n code)		
	3. Recipient Organi.	'zation (Name and .				
	3. Recipient Organiza Recipient Organiza RA-Test Account (C	ation Name: 👩				
	Recipient Organizat	ation Name: 👩				
	Recipient Organizat RA-Test Account (C	ation Name: 👩				
Save	Recipient Organizat RA-Test Account (C Street 1:) test address 1 Street 2:)	ation Name: 👩				
e Save button	Recipient Organizat RA-Test Account (C Street 1: 0 test address 1	ation Name: 👩				
	Recipient Organizat RA-Test Account (C Street 1:) test address 1 Street 2:)	ation Name: 👩		County: @		

7. If validation is successful and it is past the reporting period end date the financial officer support role will see a button "Request FO Review and Submission" (figure 148). When pressed the financial officer support staff will see a toast message (banner message at the top of the screen) to indicate an email was sent to the financial officer. The email will notify the financial officer to review and submit the federal financial report.

		ward. lam aware that any false, fictitious, Title 18, Section 1001 and Title 31, Sectio	t the report is true, complete, and accurate, and theexpe or fraudulent information, or the omission of any materi ns 3729-3730 and 3801-3812).		
	Prefix:	* First Name:	0	Middle Name: ()	
	None	 Michael 			
	* Last Name:			Suffix: 0	
	Michael			None	•
	* Title: O				
	Gado				
	b. Signature of Authorized Certifying Official		* c. Telephone (Area code, num	ber and extension)	
			2088610088		
			1		
	* d. Email Address 🕕		e. Date Report Submitted 🕦	14. Agency use only:	
	michael.gado@icf.com			<u>m</u>	
Save					li
ck the Save button					
save your work					
ore you navigate iy from this page	Validate			View FFR PDF	equest FO Review and Submission

Figure 148: Request FO Review and Submission button

8. Once the financial officer logs into the portal and navigates to the federal financial report they will see a button "DocuSign & Submit FFR" (figure 149). Once pressed the financial officer will receive a DocuSign email sent to the email listed in field 13d (figure 149). Once the DocuSign is signed by the financial officer the FFR is considered submitted and the report status will update in the RGMS. For information on completing DocuSign please refer to the instructions for <u>completing DocuSign</u>. The submitted report and any attachments will now be available to view and download as a zip file.

Figure 149: DocuSign & Submit FFR button

	forth in the terms and conditions of the Fede	tify to the best of my knowledge and belief that the report is true, comple ral award. Iam aware that any false, fictitious, or fraudulent information, iode Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-38	or the omission of any material fact, may subject me to cr	
	a. Name and Title of Authorized Certifying O	fficial		
	Prefix: 0	* First Name: 🚯	Middle Name: 🚺	
	None	Michael		
	* Last Name:		Suffix: 💽	
	Michael		None	· ·
	• Title: ()			
	Gado			
	b. Signature of Authorized Certifying Official		c. Telephone (Area code, number and extension) 👩	
			2088610088	
		ĥ		
	* d. Email Address 🚯	e	Date Report Submitted	14. Agency use only:
	michael.gado@icf.com		#	
Save				11
Click the Save button				
to save your work				
before you navigate away from this page	Validate			View FFR PDF DocuSign & Submit FFR

12. Performance Progress Reporting

After an award has been accepted, the entity is responsible for submitting performance progress reports based on the reporting schedule listed on the notice of award in the *Federal Financial Report Cycle* table (figure 150). The entity contact that was identified as the principal investigator/ program director (PI/PD) will receive a reminder email 30 days before the reporting period due date for each report. The contacts that were identified as program support staff will have the ability to assist the PI/PD in completing the PPR. However, ONLY the PI/PD and Authorized Official (AO) will have the ability to submit the report. This section will explain the process of completing the performance progress report.

Federal Financial Report (Cycle		
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
12/21/2022	03/31/2023	Semi-Annually	04/30/2023
04/01/2023	09/30/2023	Semi-Annually	10/30/2023
10/01/2023	03/31/2024	Semi-Annually	04/30/2024
04/01/2024	09/30/2024	Semi-Annually	10/30/2024
10/01/2024	03/31/2025	Semi-Annually	04/30/2025
04/01/2025	09/30/2025	Semi-Annually	10/30/2025
10/01/2025	11/19/2025	Final	03/19/2026

Figure 150: Federal Financial Report Cycle table (3rd page of NOA)

 The PI/PD or program support staff or user with an AO role will log into the RGMS. Once logged in the user will be on the RGMS homepage. On the top dark blue banner, the user will see a link "FFR and PPR Reporting" (figure 151). Once clicked they will be directed to the "My Reports" page (figure 152).

Figure 151: FFR and PPR Reporting link

Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting)			
Account							
RA-Test	Account (COE)	•					
RA-T	est Account (CC	DE)					
My Ap	plication List						Start an Application f
				Filter By	Filter Value		
				Select a Filterable Field	 Select a Value 	-	Filter Application

Figure 152: My Reports page

	RGMS Use	er Guide RGMS Grant Notes	FER and PPR Reporting				
Account	st Account (COE)	•					
iov is	n ALLOUR (COL)						
				My Reports			
FFR							
	FAIN	Project Title			Status FFR	Next FFR Due	
\$	RCEGR110408	Test Project Title			Up to Date	2023-03-31	ALF
2	RDCGR000318	Test Project Title			Up to Date	2023-03-31	AB
3	RCEGR110407	test coe michael			Up to Date	2023-03-31	AIR
4	RCEGR000314	Michael's Test Project 2			Up to Date	2023-03-31	AL
5	RDCGR000322	Testing now testing			Up to Date	2023-03-31	AL
6	RDCGR000347	Test Project Title			Up to Date	2023-03-31	AFR
7	RDCGR000351	Test Project Title			Up to Date	2023-03-31	AIR
	RDCGR000367	Test Project Title			Up to Date	2023-03-31	AIR
9	RDCGR110409	Test 11.18			Up to Date	2023-03-31	ALR

2. The user will click on the "All Reports" link (figure 153) for the grant in the PPR list that they need to complete a report for.

Figure 153: My Reports page PPR

9 RDCGR110409 Test 11.18 Up to Date 2023-03-31 All Reports	9 RDCGR110409 Test 11.18	Up to Date	2023-03-31	All Reports
--	--------------------------	------------	------------	-------------

3. After clicking "All Reports" the user will see a pop-up modal (figure 154). The pop up will display a table with the same information as the Federal Financial Reporting Cycle table mentioned in the notice of award. Once the reporting period start date has passed a link "Start Report" will become available to start the report. Note that although reports can be started after the reporting period start date, reports cannot be submitted until the reporting period end date has passed (30 days before the report due date).

Figure 154: My Reports pop-up PPR

6 RDCGR000322	Testing new testing Part Due		All Re
7 RDCGR(All PPR Reports For FAIN RDCGR110409	×	All Re
8 RDCGR0			All Re
9 RDCGR(Reporting Period Start Reporting Feriod End Due Date Reporting Frequency Report Status		All Re
10 RDCGR:	1 2022-11-22 2022-11-24 2023-05-01 Semi-Annually Start Report		All R
	2 2023-04-01 2023-09-30 2023-10-30 Semi-Annually		
	3 2023-10-01 2024-03-31 2024-04-30 Semi-Annually		
PPR	4 2024-04-01 2024-09-30 2024-10-30 Semi-Annually		
FAIN	5 2024-10-01 2025-03-31 2025-04-30 Semi-Annually		
1 RCEGR1	6 2025-04-01 2025-09-30 2025-10-30 Semi-Annually		All F
2 RDCGR(7 2025-10-01 2025-11-19 2026-03-19 Final		All F
3 RDCGR:	4	•	All F
4 RCEGR1			All F
5 RCEGRC			All F
6 RDCGR(*	All F
7 RDCGR(All F
8 RDCGR(Close	All R
9 RDCGR000367		Close	All F

