



Department of Human Services (DHS)

New Employment Opportunities for Noncustodial Parents (NEON)

Application Instructions Guide

eGrants

Document History

The table below serves as a document history log to track the version number, date, and description of each change/revision applied to this document.

| Version | Date | Version / Revision Description |
|---------|-----------|--------------------------------|
| 1.0 | 1/2/2024 | Draft version delivered |
| 2.0 | 4/25/2024 | Draft version Final |
| 3.0 | 5/6/2024 | Final version |

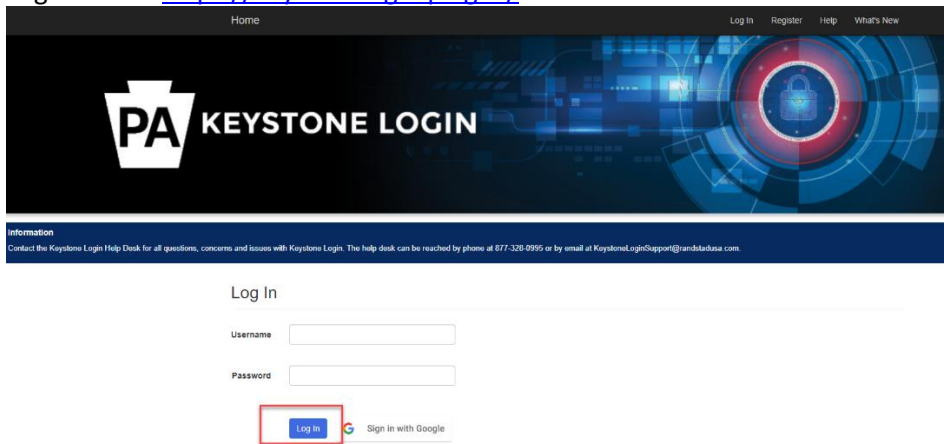
Table 1. Document History

How to Apply for the NEON Program

Pennsylvania's NEON Program requires all applications to be filed electronically using the eGrants Public Portal Interface at <https://www.esa.dced.state.pa.us/login.aspx?var=5>. Applications are best applied by using **Chrome** or **Edge**.

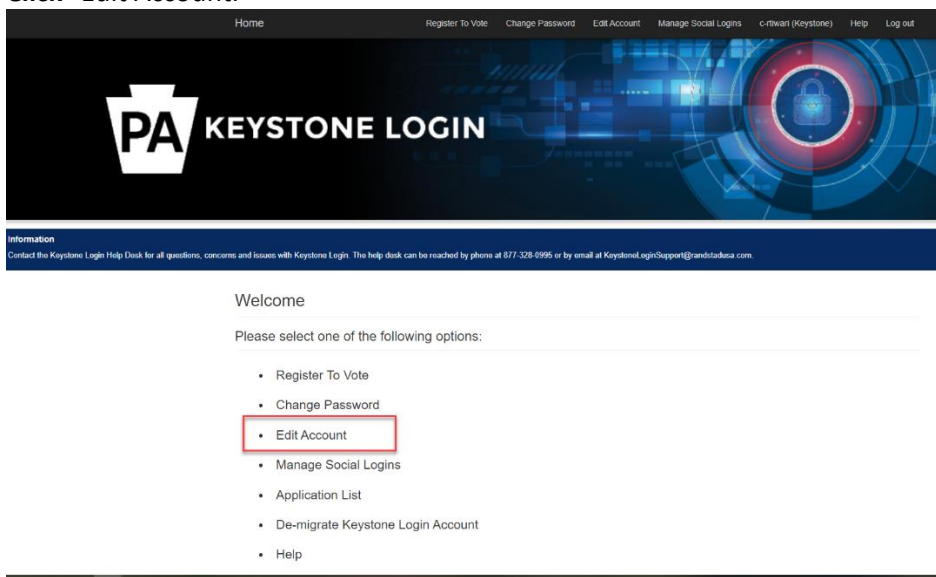
NOTE: If you didn't provide an email address during the keystone registration process, please follow the below steps to add an email address to your keystone user profile.

