

<b>Opportunity Title:</b>	Scholarships for Disadvantaged Students
<b>Offering Agency:</b>	Health Resources & Services Administration
<b>CFDA Number:</b>	93.925
<b>CFDA Description:</b>	Scholarships for Health Professions Students from Disad
<b>Opportunity Number:</b>	HRSA-10-111
<b>Competition ID:</b>	3852
<b>Opportunity Open Date:</b>	04/16/2010
<b>Opportunity Close Date:</b>	06/01/2010
<b>Agency Contact:</b>	Andreina Stampone      Hai Le Public Health Analyst    ARRA Public Health Analyst Telephone: (301) 443-1701      Telephone: (301) 443-1541 Fax: (301) 443-0846      Fax: (301) 443-0846

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* **Application Filing Name:** Navajo County Community College District

## Mandatory Documents

Move Form to Complete

Move Form to Delete

## Mandatory Documents for Submission

SF424 (R & R)  
 HHS CheckList Form PHS-5161  
 Assurances for Non-Construction Programs (SF-42)

## Optional Documents

Move Form to Submission List

Move Form to Delete

## Optional Documents for Submission

## Instructions

### 1 Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

### 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

### 3 Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.



**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

**3. DATE RECEIVED BY STATE**

**State Application Identifier**

**1. \* TYPE OF SUBMISSION**

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

**4. a. Federal Identifier**

**b. Agency Routing Identifier**

**2. DATE SUBMITTED**

**Applicant Identifier**

**5. APPLICANT INFORMATION**

**\* Organizational DUNS:** 068421650

**\* Legal Name:** Navajo County Community College District

**Department:** Nursing

**Division:** Nursing and Allied Health

**\* Street1:** P.O. Box 610

**Street2:** 101 North First Avenue at Hopi Drive

**\* City:** Holbrook

**County / Parish:** Navajo

**\* State:** AZ: Arizona

**Province:**

**\* Country:** USA: UNITED STATES

**\* ZIP / Postal Code:** 86025-0610

Person to be contacted on matters involving this application

**Prefix:** Dr. **\* First Name:** Jeanne

**Middle Name:**

**\* Last Name:** Swarthout

**Suffix:** PhD

**\* Phone Number:** 928-524-7418

**Fax Number:** 928-524-7419

**Email:** jeanne.swarthout@npc.edu

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):** 860277526

**7. \* TYPE OF APPLICANT:**

H: Public/State Controlled Institution of Higher Education

Other (Specify):

**Small Business Organization Type**

☐ Women Owned

☐ Socially and Economically Disadvantaged

**8. \* TYPE OF APPLICATION:**

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ E. Other (specify):

**\* Is this application being submitted to other agencies?** Yes ☐ No ☒ What other Agencies?

**9. \* NAME OF FEDERAL AGENCY:**

Health Resources & Services Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 93.925

**TITLE:** Scholarships for Health Professions Students from Disadvantaged Backgrounds

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Future Nurses Empowered by Supplemental Scholarships - FNESS