4. After clicking "Start Report" the user will be directed into the PPR (figure 155).

Figure 155: PPR Packet

Performance Report > View Burden Statement Performance Report Please save your work by clicking the Save Button before you navigate away from this page. Performance Report PERFORMANCE PROGRESS REPORT SE-DDD SE-DDD	Performance Narrative Milestone Report Performance Report PDR Submission 1. Federal Agency and Organization Element to Which Report Is Submitted 2. Federal Grant or Other Identifying Number Assigned by Treasury Office of Guil Coast Restoration RDCGR110409 3. E. Eloy 1.224557890 1.23457890 1.35780 1.45780 1.6678140 1.67880 1.67880 1.78890 1.78890 1.78890 1.78890 1.78890 1.78990 1.78990 1.78990	
Performance Narrative Milestone Report Performance Report PR Submission 1. Federal Agency and Organization Element to Which Report is Submitted 2. Federal Crant or Other Identifying Number Assigned by Federal Agency 1. Federal Agency and Organization Element to Which Report is Submitted 2. Federal Crant or Other Identifying Number Assigned by Federal Agency 3. DUBS 3.	Performance Narrative Please save your work by clicking the Save Button before you navigate away from this preformance Report Performance Report PERFORMANCE PROCRESS REPORT SPORT PPR Submission 2. Federal Grant or Other Identifying Number Assigned by Treasury Office of Gulf Coast Restoration RocCR110409 3a. EN® 1. Federal Agency and Organization Element to Which Report Is Submitted 2. Federal Grant or Other Identifying Number Assigned by Treasury Office of Gulf Coast Restoration RoCCR110409 3a. EN® 1.234557890 1234557890 1.234557890 1234557890 1.234557890 1234567890 2.24567890 1234567890 2.242567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890 2.234567890 1234567890	
Performance Report Performance Report PRS submission PERformance Parce State State	Performance Report PPR Submission PER Submission PER Submission PERSUPPR <td>page.</td>	page.
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244, types of Printed Name and Tube of Authorized Certifying Official 225. Signature of Authorized Certifying Official		rth in the award documents.
	126. types of Prince inventee and the or Poultwing Official 125. Signature of Authorized Certifying Official	

- 5. The performance progress report packet includes 4 forms and a submission page (figure 155). The user can navigate to each form via the next button on the bottom of the page or by the left side bar menu (figure 155).
- 6. The first form is the PPR cover page (figure 156).

Figure 156: PPR Cover page

Home RGMS User Gu	ide RGMS Grant Notes FFR and	d PPR Reporting			
PPR Cover Page	> View Burden Statement				
Performance Narrative		ave your work by clicking th	e Save Button before you	I navigate away from this page.	
Milestone Report					
Performance Report		PERFORMA	NCE PROGRESS	REPORT	
PPR Submission			SF-PPR		
	1. Federal Agency and Organization Element t	to Which Report is Submitted 🕦	2. Federal Grant or C	Other Identifying Number Assigned by Federal Agency 🕦	
	Treasury Office of Gulf Coast Restoration		RDCGR110409		
	3a. DUNS		3b. EIN 🕕		
	1234567890		123456789		
	4. Recipient Organization (Name and complet	e address including zip code) 🕦		5. Recipient IdentifyingNumber or Account Number	0
	test address 1 test address 2 test city FL: Flor	ida 360437653			
	6. Project/Grant Period				
	Start Date:	End Date:			
	Dec 21, 2022	mov 19, 2025			
	7. Reporting Period End Date		* 8. Final Report?		
	Nov 24, 2022		None		*
		If other, describe:			
	None	*			
	10. Performance Narrative (Attach performance r	narrative as instructed by the awarding Fe	deral Agency) 🕕		
					1.
ive	11. Other Attachments				

7. The user will complete all required fields (figure 156) marked with a red asterisk. After inputting data, the user must click the "Save" button (always in the bottom left of the screen) (figure 156) to ensure data is recorded. If a user with a program support staff role is completing the form, they should enter in field 12 the name and contact information of the PI/PD or AO who will certify and submit the report.

Figure 156-1: PPR Certification statement

12. Certification: I certify to the best of my knowledge and belie	of that this report is correct and o	complete for performance of activi	tiesfor the purposes set forth in the award documents.	
* 12a. Typed or Printed Name and Title of Authorized Certifying	g Official 🚯	12b. Signature of Authorized Cer	tifying Official	
				11
* 12c. Telephone (area code-number-extension) 🕚	* 12d. Email Address 🕕		12e. Date Report Submitted	
				
13. Agency use only				
		1		

8. After the user completes all required fields, they will click "Validate" (figure 157). If all required fields have been completed the user will see a success message (figure 157). If the validation

finds a required field incomplete the user will see a message indicating errors found (figure 158). The user will scroll to the top of the screen to see the complete list of errors (Figure 158). Once the errors have been resolved click "Validate" again.

1. Federal Agency and Organization Future		Z PROMISICALSION OF LIDER IDENT	i ying number Assigned by Federal Agency 🕕	
Treasury Office of Gulf Coast Restora	Success	×		
3a. DUNS 👔	No Validation Error			
1234567890		400457700		
4. Recipient Organization (Name and o	Success Saved!	\mathbf{X}	5. Recipient IdentifyingNumber or Account Number 0	
test address 1 test address 2 test city	101102 000 107 000			
6. Project/Grant Period				
Start Date:	End Date:			
Dec 21, 2022	mov 19, 2025	±1		
7. Reporting Period End Date		*8. Final Report?		
Nov 24, 2022		m No		*
• 9. Report Frequency (1)	If other, describe:			
semi-annual	-			
		nd complete for performance of activit	iesfor the purposes set forth in the award documents.	
* 12a. Typed or Printed Name and Title of A	Authorized Certifying Official 🕦	12b. Signature of Authorized Certi	ifying Official	
Michael Gado				
				11
 12c. Telephone (area code-number-exter 	-		12e. Date Report Submitted	
2088610088	michael.gado@icf.com			曲
13. Agency use only				
		1		
Validate				
				Next

Figure 157: Successful validation message

RESTO	ORE Grants I	Management Syst	Validation There are one	Error e or multiple errors.	×				
Home	RGMS User Guide	RGMS Grant Notes	Success		X				
PPR Cover P		> View Burden Statement	Saved!						
Performance	e Narrative	F	Please save your wo	rk by clicking the Save	Button before you na	wigate away	r from this pa	ge.	
Milestone Re	eport								
Performance	e Report								
PPR Submiss	sion	Validation Error:							
		PPR Cover Page: Question 8 is R PPR Cover Page: Question 9 is R PPR Cover Page: Question 12a is PPR Cover Page: Question 12c is PPR Cover Page: Question 12d is	equired s Required s Required. 10 digits no spa	ices or dashes					
				ERFORMANCE	PROGRESS R	EPORT			
					PROGRESS R PPR	EPORT			
		1. Federal Agency and Organizatio Treasury Office of Gulf Coast Rest	P I	SI			nber Assigned by F	ederal Agency (
		1. Federal Agency and Organizatio	P I	SI	2. Federal Grant or Othe RDCGR110409 3b. EIN		nber Assigned by F	ederal Agency (•
		1. Federal Agency and Organizatio Treasury Office of Gulf Coast Rest 3a. DUNS 1234567890	P on Element to Which Report toration	S I submitted	2. Federal Grant or Othe RDCGR110409		nber Assigned by F	ederal Agency	,
		 Federal Agency and Organizatio Treasury Office of Gulf Coast Rest 3a. DUNS 1234567890 4. Recipient Organization (Name a 	PI on Element to Which Report toration	S I submitted	2. Federal Grant or Othe RDCGR110409 3b. EIN	r Identifying Nun	nber Assigned by F		
Sitve		1. Federal Agency and Organizatio Treasury Office of Gulf Coast Rest 3a. DUNS 1234567890 4. Recipient Organization (Name a test address 1 test address 2 test of	PI on Element to Which Report toration	S I submitted	2. Federal Grant or Othe RDCGR110409 3b. EIN	r Identifying Nun			
Sive Save button		1. Federal Agency and Organizatio Treasury Office of Gulf Coast Rest 3a. DUNS 1234567890 4. Recipient Organization (Name a test address 1 test address 2 test o 6. Project/Grant Period	PI on Element to Which Report toration	Is Submitted	2. Federal Grant or Othe RDCGR110409 3b. EIN	r Identifying Nun			
		1. Federal Agency and Organizatio Treasury Office of Gulf Coast Rest 3a. DUNS 1234567890 4. Recipient Organization (Name a test address 1 test address 2 test of	PI on Element to Which Report toration	s Submitted	2. Federal Grant or Othe RDCGR110409 3b. EIN	r Identifying Nun			

