



**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

ALASKA REGIONAL OFFICE
Division of Environmental & Cultural Resource Management
3601 C St, Ste 1100
Anchorage, Alaska 99503-5947



Requesting Environmental Project Funds from BIA Alaska Regional Office,
Division of Environmental & Cultural Resource Management

BIA Alaska Region provides funds to Tribal governments and tribal organizations for most environmental projects *up to \$25,000*. These projects must be submitted for review to Kristin K'eit, Regional Environmental Scientist, using a BIA grant application package that is similar to most other Federal grant applications. Contact Kristin for a package.

For projects *greater than \$25,000*, a short paragraph with the specific project description and a detailed project budget must be submitted in writing to Kristin K'eit. The project will then be added to the special project list for the Alaska Region, Environmental Services Branch. The list is submitted to BIA Central Office in August, for possible funding in early spring. If selected for funding, the Tribal government or other tribal organization will then be notified by Kristin and required to submit a completed BIA grant application package. If the applicant has a negotiated PL 93-638 agreement with BIA Alaska Region, the money can possibly be added to the agreement as project-specific funding.

IF funding is available for the project, the completed, original grant package is forwarded to the Regional Contracting Officer. If approved, the Contracting Office will send the Tribe a Notice of Grant Award that states how much was awarded in the grant, the responsibilities of the grant, such as written and financial reports deadlines, requesting the funds, the timeline of the grant and how to complete the grant.

Remember! Nothing is final until you've received a Notice of Grant Award.

Kristin K'eit, Environmental Scientist
907-271-4030
Kristin.k'eit@bia.gov

Mark Kahklen, Environmental Specialist
907-271-4004
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Fax: (907) 271-1750



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REQUIRED DOCUMENTS FOR 638 CONTRACT APPLICATION

- 1. Authorizing Tribal Resolution**
- 2. Program Narrative***
- 3. Position Description(s)***
- 4. Program Budget Calculations and Budget Narrative Justification;**
include sub-contractor estimates for justification*
- 5. ACH Vendor Payment Information Form**
- 6. Drug-Free Workplace Form**

The **authorizing tribal resolution** must be certified by the tribal council.

*See "**Summary of Elements for Preparation of Grant Proposals,**" included in this packet, for guidance on program narrative, position descriptions and program budget.

SAMPLE
RESOLUTION

Native Village of
P.O. Box 67
Alaska
Ph. (907) -2171
Fax (907) 2217

Resolution 05-20

A RESOLUTION TO CONTRACT FOR PL⁹³ 638 PROGRAMS FROM BUREAU OF INDIAN AFFAIRS FY 2005

WHEREAS: The Native Village of _____ A Council is a federally recognized Indian Tribe organized pursuant to the Indian reorganization Act of 1934, as amended for Alaska in 1936; and

WHEREAS: The _____ RA Council is the governing body of the Native Village of _____ and

WHEREAS: The _____ IRA Council has recognized the need to continue to govern its internal affairs as they relate to its membership; and

WHEREAS: The _____ A Council authorized the _____ RA Administrator to apply for the grants and contracts for the village of _____ ; and

NOW THEREFORE BE IT RESOLVED: The Native Village of _____ authorizes the _____ RA Administrator to apply for, negotiate, and administer the [Tribal Operations, Higher Education, Adult Vocational Training, Adult Basic Education, Employment, and Agriculture Programs] under the BIA PL 638 Contract starting January 1, 2006 and ending December 31, 2006.

add to
or replace
with
Environmental
Management

CERTIFICATION

We, the undersigned hereby certify that the _____ IRA is composed of 7 members Of whom 4 are present at the meeting held this 17th day of June, 2005 And the resolution was adopted by a vote of 4 for and 0 voting against, and abstaining 0.

[Signature]

President

6-17-05
Date

[Signature]

Secretary

6-17-05
Date

SUMMARY OF ELEMENTS FOR PREPARATION OF GRANT PROPOSALS

A. Statement of Purpose:

A brief and general statement of what will be done under the proposal sufficient to establish that the purposes is within the scope of the program and funds involved.

B. Problem/Needs Statement:

Sufficient information to describe the problems and related needs that the proposed project will address. Should be supported by data and other objective facts as appropriate to the nature of the proposal. The extent to which this part is developed and detailed will depend on the complexity of the issues and the degree to which the proposal must serve to convince that it should be funded, particularly if it will be competing with other proposals for limited funds.