1. Log in to the <https://keystonelogin.pa.gov/>



The screenshot shows the Keystone Login page. At the top, there is a navigation bar with links: Home, Log In, Register, Help, and What's New. Below the navigation bar is a large banner with the PA Keystone Login logo and a blue background with a circular graphic. Under the banner, there is an "Information" section with contact details for the Keystone Login Help Desk. Below that is a "Log In" section with fields for Username and Password, and a "Log In" button highlighted with a red box. There is also a "Sign in with Google" link.

2. Click "Edit Account."



The screenshot shows the Keystone Login page after logging in. At the top, there is a navigation bar with links: Home, Register To Vote, Change Password, Edit Account, Manage Social Logins, c-ftwari (Keystone), Help, and Log out. Below the navigation bar is a large banner with the PA Keystone Login logo and a blue background with a circular graphic. Under the banner, there is an "Information" section with contact details for the Keystone Login Help Desk. Below that is a "Welcome" section with the text "Please select one of the following options:". Below this text is a list of options: Register To Vote, Change Password, Edit Account (highlighted with a red box), Manage Social Logins, Application List, De-migrate Keystone Login Account, and Help.

3. Answer the security questions. Click "Next."



Information
Contact the Keystone Login Help Desk for all questions, concerns and issues with Keystone Login. The help desk can be reached by phone at 877-328-0995 or by email at KeystoneLoginSupport@randstadusa.com.

Security Questions

Please answer the following security questions:

Security Questions for provided Username not found

| | |
|----------|----------------------|
| Question | |
| Answer | <input type="text"/> |
| Question | |
| Answer | <input type="text"/> |
| Question | |
| Answer | <input type="text"/> |

4. Add the email address in “Update User Profile.” Click “Update.”

Log in to the NEON Program Application Site and Complete the Application:

Note: Please have the FEIN of your organization ready before starting the applications along with the contact details. Fields with a red diamond are required and must be completed.

- Log into the eGrants Public Portal Interface at <https://www.esa.dced.state.pa.us/login.aspx?var=5> with the Keystone username and password.
- “User Setting” option is used to collect the user account information and information collected in the user setting can be copied into your applications. Please follow the below steps to enter user account information:

NOTE: It is an optional step and is beneficial for users submitting applications for the same entity. Users submitting applications for multiple entities may skip this step.

- Click on the “User Setting” option as shown below:

Home Help Contact Us Logout

Submitted Applications User Settings

Welcome to the Single Application for Assistance

The Office of Administration (OA) and other State Agencies are pleased to provide the Enterprise eGrants System. The Enterprise eGrants team continues to look for ways to improve customer service and provide individuals, businesses, community organizations and local governments with an easier and more accurate tool to apply for programs administered by the Agencies across the Commonwealth.

There are a large number of funding opportunities available and in order to assist applicants there is a Program Finder which will provide a list of funding programs based on eligibility and/or the use of funds, and provides a short program description along with links to the program's fact sheet and guidelines. To optimize the Program Finder, we have created a user account to store some basic setting information about your organization. The User Settings collected can also be copied to your applications. For more information, please read the Help section.

- Select an option for “Are You Applying As?” Selection will determine the choices available under Company/Entity Type. Click “Update”.



Submitted Applications User Settings

Welcome to the Single Application for Assistance
The Office of Administration (OA) and other State Agencies are pleased to provide the Enterprise eGrants System. The Enterprise eGrants team continues to look for ways to improve customer service and provide individuals, businesses, community organizations and local governments with an easier and more accurate tool to apply for programs administered by the Agencies across the Commonwealth.

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Account Information

☐ Reset

Are You Applying As? ☐ For Profit ☐ Non Profit ☐ Government ☒ Other

- Enter the Company/Entity Type, Federal Employers Identification Number (FEIN) of the company/organization (do not enter the dash) applying for the application, and other required fields. Click "Update".

Note: All fields with a red diamond are required and must be completed.

Account Information

☐ Reset

Are You Applying As? ☒ For Profit ☐ Non Profit ☐ Government ☐ Other

Company/Entity Type: ☐ Limited Liability Partnership ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Company ☐ S Corporation ☐ C Corporation ☐ Individual

FEIN:

SAP Vendor #:

Incorporated in PA? ☐ Yes

Registered to do business in PA? ☐ Yes

Company/Entity Name:

UEI Number:

Top Official/Signing Authority:

Title:

Application Contact Name:

Application Contact Title:

Phone: Ext.
(xxx-xxx-xxxx)

Fax:

E-mail:

Mailing Address:

City:

State:

Zip Code:



- Enter the Project Name, select No in the “Do you need help selecting your program?” drop-down, and Click **“CREATE A NEW APPLICATION.”**

Submitted Applications User Settings

Begin a New Application

To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

If you are applying for the Educational Improvement Tax Credit (EITC) or the Opportunity Scholarship Tax Credit (OSTC), please click the appropriate button. If not, please continue below.