Figure 158: Errors found message and list of errors at the top of the page

- 9. Once the form has been sucessfully validated move to the next form with the next button (figure 157).
- 10. For assistance completing the <u>milestones</u> report or <u>performance measures</u> report please refer to the directions included for amendments (starting on page 96). Milestone reports and performance reports submitted as part of a PPR packet **should not** include new milestones or performance measures. Please ONLY report on established milestones or performance measures included in the last notice of award issued for this grant, unless you have previously discussed new metrics with your Treasury project officer. If your grant is migrated from Grant Solutions, please refer to the NOA PDF to review the milestones and measures on the award.
- 11. Once all forms have been completed the program support role will navigate to the PPR Submission tab (figure 159).

Figure 159: PPR Submission program support

RESTORE	C Grants N	lanagement Syste	em						0
	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting						
PPR Cover Page	ative			RESTORE	Act PPR Su	Ibmission			
Milestone Report		Certifying Official Name & Title:							
Performance Repo	ort	Michael Gado							
PPR Submission		Certifying Official Email: michael.gado@icf.com							
		alidate PPR						View PPR PL	DF

- 12. The program support role will click the "Validate PPR" button (figure 159) to validate all PPR forms. For assistance correcting validation errors please refer to steps 7 and 8. Once corrections have been made, please click "Save" on the page where the corrections were made.
- 13. After the packet has been successfully validated AND it is past the report period end date the program support staff will see a button "Request Certifying Official Review and Submission" (figure 160). Once pressed this will send an email to the certifying official listed in the "Certifying Official Email" (figure 160). This is the same email that was listed on the PPR cover page field 12d. Even though any email can be listed in this field, ONLY contacts with the PI/PD or AO role will have the ability to submit the PPR.
- 14. Once the certifying official (PI/PD or AO) logs into the portal and navigates to the performance progress report they will see a button "DocuSign & Submit PPR" (must be past the report period end date) (figure 161). Once pressed the certifying official will receive a DocuSign email sent to the email listed on the submit tab (figure 160) (field 12d from the cover page). Once the DocuSign is signed by the certifying official the PPR packet is considered submitted. For information on completing DocuSign please refer to the instructions for <u>completing DocuSign</u>.

Figure 160: PPR Submission support staff view

ome RGMS User Guide	e RGMS Grant Notes	FFR and PPR Reporting					
PR Cover Page			RESTORE Act P	PR Submission			
Performance Narrative							
Milestone Report	Certifying Official Name & Title:						
Performance Report	Michael Gado						
PPR Submission	Certifying Official Email: michael.gado@icf.com]		
	Validate PPR			View	PPR PDF	Request Certifying O	fficial Review and Subm

Figure 161: PPR Submission PI/PD and AO view

lome RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting			
PR Cover Page		RESTORE Act F	PR Submission		
erformance Narrative					
lilestone Report	Certifying Official Name & Title:				
erformance Report	Michael Gado				
PR Submission	Certifying Official Email:				
	michael.gado@icf.com				
				F	

13. Operational Self-Assessment

The Operational Self-Assessment is required for all entities that have been issued awards or plan to apply for awards. The Authorized Official for the eligible entity is the only contact that has the ability to submit the annual OSA. The contact indicated as the OSA POC will receive the OSA notification and they will be able to complete the OSA. However, the OSA POC does NOT have the ability to submit the OSA. Once the OSA POC provides information for all required fields and validates the OSA, they then click Request AO Review and submission an auto email notification will be sent to the AO. The notification will ask the AO to log into the system to review and submit the OSA. The following steps will describe how an OSA POC and AO complete and submit the annual OSA.

- 1) After the OSA POC receives the email to complete the OSA they will log into the RGMS portal via the link in the email or the standard RGMS portal login link.
- 2) The OSA POC will navigate to the OSA page by clicking on the "RGMS OSA" link (figure 162)

RESTC	ORE	Grants Ma	nagement Syste	em						Ļ	
	Home	RGMS User Gu	de RGMS Grant Notes	FFR and PPR Reporting							
				Operation	al Self Ass	sessment					
	1	Entity TEST (RA)			Year 2023	Due Date 2024-06-30	Date Submitted	Status Draft	View/Edit		

Figure 162: OSA Page and OSA List

- 3) The OSA POC will access the most current OSA record with the View/Edit link (figure 162). Note that if OSAs were provided in past years and the entity did not complete them, they will only be able to provide information for the most recent OSA request. OSAs from past years may also be viewed in PDF format.
- 4) The OSA POC will provide information in the OSA form for all required fields marked with a red *. After information is provided click the save button to ensure data is saved. (figure 163)

Figure 163: OSA Form

	Entrity Address (Enty)
	Washington
	Entity Address [State]
	DC: District of Columbia
	Entity Address [Zip code]
	20065
	Date OSA Completed
	Comments
	Contracto
	Å
	Self-Assessment Questions: Environment
	*1. Doer management promote open communications throughout the organization and effectively provide information to employees and other stakeholders?
	Yes
	Comment
	test test test
	12. Doe management provide adequate training and supervisory oversight to all employees to ensure that the organization effectively carries out its programs and activities, including employees working on federal grant programs?
	Note
	Comment
	*3. Dopblicles, procedures and processes for managing federal grant funds meet the requirements of OMB 2 CFR Chapter I and Chapter II, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards ²
	None
	Comment
	Comment
	*4. Are the organization's internal controls in compliance with guidance in the "Standards for Internal Control in the Federal Government" issued by the United States Government Accountability Office?
Save	N0
ne Save button	Comment
your work you navigate	
you navigate om this page	

5) The OSA POC will validate the OSA with the button at the bottom of the form "Validate OSA" (figure 165). If validation errors are found they will display at the top of the page. (figure 164)

Figure 164: OSA Validation Errors Found

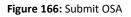
			Validation Error Errors found	r	×
REST	ORE Grants Man	agement Syste	m.		
10101		agement bybe			
	Home RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA	
		Please say	e your work by clicking the	e Save Button before you naviga	ate away from this page.
			- , ,		
	Validation Error:				
	OSA: question 2 is required				
	OSA: question 3 is required				
	OSA: question 4 is required				
	OSA: question 5 is required				
	OSA: question 6 is required				
	OSA: question 7 is required				
	OSA: question 8 is required OSA: question 9 is required				
	OSA: question 10 is required				
	OSA: question 11 is required				
	OSA: question 11b is required				
	OSA: question 11c is required				
	OSA: question 11d is required				
	OSA: question 12 is required				
	OSA: question 13 is required OSA: question 14 is required				
	OSA: question 14 is required OSA: question 15 is required				
	OSA: question 16 is required				
	OSA: question 17 is required				
	OSA: question 18 is required				
	OSA: question 19 is required				
	OSA: question 19b is required				
	OSA: question 19c is required				
	OSA: question 19d is required				
	OSA: question 19e is required OSA: question 20 is required				
	OSA: question 20 is required				
	OSA: question 22 is required				
Save	OSA: question 23 is required				
Jave	OSA: question 24 is required				
ave button	OSA: question 25 is required				
ur work	OSA: question 26 is required				
i navigate	OSA: question 26b is required				
this page	OSA: question 26c is required				

6) The OSA POC will correct any errors and re validate the OSA. If validation is successful a green message will display. (figure 165)