C. Goals and Objectives:

Should flow from Problem/Needs description.

Goals are a statement of the "improvement" that will be realized when the project is completed. They should be stated in a way that they are measurable. If selected from among several alternatives, the selection should be justified.

Objectives are the concrete accomplishments that are, in the aggregate, deemed necessary to meet the goals. They should be sufficiently described so they can be related to the goals (and each other).

D. Methodology:

Describe in reasonable detail what work will be done, how, by whom, and when. The proper test for adequacy would be whether it is sufficiently described such that an overall project coordinator can be hire after the grant is awarded, and would be able to implement and complete the project, as the organization wants it done, by relying substantially upon the proposal/grant document. Additionally, the methodology must reasonably demonstrate that is feasible to achieve the goals and objectives in the manner described with the resources that are identified.

E. Resources Required:

1. **Budget:** An itemized budget with accompanying justification sufficient to demonstrate that the costs proposed are:
 - a) No more than are necessary to complete the work,
 - b) Reasonable as to amounts to be paid for each cost item,
 - c) Allowable under applicable federal cost standards, and
 - d) Fairly allocated to this project vis-à-vis other activities of the proposing organization.

2. **Personnel:** Position descriptions for personnel to be used which contain major duty listings and qualification requirements adequate to ensure a type and level of performance sufficient to meet objectives and attain goals. Additionally, a showing, usually by an organization chart, as to how personnel fit into the organization as a whole, including with regard to management and supervisory systems.

3. **Facilities:** A showing that facilities (office space, storage, etc.) necessary for performance are available, or can be obtained, and will be adequate for their purposes.

4. **Equipment:** A listing of equipment needed to perform the work, including information as to what is presently available and how the needed rest will be obtained.

F. Monitoring Plan:

A description of the methodology the organization will establish to ensure that the work is being properly and timely performed throughout the length of the project - and including identification of the personnel who will be responsible to perform the monitoring.

G. Evaluation Plan:

The means or tests that will be applied periodically during performance, and comprehensively at the end, to determine the degree to which the project is meeting/has met goals, including identification of reasons why expectations were not met, or were exceeded. Evaluation system should be sufficient to be useful to support revisions in methodology during performance if indicated, or continuation of the same or a revised project(s) in the future [should show that if either is working (or worked) or isn't (or didn't)].

INSTRUCTION FOR COMPLETING THE ACH VENDOR PAYMENT SYSTEM-PAYMENT INFORMATION FORM

PLEASE SELECT ONE OR MORE OF THE FOLLOWING CHOICES ON THE ACH FORM: **ONE ANSWER IS REQUIRED**

PAYEE: BIA is making a payment to a client

CUSTOMER: a client is making a payment to BIA

ONE TIME PAYMENT: A vendor doing business with BIA **one time only.**

ADD NEW CODE: This is a new vendor to the FFS System.

CHANGE INFORMATION: This is for an existing vendor that's requesting changes in their name, banking info., etc.

ACTIVATE CODE: This is for a vendor who is currently inactive and needs to be reactivated. **Explanation required.**

INACTIVE CODE: This is for a vendor whose information is no longer current or doing business with BIA.

TRIBE / ORGANIZATION / VENDOR INFORMATION

IS THIS A PL 93-638 CONTRACT VENDOR? REQUIRED YES OR NO.

NINE DIGIT DUNS#: A nine digit number required for all private sector vendors providing goods or services to Federal Agencies.

NAME/ADDRESS: Name and address of the vendor receiving the payment.

VENDOR CODE: **ALL** PL 93-638 CONTRACT VENDORS ARE PROVIDED WITH A CODE

SS#/FED ID#: Select one and insert either the Social Security number or the Federal Tax ID.

HOME ORG: Print the vendor's home organization code for Vendor Types E, C, and F.

CONTACT PERSON: Enter the name of the vendor's point of contact.

TELEPHONE NUMBER: Enter the telephone number of the vendors contact person.

CONTACT E-MAIL ADDRESS: (OPTIONAL.)

VENDOR TYPE: Select the appropriate letter on the ACH Form.