**12. PROPOSED PROJECT:**

**\* Start Date**

**\* Ending Date**

07/01/2010

06/30/2011

**\* 13. CONGRESSIONAL DISTRICT OF APPLICANT**

AZ-01

**14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

**Prefix:** Dr. **\* First Name:** Debra

**Middle Name:**

**\* Last Name:** McGinty

**Suffix:** Ph.D.

**Position/Title:** Dean of Nursing and Allied Health

**\* Organization Name:** Navajo County Community College District

**Department:** Nursing

**Division:** Nursing and Allied Health

**\* Street1:** P.O. Box 610

**Street2:** 101 North First Avenue at Hopi Drive

**\* City:** Holbrook

**County / Parish:** Navajo

**\* State:** AZ: Arizona

**Province:**

**\* Country:** USA: UNITED STATES

**\* ZIP / Postal Code:** 86025-0610

**\* Phone Number:** 928-532-6133

**Fax Number:** 928-537-3056

**\* Email:** debra.mcginity@npc.edu



<b>15. ESTIMATED PROJECT FUNDING</b>  a. Total Federal Funds Requested <input style="width: 150px;" type="text" value="30,000.00"/> b. Total Non-Federal Funds <input style="width: 150px;" type="text" value="0.00"/> c. Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="30,000.00"/> d. Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	<b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text"/>  b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<b>17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>  <input checked="" type="checkbox"/> * I agree  <small>* 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.</small>	
<b>18. SFLLL or other Explanatory Documentation</b> <div style="border: 1px solid black; height: 20px; width: 400px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"><span style="border: 1px solid black; padding: 2px 5px;">Add Attachment</span><span style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</span><span style="border: 1px solid black; padding: 2px 5px;">View Attachment</span></div>	
<b>19. Authorized Representative</b> <div style="display: flex; justify-content: space-between;"><div>Prefix: <input *="" <input="" first="" name:="" style="width: 150px;" type="text" value="Jeanne"     =""/></div><div>Middle Name: <input style="width: 150px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between;"><div>* Last Name: <input style="width: 300px;" type="text" value="Swarthout"/></div><div>Suffix: <input style="width: 80px;" type="text" value="Ph.D."/></div></div> <div>* Position/Title: <input style="width: 250px;" type="text" value="President, Northland Pioneer College"/></div> <div>* Organization: <input style="width: 350px;" type="text" value="Navajo County Community College District"/></div> <div>Department: <input style="width: 120px;" type="text"/>      Division: <input style="width: 120px;" type="text"/></div> <div>* Street1: <input style="width: 250px;" type="text" value="101 North First Avenue at Hopi Drive"/></div> <div>Street2: <input style="width: 250px;" type="text" value="P.O. Box 610"/></div> <div>* City: <input style="width: 120px;" type="text" value="Holbrook"/>      County / Parish: <input style="width: 180px;" type="text" value="Navajo"/></div> <div>* State: <input style="width: 150px;" type="text" value="AZ: Arizona"/>      Province: <input style="width: 100px;" type="text"/></div> <div>* Country: <input style="width: 150px;" type="text" value="USA: UNITED STATES"/>      * ZIP / Postal Code: <input style="width: 120px;" type="text" value="86025-0610"/></div> <div>* Phone Number: <input style="width: 100px;" type="text" value="928-524-7418"/>      Fax Number: <input style="width: 100px;" type="text" value="928-524-7419"/></div> <div>* Email: <input style="width: 250px;" type="text" value="jeanne.swarthout@npc.edu"/></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><b>* Signature of Authorized Representative</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">Betsyann Wilson</div></div><div style="width: 45%;"><b>* Date Signed</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">05/20/2010</div></div></div>	
<b>20. Pre-application</b> <input style="width: 250px;" type="text"/> <div style="display: flex; justify-content: flex-end; gap: 10px; margin-top: 5px;"><span style="border: 1px solid black; padding: 2px 5px;">Add Attachment</span><span style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</span><span style="border: 1px solid black; padding: 2px 5px;">View Attachment</span></div>	

## CHECKLIST

**NOTE TO APPLICANT:** This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☒ NEW ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

**PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.**

- |                                                                                                                                                                                                                                                        | Included                            | NOT Applicable                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE) .....                                                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |
| 2. Proper Signature and Date on PHS-5161-1 "Certifications" page. ....                                                                                                                                                                                 | <input checked="" type="checkbox"/> |                                     |
| 3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) .....                                                                                                      | <input checked="" type="checkbox"/> |                                     |
| 4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690) |                                     |                                     |
| <input type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....                                                                                                                                                                                      |                                     |                                     |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....                                                                                                                                                                        |                                     |                                     |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....                                                                                                                                                                     |                                     |                                     |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....                                                                                                                                                         |                                     |                                     |
| 5. Human Subjects Certification, when applicable (45 CFR 46) .....                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**PART B: This part is provided to assure that pertinent information has been addressed and included in the application.**

- |                                                                                                                                                               | YES                                 | NOT Applicable                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) ..... | <input checked="" type="checkbox"/> |                                     |
| 3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE? .....                                                                | <input checked="" type="checkbox"/> |                                     |
| 4. Have biographical sketch(es) with job description(s) been attached, when required? .....                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? .....              | <input checked="" type="checkbox"/> |                                     |
| 6. Has the 12 month detailed budget been provided? .....                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? .....                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. For a Supplemental application, does the detailed budget address only the additional funds requested? .....                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? .....                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**PART C: In the spaces provided below, please provide the requested information.**

Business Official to be notified if an award is to be made

Name: Prefix:  \* First Name:  Middle Name:   
 \* Last Name:  Suffix:   
 Title:   
 Organization:   
 Address: \* Street1:   
 Street 2:   
 \* City:   
 \* State:  Province:   
 \* Country:  \* Zip / Postal Code:   
 \* Telephone Number:   
 E-mail Address:   
 Fax Number:

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

-



**PART C (Continued): In the spaces provided below, please provide the requested information.**

Program Director/Project Director/Principal Investigator designated to direct the proposed project