	*32.15 access to data, Including PII, protected against unauthorized access and lifelity is to access and lifelity is to access to data, including PII, protected against unauthorized access and lifelity is to access the second data includes a constraint of the second data includes a	•
	Comment Contraction Contractio	
		11
	Self-Assessment Questions: Monitoring	
	* 33, Are the associated grant fund operations regularly assessed by an internal auditor, inspector General and/or external audit function (Uniform Guidance Audit)?	
	Yes	•
	Comment	
		11
	*34. Does the organization formally respond to all internal audit, Inspector General and external audit findings in writing and make timely remedial actions/corrections? Yes	•
		•
	Comment	
		4
	*35. Does management periodically review all reports, deliverables, expenditures, and other requirements related to federal grant programs to ensure that guidelines and requirements are being met?	~~~~
	2 does intelligence to period and the contrainty event an inclusion of a destructiones, and other inclusion inclusion of each and and the period and to destruct and destruction and destructi	•
	Comment	
		11
	CERTIFICATION OF APPLICANT'S AUTHORIZED OFFICIAL (REQUIRED)	
	I certify that the statements made on this form are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the applicable law.	
	*[Name of Authorized Official]	
	[rame of Autorized Onicia]	
	*[Title of Authorized Official]	
	test	
	* Signature (By typing your full name, if other than the Authorized Official above, you are an authorized submitter of this OSA)]	
	test	
	Date	
		ä
Save		
ck the Save button save your work		
ore you navigate		
ay from this page	Validate OSA Request AO Review and Submission	OSA PDF

Figure 165: OSA Validation Successful

- 7) The OSA POC will request the AO to review and submit the OSA with the button "Request AO Review and Submission". (figure 165) This will send an auto notification the entity's AO roles to ask them to review and submit the OSA.
- 8) The AO will log into the system to review and submit the OSA (please refer to steps 1 and 2 of this section for details on how to navigate to the OSA in RGMS). Only the AO has the authority to submit the annual OSA. (figure 166)



	Self-Assessment Questions: Monitoring	
	* 33. Are the associated grant fund operations regularly assessed by an Internal auditor, Inspector General and/or external audit function (Uniform Guidance Audit)?	
	Yes	
	Comment	
	"34. Does the organization formally respond to all internal audit. Inspector General and external audit findings in writing and make timely remedial actions/corrections?	
	Yes	
	- Comment	

	3.3. Uses initialization for the contrast is the contrast of the contrast o	
	Comment	
	Comment	
		2
	CERTIFICATION OF APPLICANT'S AUTHORIZED OFFICIAL (REQUIRED)	
	I certify that the statements made on this form are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or	
	imprisonent or both under the applicable law.	
	*[Name of Authorized Official]	
	test	
	* [Title of Authorized Official]	
	test	
	* Signature (By typing your full name, if other than the Authorized Official above, you are an authorized submitter of this OSA)]	
	test	
	Date	
Save		
the Save button		

9) To View and print a PDF of the OSA click the OSA PDF link in the OSA list and ensure pop-ups are enabled. (figure 167)

Figure 167: OSA PDF

RESTC	ORE C	Grants Manage	ement System	1						+
	Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA					
				Operation	al Self Assessn	nent				
	E	ntity			Year	Due Date	Date Submitted	Status		
	1 T	EST (RA)			2023	2024-06-30	2023-01-17	Submitted	View/Edit	OSA PDF

14. Manage User Roles

Manage User Roles is only accessible to users with the PI/PD role. This section demonstrates adding a new user and adjusting existing user's roles.

The PI/PD may only create and edit user accounts for the following user roles: Project Investigator/Project Director, Program Support Staff, Financial Officer, and Financial Support Staff. If you need to add a new user with the Authorized Official role or edit an existing Authorized Official's contact information, please contact the help desk at RGMShelpdesk@treasury.gov. If the new Authorized Official is the organization's highest official, please provide in the email to the Help Desk the individual's name, title, email, and any other additional user roles (e.g., Project Investigator/ Project Director) the AO contact needs. If the new Authorized Official is an individual designated by the organization's highest official as an Authorized Senior Official for the purposes of submitting applications in the RGMS, in addition to the information listed previously, you must also attach a letter (in PDF format) signed by the organization's highest official designation to have the AO role in RGMS.

Note if you need to close an existing user account, please contact the help desk at <u>RGMShelpdesk@treasury.gov</u>

Figure 168: Manage User Roles

	RESTORE Grants Management System							• •
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA				
TEST (RA)					Manage	User Roles	
My Appl	ication List						Start an Application fo	r a New Award
				Filter By	Filter Value			
				Select a Filterable Field 🔻	Select a Value	•	Filter Application	Reset Filter

- 1) From the RESTORE Grants Management System Home tab, click the Manage User Roles button.
- Figure 169: Select Account

.GMS		Choose a Restore Act Account							
	Please ch	noose a Restore Act account. Account Name							
	1	TEST (RA)	Select Account						
			_						

2) On the popup, click "Select Account" next to the name of the account you want to manage user roles for.

Figure 170: Designation Form tab

	RESTORE Grants	Management Syst	em	
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA
Introduct Designati				

3) Click on the Designation Form tab.

Figure 171: Designation of Account Roles

Home RGMS User Gu	ide RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA								
Introduction Designation Form	Designation Form Please provide contact information and identify the roles for the individuals who will serve on behalf of the entity. 1. Project Investigator/Project Director										
2. Financial Officer 3. Financial Support Staff 4. Program Support Staff											
	An individual may serve in one or more roles. Eligible entities for Treasury RESTORE assistance may only create and edit user accounts for the following user roles: Project Investigator/Project Director, Program Support Staff, Financial Officer, and Financial Support Staff. If you need to add a new user with the Authorized Official role or edit an existing Authorized Official's contact Information, please contact the help desk at RCMShelpdesk@treasury.gov. If the new Authorized Official is the organization's highest official, please provide in the email to the Help Desk the individual's name, title, email, and any other additional user roles (e.g., Project Investigator/Project Director) the AO contact needs. If the new Authorized Official is an individual designated by the organization's highest official a shauthorized Senior Official for the purposes of submitting applications in the RGMS, in addition to the information listed previously, you must also attach a letter (in PDF format) signed by the organization's highest official designating the individual to have the AO role in RGMS. Note if you need to close an existing user account, please contact the help desk at RGMShelpdesk@treasury.gov										
	Contacts			Add a New o	Contact						
	Name 1 Test Tester	Title		Roles ERA - Point of Contact for Reporting	Edit						

4) Scroll down until you see the Contacts section. If you want to add a new contact, click the Add a New Contact button. If you want to edit an existing contact, click "Edit" for the contact you want to edit.

Figure 172: Create Contact popup

Salutation *First Name		Middle Name	*Last Name	
None v test			test2	
*Title Pho	ne		*Email	
test			test@test.invalid	
Roles Available RA - Financial Officer Support RA - Financial Officer RA - Program Director/Principal Investigator	•	Selected RA - Support Staff		•
Certification: By checking the box below; I certify to the best of my kn RGMS helpdesk at RGMShelpdesk@treasury.gov if the				

5) If you are editing an existing user's roles, skip this step. If you are creating a new contact, Fill out the contact's information in the highlighted fields. Please be aware that the email used in the Email field will be the same email the user will use to establish their Login.gov account.

Figure 173: Edit Contact popup

Salutation Mr.	First Name Test	Middle Name	"Last Name Tester	
*Title	Phone		*Email	
*Roles Available		Selected		
RA - Support Staff RA - Financial Officer Support RA - Financial Officer RA - Program Director/Principal Inve	stigator	4		*
Certification:			rue, complete, and accurate. I agree	

- 6) Select the role you want to add to this contact, then click the > arrow so that the role displays in the rightmost box, as shown in the next diagram. Repeat this step for each role that you wish to add to this contact.
 - a. To REMOVE roles, select the assigned role from the rightmost box, then click the < arrow so that the role displays in the leftmost box. Repeat this step for each role that you wish to remove from this contact.