G = Government

E = Current BIA Employee

S = State/Local Gov't

W= Billing and Collection

N = Private Sector

T = Indian Tribe

U = Utilities

L= Loans

C = Invitational Traveler (Non-BIA Employee)

F = Former BIA Employee

B= Business License Fee

X = Tribal Organization

BUREAU OF INDIAN AFFAIRS INFORMATION SECTION

HOME ORG: vendor types of E, C and F.

TELEPHONE NUMBER: Print the requesting person's telephone number.

CONTACT PERSON: Print the requesting person's name. Without the requesting person's name on the ACH Form, the vendor will not be activated until all necessary information is received.

FINANCIAL INSTITUTION INFORMATION

BANK NAME/ADDRESS: Print the name and address of the bank payment will be submitted to.

ACCOUNT#: **REQUIRED.** Please print the account number the payment will be deposited into.

NINE DIGIT ROUTING#: **REQUIRED.** This number is also referred to as the ABA number. This number is obtained from the bank or may be found at the bottom of your account booklet.

CHECKING/SAVINGS: This will indicate to FFS and Treasury the type of account. Please check one.

NAME (S) OF ACCOUNT HOLDER: This would be the name of the vendor for the account.

ACH COORDINATOR OR FINANCIAL INSTITUTION REPRESENTATIVE NAME: **REQUIRED.** Normally this is a member of the bank staff that is familiar with the electronic transfer of monies.

TELEPHONE NUMBER: Enter the telephone number for the ACH Coordinator or Financial Institution Representative.

PLEASE BE ADVISED ALL FORMS MUST BE AS ACCURATE AND COMPLETE AS POSSIBLE IN ORDER FOR THE VEND TABLE TO BE UPDATED PROPERLY AND IN A TIMELY FASHION.

NOTE:

ALL PRIVATE SECTOR VENDORS ARE REQUIRED TO OBTAIN A DUNS# FROM DUN & BRADSTREET (1-866-705-5711) AND REGISTER IN CCR. A DUNS# NOT REGISTERED IN CCR IS NOT VALID. VENDORS MUST UPDATE OR RENEW THEIR REGISTRATION AT LEAST ONCE PER YEAR TO MAINTAIN AN ACTIVE STATUS IN CCR.

AN ACH FORM IS NOT REQUIRED FOR CCR VENDORS. DUNS # SHOULD BE PROVIDED VIA E-MAIL TO "VENDOR MAILBOX." ***

If you have any questions or concerns regarding the ACH Forms or vendor records, please contact the following:
Charlotte Mosley 703-390-6411; LaNicha Taylor-Stubbs 703-390-6305; or Roya Tavakoli 703-390-6565

ACH VENDOR PAYMENT SYSTEM PAYMENT INFORMATION FORM

Data being collected on this form is requested under provision of 31 U.S.C. 3322 and 31 CFR 210. Failure to provide information may prevent the receipt of payment(s) through the P638 Contract Payment System and/or ACH payments.

PAYEE CUSTOMER ONE-TIME PAYMENT
 ADD NEW CODE CHANGE INFORMATION ACTIVATE CODE INACTIVATE CODE

TRIBE / ORGANIZATION / VENDOR INFORMATION

IS THIS A PL 93-638 CONTRACT VENDOR? DESIGNATED AGENT? STUDENT?
PLEASE CHECK ONE: NO YES

NINE DIGIT DUNS #: _____ + _____

VENDOR CODE: _____

First four letters of last name + first letter of first name + last four digits of SSN*

NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

STATE: _____

ZIP CODE: _____

SS #: FED ID #: _____

HOME ORG: E00620

(REQUIRED FOR E, C, & F)

CONTACT PERSON: _____

TELEPHONE: _____

E-MAIL: _____

VENDOR TYPE: G N C E T X X U F W L

BUREAU OF INDIAN AFFAIRS INFORMATION

CONTACT INFORMATION: Kristin K'eit

TELEPHONE: 907-271-4030 kristin.k'eit@bia.gov

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

CITY: _____

STATE: _____

ZIP CODE: _____

ACCOUNT #: _____

NINE DIGIT ROUTING #: _____

CHECKING SAVINGS
(CHECK ONE)

NAME(S) OF ACCOUNT HOLDER: _____

Please fill out this form entirely and legible. Failure to do so will delay the processing of the form.

Vendor Mailbox FAX #: 703-390-6405

REVISED APRIL 2008

*If the last name is only three letters, the vendor code configuration is as follows: Three letters of last name + first two letters of first name + last four digits of SSN.