**Name:** Prefix: Dr. \* First Name: Debra Middle Name:   
 \* Last Name: McGinty Suffix: PhD

**Title:** Dean of Nursing and Allied Health

**Organization:** Northland Pioneer College

**Address:** \* Street1: P.O. Box 610  
 Street2: 101 North First Avenue at Hopi Drive  
 \* City: Holbrook  
 \* State: AZ: Arizona Province:   
 \* Country: USA: UNITED STATES \* Zip / Postal Code: 86025-0610

\* Telephone Number: 928-532-6133

**E-mail Address:** debra.mcqinty@npc.edu

**Fax Number:** 928-537-3056

**SOCIAL SECURITY NUMBER**297-52-8336**HIGHEST DEGREE EARNED**PhD-Nursing**PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: \* (Agency)

on \* (Date)

**INVENTIONS**

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

**EXECUTIVE ORDER 12372**

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.



**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.



9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Betsyann Wilson</p>	<p>* TITLE</p> <p>President, Northland Pioneer College</p>
<p>* APPLICANT ORGANIZATION</p> <p>Navajo County Community College District</p>	<p>* DATE SUBMITTED</p> <p>05/20/2010</p>



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**System Message:** The HRSA EHBs will be undergoing a major system upgrade on Friday, December 17th starting at 5:00 P.M. EST. The system will be unavailable from 5:00 P.M. on Friday, December 17th through 5:00 P.M. on Sunday, December 19th. This notice will disappear once the upgrade has been completed. We apologize for any inconvenience and appreciate your patience during this downtime.

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## PREVIEW NGA

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<b>1. DATE ISSUED:</b> 6/14/2010		<b>2. PROGRAM CFDA:</b> 93.925		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  <b>NOTICE OF GRANT AWARD</b> AUTHORIZATION (Legislation/Regulation) Public Law 105-392, Title VII Section 737 of the Public Health Service Act (42 U.S.C. 293a) American Recovery and Reinvestment Act of 2009 Public Health Service Act, Title VII, Section 737								
<b>3. SUPERSEDES AWARD NOTICE dated:</b> except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.												
<b>4a. AWARD NO.:</b> 1 T08HP18657-01-00	<b>4b. GRANT NO.:</b> T08HP18657	<b>5. FORMER GRANT NO.:</b>										
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 07/01/2010 <b>THROUGH:</b> 06/30/2011												
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 07/01/2010 <b>THROUGH:</b> 06/30/2011												
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Scholarships for Disadvantaged Students												
<b>9. GRANTEE NAME AND ADDRESS:</b> Navajo County Community College District PO BOX 610 Holbrook AZ 86025-0610			<b>10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR)</b> Debra McGinty Navajo County Community College District Nursing and Allied Health PO BOX 610 Holbrook AZ 86025-0610									
<b>11. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation			<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance <b>\$30,000.00</b> This Period b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards \$0.00 (s) This Budget Period e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$30,000.00</b>									
a. Salaries and Wages: \$0.00 b. Fringe Benefits: \$0.00 c. Total Personnel Costs: \$0.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$0.00 g. Travel: \$0.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$0.00 j. Consortium/Contractual Costs: \$0.00 k. Trainee Related Expenses: \$0.00 l. Trainee Stipends: \$0.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: <b>\$30,000.00</b> p. INDIRECT COSTS: (Rate: % of S&W/TADC) <b>\$0.00</b> q. TOTAL APPROVED BUDGET: <b>\$30,000.00</b> i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$30,000.00			<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project) <table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="4">Not Applicable</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	YEAR	TOTAL COSTS	Not Applicable			
YEAR	TOTAL COSTS	YEAR	TOTAL COSTS									
Not Applicable												
<b>14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b> a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>												



**15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:**

A=Addition B=Deduction C=Cost Sharing or Matching D=Other

**[A]**

Estimated Program Income: \$0.00

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**REMARKS:** (Other Terms and Conditions Attached ☒Yes ☐No)

IMPORTANT: All expenditures must comply with terms #3 and #4 on page 2 (Program Specific). Make no expenditures until reading these terms. Refer to the terms and conditions to view the details.

*Electronically signed by John Gallicchio, Grants Management Officer on : 6/14/2010 3:13:47 PM***17.OBJ. CLASS:** 41.25**18.CRS-EIN:**  
1860277526A1**19.FUTURE RECOMMENDED FUNDING:**

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
10-3765516	93.925	T08HP18657A0	\$30,000.00	\$0.00	81	N/A

Close Window