Figure 174: Edit Contact popup with assigned role

Salutation *First N Mr. Tes		Middle Name	*Last Name Tester	
*Title	Phone		*Email	
*Roles Available RA - Financial Officer Support RA - Financial Officer RA - Program Director/Principal Investigato	r	Selected RA - Support Staff		
Certification:				

7) Confirm that the role(s) you want to assign to this contact are displayed in the rightmost box. Click the checkbox to certify that you have read and agree to the Certification text, then hit the Submit button. Figure 175: Contacts List

(Conta	acts		Add a	New Contact
		Name	Title	Roles	
	1	test test2	test	RA - Support Staff	Edit

8) The user should be displayed under the Contacts section. Their roles should now be listed under the Roles column.

15. Build America, Buy America Act (BABAA)

The Build America, Buy America Act waiver can be submitted to cover a specific FAIN or multiple FAINs. The following roles have access to provide information for a BABAA waiver: RA - Support Staff, RA -Program Director/Principal Investigator; and RA - Authorizing Official. However only the contacts with RA - Program Director/Principal Investigator and/or RA - Authorizing Official have the ability to submit the waiver. The following section will illustrate the process of starting and submitting a BABAA waiver.

Figure 176: BABAA main page

RESTO	RE Grants Manage	ment System					
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA	BABAA		
Build Ar	nerica, Buy Ame	erica Act (BABA	AA) Waiver Request	ts		Start a Ne	ew BABAA Waiver

1) From the BABAA tab, click the "Start a New BABAA Waiver" button.

Figure 177: BABAA Waiver

RE	STORE Grants Ma	nagement System					÷ •
ome	RGMS User Guide	RGMS Grant Notes	FFR and PPR Re	porting	RGMS OSA	BABAA	
	PI	ease save your work by	r clicking the Sav	/e Button	before you navig	gate away from this pag	e.
ild A	merica, Buy A	merica Act - W	aiver				
(Part I), up quired to co	pload the Excel spreadsheet (P	art II), if required (see below for RGMS, if a subrecipient is comp	further details), and su	bmit via the Tr	reasury RESTORE Act (Grants Management System (RG	s must complete all required fields on th MS). While the Direct Component recipi or other party(ies) responsible for carry
1. Entit	ty Name			2. Ent ⁱ	ity Unique Entity Identi	ifier (UEI)	
TEST				d3f4g	5h5h5h5		
	er for a specific project include	he award or project level. Projec d in a multi-project program awa		eeking			<u> </u>
* 5. FAI Availabl	N(s) for Which BABAA Waiver	r is Sought		Selecte	d		
	GR990347 GR990360		ĺ	► RDC	GR990458		▲ ▼
	GR990361 GR990364						
	GR990366 GR990368						
* 7. Are	you requesting a waiver on th	e basis of the public interest?	•				
Noi							▼
	at does this waiver cover? (Indi recommend consulting with T		products or a category(ies) of product	ts. Note waivers for cat	egories of products will be grant	ed only in exceptional circumstances
No	ne						•

2) Fill in the requested information for each section of the waiver.

Figure 178: Save and Validate

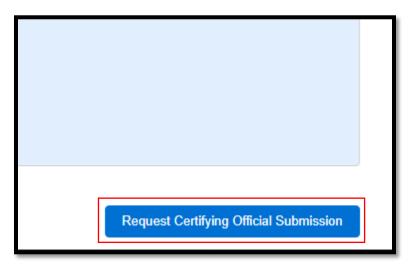
	* 22. Certifying Official Name
	tester name
	23. Date of Certification
Save	
Click the Save button	
to save your work	
before you navigate	
away from this page	Validate Waiver

3) Once you have finished filling out the waiver, click the Save button in the lower left corner, then click the "Validate Waiver" button.

Figure 179: Validation Error

Validation Error:	
Build America, Buy America Waiver: Question 4 is Required	
Build America, Buy America Waiver: Question 7 is required	
Build America, Buy America Waiver: Question 9 is Required	
Build America, Buy America Waiver: Question 16 is Required	
Build America, Buy America Waiver: Question 19 is Required.	

4) If any required fields are not completed, a Validation Error will appear at the top of the screen. Complete the listed sections and then save and validate again, as detailed in the previous step, step 3. Figure 180: Request Certifying Official Submission

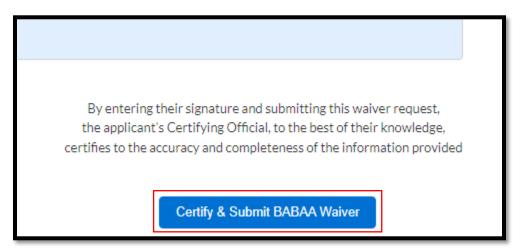


5) If your role is RA – Support Staff, you will need to send a request to the certifying official to submit the waiver. After successfully validating, the "Request Certifying Official Submission" button will appear on the bottom right. Click this button and a Success notification will display to confirm a message has been sent to the Certifying Official.

Figure 181: View/Edit Waiver

RESTORE Grants Management System									
	Home	RGMS User Guide	RGMS Grant Notes	FFR and	I PPR Reporting	RGMS OSA	BABAA		
Build America, Buy America Act (BABAA) Waiver Requests My Waivers									
		Waiver Number	Waiver Title Date Su	bmitted 🕇	Status	FAIN(S)			
	1	RGMS BABAA-000023	Test title		Submission Requested	RDCGR990458,RDC	View/Edit		

6) On the BABAA tab, the waiver status should now read "Submission Requested". If your role is RA – Program Director/Principal Investigator and/or RA – Authorizing Official, you received an email notifying you to log into RGMS to submit the waiver. Navigate to the BABAA tab and click "View/Edit". Figure 182: Certify & Submit BABAA Waiver



7) Verify that the information listed on the BABAA Waiver is correct. Click the "Certify & Submit BABAA Waiver" button on the bottom right. A Success notification will display to confirm that the waiver has been submitted.

Figure 183: Submitted BABAA Waiver

RESTORE Grants Management System									
	Home	RGMS User Guide	e RGMS Grant Note	es FFR and F	PR Reporting	RGMS OSA	BABAA	<u>.</u>	
	Build America, Buy America Act (BABAA) Waiver Requests								
		Waiver Number 🕹	Waiver Title	Date Submitted	Status	FAIN(S)			
	1	RGMS BABAA-000023	Test title	2023-03-23	Submitted	RDCGR990458	View/Edit	Withdraw	

8) The waiver's status should now show Submitted. Once reviewed, the status will change to Approved or Denied. If for any reason you wish to withdraw the submitted BABAA waiver before it is reviewed, click "Withdraw" on the right side of the page.

Figure 184: Withdraw BABAA Waiver

Withdraw BABAA Waiver	×
Do you want to withdraw your BABAA waiver from further review? If yes, please select continue.	
	Cancel

9) A popup will display to confirm that you wish to withdraw the BABAA waiver. If you wish to withdraw the BABAA waiver, click the Continue button. This will withdraw the BABAA waiver from further Treasury review.

16. MULTIYEAR IMPLEMENTATION PLAN (MIP) & Funds Availability

MultiYear Implementation Plans (MIPs) are completed by entities eligible for direct component awards. The following section illustrates the steps for completing a new MIP/ MIP amendment. RGMS will display a record of all previously accepted MIPs for the entity. Please note that while all roles have the ability to provide information for an MIP, ONLY the PI/PD or AO roles will have the ability to submit an MIP. If the entity needs to delete a draft MIP, please contact the RGMS help desk at <u>RGMShelpdesk@treasury.gov</u>.

Figure 185: MIP Tab

	RESTORE Grants	Management Syst	em			
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA	MIP	More 🗸

1) In the RESTORE Grants Management System, click "MIP" on the Navigation bar at the top of the screen.

Figure 186: Start MIP or MIP Amendment

RESTORE	Grants Manageme	ent System				
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA	BABAA	More 🗸
Multi-Year	r Implementation P	lans				Start MIP or MIP Amendment Funds Availability Information

2) Click the "Start MIP or MIP Amendment" button.

