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(g) Applicability.--An agreement entered into under this section shall apply to weeks of unemployment--

- (1) beginning after the date on which such agreement is entered into; and
- (2) ending on or before December 31, 2020.

**Supplemental Budget Request (SBR) Application**

**Instructions:** States must complete the application using the suggested format and instructions below for the projects/activities for which the state is seeking funding. This application is to be combined with a completed SF-424 and an SF-424A covering all projects/activities.

<b>Unemployment Insurance Supplemental Budget Request Abstract</b>		
<b>State Name:</b>		
<b>Total Funds Requested for All Projects:</b>		
<b>Name, Title, and Address of Grant Notification Contact (<i>Typically the State Workforce Agency Administrator</i>)</b> <b>Name:</b> <b>Title:</b> <b>Address:</b>		
<b>Name, E-Mail Address, and Phone Number of SBR Project or Fiscal Manager</b> <b>Name:</b> <b>E-Mail Address:</b> <b>Telephone Number:</b>		
<b>Provide the following information for each project (<i>add additional rows as needed</i>):</b>		
<b>Project Name</b>	<b>Total Cost of Project</b>	<b>Proposed Completion Date</b>

<b>Project Description</b>
<b>Project Timeline</b>

<b>Description of Costs</b>			
<b>State Agency Staff Costs:</b>			
<b>Type of Position</b>	<b>Total Hours</b>	<b>Cost Per Hour</b>	<b>Total</b>
<b>Contract Staff Costs:</b>			
<b>Type of Position</b>	<b>Total Hours</b>	<b>Cost Per Hour</b>	<b>Total</b>
<b>Hardware, Software and Telecommunications Equipment:</b>			
<b>Item Description</b>	<b>Cost Per Item</b>	<b>Quantity</b>	<b>Total</b>
<b>Other Costs:</b>			
<b>Item</b>	<b>Cost</b>	<b>Explanation</b>	



## **SBR APPLICATION SECTION INSTRUCTIONS**

**Amount of Funding Request for this Project:** Provide the total amount of funds requested for all projects.

**State Contact(s):** Provide name, telephone number, and e-mail address of the individuals - Grant Notification contact and SBR Project/Fiscal Manager for any questions we may have relating to this proposal.

**Project Name:** Provide the name of the proposed project.

**Project Description:** Provide a brief description of the projects/activities for which the state seeking funding.

**Project Timeline:** Provide a list of the dates and the milestones for this projects/activities.

**Description of Costs:** Provide an explanation of all costs for the projects/activities.

- **State Agency Staff Costs:** Use the table format provided in this attachment to request state staff to support project implementation.
- **Contract Staff Costs:** Use the table format provided in this attachment to request contract staff to support project implementation.
- **Hardware, Software, and Telecommunications Equipment:** Provide an itemized list of hardware, software, and telecommunications equipment including the cost per item and the number of each item requested. A description of each item must provide any information needed to identify the specific item and a description of the size and capacity of each item if applicable.
- **Other Costs:** Identify each item of cost not covered elsewhere and provide the expected cost per item. The need for each item must be explained.

**Instructions Completing the SF-424 and SF-424A**

I. Application for Federal Assistance (SF-424)

Use the current version of the form for submission. Expired forms will not be accepted. SF-424, Expiration Date 12/31/2022, Office of Management and Budget (OMB) Control No. 4040-0004 (Grants.gov).

<https://www.grants.gov/web/grants/forms/sf-424-family.html>.

**Section # 8, APPLICANT INFORMATION:**

- Legal Name: The legal name must match the name submitted with the System for Award Management (SAM). Please refer to instructions at <https://www.sam.gov>
- Employer/Tax Identification Number (EIN/TIN) : Input your correct 9-digit EIN and ensure that it is recorded within SAM
- Organizational DUNS: All applicants for Federal grant and funding opportunities are required to have a 9-digit Data Universal Numbering System (D-U-N-S®) number, and must supply their D-U-N-S® number on the SF-424. Please ensure that your state is registered with the SAM. Instructions for registering with SAM can be found at <https://www.sam.gov>. Additionally, the state must maintain an active SAM registration with current information at all times during which it has an active Federal award or an application under consideration. To remain registered in the SAM database after the initial registration, there is a requirement to review and update the registration at least every 12 months from the date of initial registration or subsequently update the information in the SAM database to ensure it is current, accurate, and complete. Failure to register with SAM and maintain an active account will result in a rejection of your submission.
- Address: Input your complete address including Zipcode+4; Example: 20110-831. For lookup, use link at <https://tools.usps.com/go/ZipLookupAction!input.action>
- Organizational Unit: Input appropriate Department Name and Division Name, if applicable
- Name and contact information of person to be contacted on matters involving this application. Provide complete and accurate contact information including telephone number and email address for the point of contact

**Section # 9, Type of Applicant 1:** Select Applicant Type: Input “State Government”

**Section # 10, Name of the Federal Agency:** Input “Employment and Training Administration”

**Section # 11, Catalog of Federal Domestic Assistance Number:** Input “17.225”; **CFDA Title:** Input “Unemployment Insurance”

**Section # 12, Funding Opportunity Number and Title:** Input “UIPL No. 17-20, Pandemic Emergency Unemployment Compensation Implementation Grants”

**Section # 13, Competition Identification Number:** Leave Blank

**Section # 14, Areas Affected by Project:** Input the place of performance for the project implementation; Example “NY” for New York

**Section # 15, Descriptive Title of Applicant’s Project:** Input “Pandemic Emergency Unemployment Compensation Implementation Grants”

**Section # 16, Congressional Districts of:**

a. Applicant: Input the Congressional District of your home office. For lookup, use link at [www.house.gov](http://www.house.gov) with Zipcode + 4

b. Program/Project: Input the Congressional District where the project work is performed. If it’s the same place as your home office, input the congressional district for your home office. For lookup, use link at [www.house.gov](http://www.house.gov) with Zipcode+4

**Section # 17, Proposed Project**

a. Start Date: Input a valid start date for the project (earliest start date will be March 27, 2020)

b. End Date: Input a valid end date for the project

**Section # 18, Estimated Funding (\$):** Input the estimated funding requested. Ensure that the funding requested matches the TOTALS in Section B – Budget Categories of the SF424A

**Section #s 19 – 20:** Complete as per instructions for Form SF-424

**Section # 21, Authorized Representative:** Please select the “I AGREE” check box and provide complete information for your authorized signatory including contact information such as telephone number and email address. If your Authorized Representative has changed from your previous application submission for this program, please include a letter from a higher level leadership authorizing the new signatory for the application submission

**Remember to get the SF-424 signed and dated by the Authorized representative**

## II. Budget Information -Non-Construction Programs (SF-424A)

Use the current version of the form for the submission. Expired forms will not be accepted. SF 424A, Expiration Date 02/28/2022, OMB Control No. 4040-0006 <https://apply07.grants.gov/apply/forms/readonly/SF424A-V1.0.pdf>

**Section B – Budget Categories:** Ensure that TOTALS in Section 6, Object Class Categories matches the Estimated Funding requested in the SF-424.