Figure 187: Prepare and Submit a MultiYear Implementation Plan

RESTORE	Grants Manageme	ent System					
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA			
Prepare and Submit a Multi-Year Implementation Plan RESTORE TEST (RA)							
-	d MIP Files Iti Year Plan Narrative						
<u>1</u>	Upload Files Or drop files						
	Upload Files Or drop files						
3. Detailed Multi Year Plan Narrative (Required if provided as part of public comment process)							
	Upload Files Or drop files	all public comments and entity	response)				

3) For each section, click "Upload Files". Navigate to each of the required file sections and upload files as necessary.

Figure 188: Upload Files Popup

	×
Upload Files	
example file.docx 4 B	💽 🖥
1 of 1 file uploaded	Done

4) Once the files are selected, this popup will appear to show the files being uploaded. Once the file(s) are uploaded, a green checkmark will appear on the right side of the popup. Click "Done".

Figure 189: Validate

	1 Upload Files Or drop files						
	Title	\sim	Upload Date	\sim	View Uploaded File		
	MIP_Signed_Letterexample file		Apr 3, 2023		View Uploaded File		
	* 6. Map(s) showing where the work will be performed						
	Title	\sim	Upload Date	\sim	View Uploaded File		
	MIP_Mapexample file		Apr 3, 2023		View Uploaded File		
Valid	Validate						

5) Once all files are uploaded, scroll to the bottom of the page, and click "Validate" on the bottom left side of the screen.

Figure 190: Validation Error



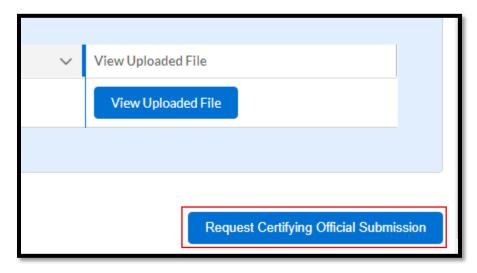
6) A Validation Error will appear if any required sections did not have a file uploaded. Review and upload any missing files, then repeat the previous step, clicking the Validate button on the bottom left.

Figure 191: Validation Successful



7) If there were no errors with validation, a "Validation Successful" popup toast message will appear at the top of the screen.

Figure 192: Request Certifying Official Submission



8) Once the MIP has been validated, click the "Request Certifying Official Submission" button.

Figure 193: AO and PI/PD notification



9) This popup will appear to confirm that the AO and PI/PD have been notified to review and submit the MIP.

Figure 194: RESTORE Grants Management System

	RESTORE Grants	Management Syst	em			
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA	MIP	More 🗸

10) The following steps must be completed by the AO or PI/PD. In the RESTORE Grants Management System, click "MIP" on the top navigation bar.

Multi	-Year Implementation Plans				
					Start MIP or MIP Amendment
					Funds Availability Information
	Version	Date Submitted	Status	Acceptance Date	
1	Initial MIP		Submission Requested		View/Edit

Figure 195: View/edit MIP

11) You should see the MIP listed with a status of "Submission Requested". Click "View/Edit" on the MIP you want to review.

Figure 196: Validate and Submit MIP

Title	V Upload Date	View Uploaded File	
MIP_Signed_Letterexample file	Apr 3, 2023	View Uploaded File	
Title	V Upload Date	✓ View Uploaded File	
Title	✓ Upload Date	✓ View Uploaded File	
MIP_Mapexample file	Apr 3, 2023	View Uploaded File	

12) Review the MIP and confirm that all information is correct. Click the "Submit MIP" button on the bottom right.

Figure 197: Successful MIP Submission

Success Your Multi-Year Implementation Plan has been successfully submitted and will be reviewed by Treasury OGC	×

13) You will see this popup toast message at the top of the screen to confirm that the MIP has been submitted.

Figure 198: RESTORE Grants Management System

	RESTORE Grants	Management Syst	em			
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA	MIP	More 🗸

14) The following steps explain how to view the Funds Availability information for your entity. In the RESTORE Grants Management System, click the "MIP" tab on the top navigation bar.

Figure 199: Funds Availability Information

	RESTORE Grants	Management Syst	tem				• •
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA	BABAA	More 🗸	
Multi-Yea	ar Implementation P	lans					Start MIP or MIP Amendment Funds Availability Information

15) On the bottom right of the screen, click the "Funds Availability Information" button. This will download the Funds Availability Information spreadsheet.

Figure 200: Funds Availability Report

					-
	A» ۲	à	£≞	œ	$\overline{\uparrow}$
Downloads		Ē	Q		☆
Funds Availability R	eport (3).xl	s			

16) You should see a popup indicating the Funds Availability Report has been downloaded. This popup may look different than the above figure, depending on your web browser. Click on the report to open the file and view it.

Figure 201: Microsoft Excel – Open File

The file format and extension of 'Funds Availability Report.xIs' don't match. The file could be corrupted or unsafe. Unless you trust its source, don't open it. Do you want to open it anyway?	Microsof	ft Excel	×
		The file format and extension of 'Funds Availability Report.xls' don't match. The file could be corrupted or unsafe. Unless you trust its source, don't open it. Do you want to open it anyw.	ay?

17) You may see this notification display when you open the Funds Availability Report. Click "Yes" to continue.

Figure 202: Funds Availability Report Spreadsheet



18) The spreadsheet will display the information listed above. The values listed are only an example and your information may be different from the example figure. Below is an explanation of the columns of the funds availability report.

ENTITY: The account name

PROGRAM: Differentiated as Direct Component or Centers of Excellence

TOTAL DEPOSITS TO DATE: The sum of cumulative deposits to the Gulf Coast Restoration Trust Fund for the entity, by individual program, as of the date the report is generated. The annual payment to the Trust Fund occurs in early April and the interest payment is typically deposited in early October. Please visit the <u>RESTORE Act webpage</u> to view and download the complete Trust Fund allocation tables.

TOTAL NET OBLIGATIONS TO DATE: The sum of all RESTORE funds obligated by Treasury for the entity's RESTORE Act grants (including new awards <u>and</u> monetary amendments), less the sum of all RESTORE funds deobligated by Treasury for the entity's RESTORE Act grants (generally pursuant to a closeout action) as of the date the report is generated.

POSTED BALANCE: The 'total deposits to date' minus 'total net obligations to date,' as of the date the report is generated.

TOTAL REQUESTED NOT YET OBLIGATED: The sum of all RESTORE Act funds requested by the entity for which an application has been received by Treasury and an accompanying notice of award has not yet been issued as of the date the report is generated. This total does not include any pending closeouts that may include a deobligation of funds.

PENDING BALANCE: The 'posted balance' minus 'total requested not yet obligated, as of the date the report is generated. This total does not include any pending (i.e., not yet issued) closeouts that may include a deobligation of funds.

17. TRAC Compliance

TRAC may conduct compliance reviews as part of the annual due diligence process. When an entity is selected the entity AO and PI/PD contacts will be notified via email that documents are requested from the entity. The following section will illustrate the grantee process for providing documents as part of a TRAC compliance document request. Note that while only the AO and PI/PD will be notified of the request all entity contacts are able to provide documents for the request.

RE	STORE Grants Ma	magement System					
Home	RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA	MIP	More A	
						Resources	
RESTORE TE	ST (RA)					BABAA	
	RE TEST (RA)					Compliance	

Figure 203: TRAC Compliance

1) In the RESTORE Grants Management System, click "More" on the Navigation bar at the top of the screen, then click "Compliance".

Figure 204: Compliance Requests

Home RGMS User Guide	RGMS Grant Notes	FFR and PPR Reporting	RGMS OSA	MIP	More 🗸	
B Compliance Request (DRL) 2023	Compliance R	eqests			View

2) On the Compliance Requests page, click "View" next to your compliance request.

Figure 205: Upload requested documents

Compliance Review Requests				
Test Plan	Status	Received Date	Verified Date	
1 All Process Areas	Requested			
Documents Requested				
	ntity to administer federal awards, if available. Individual nd key individuals involved with RESTORE Act grants	policies and procedures for specific process areas are also a	cceptable.	
Grantee Notes				
				li
TRAC Response				
Title	✓ Upload Date	~	View Uploaded File	
		Complete Uploads		

3) For each section, click "Upload Files", navigate to the requested documents, and upload them. The user may also provide an explanation of the files provided in the "Grantee Notes" input field. If the user does not plan on completing the document section in their current session but they provided notes, ensure that the save button on the left side of the screen is pressed to save any notes provided.

Test Plan	Status	Received Date	Verified Date	
1 All Process Areas	Requested			
Documents Requested				
I.1 Grant Management Manual used by the entity to I.2 Organizational Chart with departments and key		Upload Files		
Grantee Notes	Test.pdf 28 KB	-	• •	
TRAC Response	RGMS External User Guide 9.7 MB	e_final_for_posting	- •	//
	2 of 2 files uploaded		Done	
Title	V Upload Date	×.	View Uploaded File	
		Complete Uploads		

Figure 206: Document uploaded

Compliance Review Requests				
Test Plan	Status	Received Date	Verified Date	
1 All Process Areas	Requested			
Documents Requested				
1.1 Grant Management Manual used by the entity 1.2 Organizational Chart with departments and ke	to administer federal awards, if available. Individual policie y individuals involved with RESTORE Act grants	es and procedures for specific process areas are also ac	cceptable.	
Grantee Notes				
				li
TRAC Response				
.↑. Upload Files Or drop files				
Title	V Upload Date	~	View Uploaded File	
RGMS External User Guide_final_for_po	osting_March May 24, 2023		View Uploaded File	
Test	May 24, 2023		View Uploaded File	
	[Complete Uploads		

4) After uploading files click "Done". Successfully uploaded files will appear under "Uploaded Files". Click "Complete Uploads". Repeat these steps for each section until files have been uploaded for each.

Figure 207: After clicking "complete uploads"

Compliance Review Requests			
Test Plan	Status	Received Date	Verified Date
1 All Process Areas	Uploaded	May 24, 2023	
Documents Requested			
1.1 Grant Management Manual used by the entity t 1.2 Organizational Chart with departments and key		policies and procedures for specific process areas are also a	icceptable.
Grantee Notes			
Test Test Notes			
TRAC Response			
Title	V Upload Date	~	View Uploaded File
RGMS External User Guide_final_for_po	sting_March May 24, 2023		View Uploaded File
Test	May 24, 2023		View Uploaded File

5) After clicking "complete uploads" the grantee notes section and file upload feature will be locked. Treasury reviewers can unlock individual sections for grantees to provide additional information.

Figure 207: Notify Treasury

R-000047	1.1 Grant Management Manual used by the entity to administer federal awards, if available. Individual policies and procedures for specific process areas are also acceptable. 1.2 Organizational Chart with departments and key individuals involved with RESTORE Act grants	Requested
1	Upload Files Or drop files	
Complete Up	aded Files	
Notify Treas	ury	

6) Once all requested documents have been uploaded, click "Notify Treasury" to notify Treasury that you have completed your TRAC Compliance request. Note that if some sections have not been individually completed with the "Complete Uploads" button the "Notify Treasury" button will automatically lock all remaining sections.

18. Grant Messages

Grant Messages allows grantee users to communicate and share files with OGCR for already awarded grants. Grantee users may store one draft per user per FAIN. The following process shows how grantee users send and view grant messages.

1) Navigate to the my grants list on the RGMS portal "Home" tab.

My Gi	rant	List							
		FAIN	Amendments	Project Title	Status	Award Date			
1		RDCGR990416	Amendments	New closeout test	Awarded	2023-02-13	Message	Download	Request Amendment/Prior Approvals
2		RDCGR990380	Amendments	DC Test 1	Awarded	2023-02-01	Message	Download	Request Amendment/Prior Approvals

2) Click the message link next to the FAIN you want to provide information about.

١	My Gi	rant List							
		FAIN	Amendments	Project Title	Status	Award Date			
	1	RDCGR990416	Amendments	New closeout test	Awarded	2023-02-13	Message	Download	Request Amendment/Prior Approvals
	2	RDCGR990380	Amendments	DC Test 1	Awarded	2023-02-01	Message	Download	Request Amendment/Prior Approvals

3) Provide information for the required fields and any documents you want to include in the message. The user may save the message as draft, cancel to close, or delete the draft. As mentioned above Grantee users may store one draft per user per FAIN (please see next page).

26	RCE	2023001081	docusign test		New Award		Validation Error	s Found	Down	load View/Edit	×
	RD					RGMS Gran	t Message				
lv Gr	rant Li:			NC	DA: NOA-0380	Project Ti	tle: DC Test 1	FAIN: R	DCGR990380		- 1
) C.		Please complete	e all fields marked wit	th an * asterisks							
	🔲 FA	• Subject									
	RE	FAIN RI	DCGR990380								
	L KL	• Category									815
	RD	Site Visit									▼ als
		• Text									
	RD	test test test									als
4	RE										// als
		.									
	RD				of the document and t	he delete button will appe	ar Click the delete h	witten to delete the	document		als
,	RD		ument, piease click o				ai. Click the delete t				
		Title			V Uplo	oad Date		✓ Vi	ew Uploaded File		dis
	RD	4800			Jun	2, 2023			View Uploaded File		als
	RD										als
9	RE										als
	RD								Cancel Delete	Save as Draft	Send

4) After clicking "Send" the user will see a toast message (see below). Treasury OGCR APA and SAM will receive a notification that the grant message has been sent.

24		RDC2023001172	Test email 4a		S	Grant Me Message S			X		Down	Accept oad View/Edit View Award	
25		RDC2023001177	New closeout	t test	Ameno	dment	RDCGR990416	Validated			Downl	oad View/Edit	
26		RCE2023001081	docusign test		New A	ward		Validation Errors	Found		Downl	oad View/Edit	
27		RDC2023001192	DCC Amendr	ment PDF test	Ameno	dment	RDCGR990435	Draft			Downl	oad View/Edit	
MyG	irant	FAIN	Amendments	Project Title				Status	Award Date				
1		RDCGR990416	Amendments	New closeout test				Awarded	2023-02-13	Message	Download	Request Amendment/Prior	Approvals
2		RDCGR990380	Amendments	DC Test 1				Awarded	2023-02-01	Message	Download	Request Amendment/Prior	Approvals

5) To view past grant messages sent or received navigate to the "Grant Messages" tab in the top navigation bar.

ГORE	E Gran	ts Management Sy	vstem						4
Home	e RG	MS User Guide Grant Messages	FFR and PPR Reporting	RGMS	osa mip	More 🗸			
RGM	1S Grant №	lessages							
	Id	Subject	Category	FAIN	Project Title	Created Date ↑	Text		
1	GM-00003	FAIN RDCGR990416 Test UAT Deplo	ASAP	RDCGR990416	New closeout test	Jun 1, 2023	Test UAT Deployment	View	Dov
2	GM-00004	FAIN RDCGR990416 test test record 4	Closeout	RDCGR990416	New closeout test	Jun 1, 2023	test 4:51	View	Do
3	GM-00005	FAIN RDCGR990416	SF-428 Submission	RDCGR990416	New closeout test	Jun 1, 2023	Test	View	Do
4	GM-00008	FAIN RDCGR990416	Report Extension	RDCGR990416	New closeout test	Jun 1, 2023	Testestest	View	Do
5	GM-00009	FAIN RDCGR990416 4:58	Site Visit	RDCGR990416	New closeout test	Jun 1, 2023	I'm coming 4:58	View	Do

- 6) The user can sort the list by the different column by clicking on the headers.
- 7) The user can download all files in a zip file via the download link next to the records.

Home	RGMS User Guide Grant Messa	ges FFR and PPR Reportin	g RGMS	OSA MIP	More 🗸		
TIONE			6 1000				
RGMS Grant	t Messages						
ld							
	Subject	Category	FAIN	Project Title	Created Date ↑	Text	
1 GM-000			FAIN RDCGR990416	Project Title New closeout test	Created Date ↑ Jun 1, 2023	Text Test UAT Deployment	View
							View
	03 FAIN RDCGR990416 Test UAT Deplo	o ASAP					View
1 GM-000 2 GM-000	 FAIN RDCGR990416 Test UAT Deplo FAIN RDCGR990416 test test record 4 	a ASAP	RDCGR990416 RDCGR990416	New closeout test	Jun 1, 2023 Jun 1, 2023	Test UAT Deployment	View
1 GM-000	 FAIN RDCGR990416 Test UAT Deplo FAIN RDCGR990416 test test record 4 	o ASAP	RDCGR990416	New closeout test	Jun 1, 2023	Test UAT Deployment	
1 GM-000 2 GM-000	 FAIN RDCGR990416 Test UAT Depk FAIN RDCGR990416 test test record 4 FAIN RDCGR990416 	a ASAP	RDCGR990416 RDCGR990416	New closeout test	Jun 1, 2023 Jun 1, 2023	Test UAT Deployment	View

8) To view details of the grant message, click on the "View" link next to the record.

RC	GMS	6 Grant M	essages							
		ld ↓	Subject	Category	FAIN	Project Title	Created Date	Text		
	1	GM-00035	FAIN RDCGR990380	Site Visit	RDCGR990380	DC Test 1	Jun 2, 2023	test test	View	Download

9) When the user accesses a message that has been sent the record will be read only and the user will not be able to make changes.

ORE Grai	nts Manage	ement Syst	em					-
Home	RGMS User Guide	Grant Messages	FFR and PPR Reporting	RGMS OSA	MIP	More 🗸		
			R	GMS Grant Me	ssages			
			NOA: NOA-0380 Pr	oject Title	DC Test 1	AIN: RDG	CGR990380	
* Subject	CCD000280							
	CGR990380							
Category Site Visit								
• Text								
test test test								
Title			V Upload Date			~	View Uploaded File	
4800			Jun 2. 2023				View Uploaded File	

19. Delete Application

Deleting an application: Grantees can now delete applications in "Draft" status on the RGMS portal when they are no longer needed. For example, grantees may wish to delete applications accidentally assigned an incorrect application type or applications returned by OGCR.

 After logging into the RGMS Portal as a PI/PD or AO, the "My Application" list is displayed. Notice that when an application is set to "Draft" the "Delete" link appears. Select Delete.

		-							
Home	RGMS User Guid	e Grant Messages	FFR and PPR Reporting	RGMS OSA	MIP	More 🗸			
Account									Manage User Roles
TEST RA 2		•							
TEST F	RA 2								
My Appl	ication List							Start an	Application for a New Award
	Application Number	Project Title	Application Type	Grant Number	Status	Submission Date			
1 🗌	RDC2024001261	Gulf Coast Reconstruction Efforts	New Award		Draft		Download Vi	ew/Edit	Delete Withdraw
		Oyster Bed Restoration and Cleanup	New Award		Draft		Download Vi	- 1212	Delete

2) After selecting "Delete" a window will appear asking you to confirm the deletion. When you are ready to delete, select "Yes."

E Grants M	vianagei	ment Syst	em	1						
RGMS User Gui	de Gr	ant Messages	FFR and PPR Reporting	RGMS OSA	MIP	More 🗸				
									Manage User Roles	
RA 2			De	elete Applicati	ion		×			
ication List			Are you sure y	ou want to delet	te this appli	cation?		Start	an Application for a New Award	
Application Number	Project Title									
RDC2024001261	Gulf Coast Re							oad View/Edit	Delete Withdraw	
RDC2024001262	Oyster Bed Re Effort	is .					No	ad View/Edit	Delete	
ıt List										
FAIN	Amendments	Project Title		Sta	atus Av	vard Date				

3) The page will then refresh, and the record will no longer be visible on the portal.

20. Withdraw Application

Withdrawing an application: Grantees can now withdraw applications that 1) have been returned by OGCR and 2) are in the "Draft" status on the RGMS portal. The Advantage of Withdrawing an application versus Deleting, is that grantee can still see their application on the portal after withdrawing. When you delete an application, the grantee no longer sees the application on the portal.

1) After logging into the RGMS Portal as a PI/PD or AO, the "My Application" list is displayed. Notice that when an application is set to "Draft" the "Withdraw" link appears. Select Withdraw.

		A					
Home	RGMS User Guide	e Grant Messages	FFR and PPR Reporting	RGMS OSA	MIP	More 🗸	
Account							Manage User Roles
TEST RA 2		•					
TEST R	A 2						
My Applic	ation List						Start an Application for a New Award
	Application Number	Project Title	Application Type	Grant Number	Status	Submission Date	
	Application Number	Project Title	Application Type	Grant Number	Status	Submission Date	dit Delete Wit

2) After selecting "Withdraw" a window will appear asking you to confirm the withdrawal. When you are ready to withdraw, select "Yes".

		Manage User Roles
RA 2		
ication List	Withdraw Application	Start an Application for a New Award
Application Number Project Title	Are you sure you want to withdraw this application?	
RDC2024001261 Gulf Coast Rec		oad View/Edit Delete Withdraw
t List		
FAIN Amendments		res
RDCGR0544-0 Amendments	Awarded 2024-04-23 Message Dov	vnload Request Amendment/Prior Approvals

3) The Page will then refresh, and the record will now be under the "Withdrawn Application List". Grantees may still view the application and access existing files uploaded to the application but cannot upload new files or access values in the fields. The grantee can also select "Download" which will download all related application PDFs and related files associated to a FAIN.

Wit	hd	lrav	vn Application I	List						
			Application Number	Project Title	Application Type	Grant Number	Status	Submission Date		
1			RDC2024001261	Gulf Coast Reconstruction Efforts	New Award		Withdrawn		Download	View

21. Denied Application

Denying an Application: This option allows the OGCR Program Director to deny applications that do not satisfy the eligibility, administrative, and/or other applicable requirements of the RESTORE program.

1) After logging into the RGMS, the list of denied applications is displayed under the "Denied Application List."

Denie	d A	pplication List							
		Application Number	Project Title	Application Type	Grant Number	Status	Submission Date	Denial Letter	
1		RDC2024001262	Oyster Bed Restoration and Cleanup Effort	New Award		Denied		Download	View

2) Grantees may still view the application, and access existing files uploaded to the application, but cannot upload new files or access values in the fields. The grantee can also select "Download" which will download the denial letter related to the Project FAIN. Additionally, grantees will receive a denial email from OGCR with the denial letter attached. The denial letter will explain the primary reason on why the Application was denied and the entity's appeal rights.

*Note "Sandbox" in screenshots represent a test environment.

Sandbox: RESTORE ACT Application RDC2024001301 Denied
noreply@treasury.gov <rgmshelpdesk@treasury.gov> To khinkley@ppgov.net.uat; Sperry, Nicklaus (Contractor); Sunkara, Ambika (Contractor); rburas@ppgov.net.uat; pdove@ppgov.net.uat; kclark@ppgov.net.uat; ccomeaux@bbecllc.com.uat Retention Policy Default Delete after 7 Years (7 years)</rgmshelpdesk@treasury.gov>
(i) Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.
TEST.rtf 644 bytes
** Caution: External email from: [rgmshelpdesk@treasury.gov] Pay attention to suspicious links and attachments. Send suspicious email to suspect@treasury.gov **
Treasury's Office of Gulf Coast Restoration (OGCR) has denied the RESTORE Act application for RDC2024001301 (Multiyear Implementation Plan Update Preparation).

Denial Comments: MYP Update Preparation Application Denial

22. OGCR Team Actions

The Office of Gulf Coast Restoration has made updates to their internal processes as of January 1, 2024. Please see the changes listed below:

- Initiate an Administrative Amendment: With this functionality, OGCR can start an administrative amendment for Notice of Award records that were issued and accepted or closed, to correct any errors from the first submission. This ensures data accuracy and helps OGCR have the right information.
- Funds Authorization Table: There have been updates to the Funds Authorization Table that will make viewing the table in PDFs easier. OGCR can now show missing actions

that could not be shown during the initial migration from Grants Solutions to the RGMS Portal.