EITC OSTC

Project Name

ABG

Do you need help selecting your program?

No

CREATE A NEW APPLICATION

- Enter “NEON” under the Program Name section and Click “Search.”

Select Program

To search for programs based on your organization and/or project, click the Program Finder button below.

Program Name

NEON

Sort By

Program Name

SEARCH

PROGRAM FINDER

- Click on the “Apply” button next to **“New Employment Opportunities for Noncustodial Parents (NEON).”**

Select Program

To search for programs based on your organization and/or project, click the Program Finder button below.

Program Name

NEON

Sort By

Program Name

SEARCH

PROGRAM FINDER

1 results. ([Edit Search](#))

Search Results

Below is an alphabetical listing of all programs matching the search criteria above. If you are eligible to apply, click the Apply link to select the program.

New Employment Opportunities for Noncustodial Parents Program

Pennsylvania Department of Human Services

The New Employment Opportunities for Noncustodial Parents (NEON) Program is an employment and training program designed to achieve continued employment of unemployed and underemployed noncustodial parents (NCPs). The NEON program's purpose is to ensure NCPs make regular child support payments by providing NCPs, particularly NCPs who have considerable barriers to employment, with job-specific, skill-based training and placement in long-term employment at a wage above the federal minimum wage level. Job placement criteria include the availability of health care coverage through the employer or the state health care exchange at a reasonable cost for NCP and their children.

Additional Information: [Program Fact Sheet](#)

Apply

- Once you have selected the program, navigate through the eight (8) application sections using the top row of orange tabs or the **Continue** button at the bottom of each section:

Program Applicant Project Site Narrative Addenda Project Information Signing Authority Certification

- 1. Applicant:** The applicant is the entity receiving the grant funding. **Click** "Use Account Information" to pre-fill the fields entered in your user setting. To enter the applicant information manually, select the appropriate "Applicant Entity Type" and "NAICS code" fields, complete other required information, and **Click** "Continue".

Notes:

- All fields with a **red** diamond are required and must be completed.
- Enter NAICS Code; user may enter default code 8141.
- Enter your agency FEIN (9 digits, no dashes).
- A UEI number is required for this program; enter your ID if you are registered with the System for Award Management's (SAM's) program; website, SAM.gov.
- Enter your agency head's name for "Top Official/Signing Authority" and "Title."
- For "Contact Name" / "Contact Title", "Phone", and "Email": provide a primary point of contact regarding the proposal between your agency and the VTF Program Office.
- For "Mailing Address", "City", "State", and "Zip": provide the address for grant-related correspondence.
- Enter the email address in the "E-mail" field.
- SAP number is not required to apply; however, if awarded you need to have an SAP vendor number to receive funds.



Applicant Information

To copy your Registration information into the application, click the "Use Account Information" button below.

USE ACCOUNT INFORMATION

Applicant Entity Type:

| | |
|---|---|
| <input type="radio"/> Limited Liability Partnership | <input type="radio"/> Partnership |
| <input type="radio"/> Government | <input type="radio"/> Non-Profit Corporation |
| <input type="radio"/> Sole Proprietorship | <input type="radio"/> Limited Liability Company |
| <input type="radio"/> S Corporation | <input type="radio"/> C Corporation |

Applicant Name:

NAICS Code:

FEIN/SSN Number:

*Please enter SSN/FEIN as 9 digits, no dash.

UEI Number:

Top Official/Signing Authority:

Title:

SAP Vendor #:
(xxxxxxx or xxxxxx-xxx)

Contact Name:

Contact Title:

Phone: Ext.

(xxx-xxx-xxxx)

Fax:

E-mail:

Mailing Address:

City:

State:

Zip Code:

- Select all that apply for the Enterprise Type checkbox. Click "Continue".

Enterprise Type

Indicate the types of enterprises that describe the organization listed above. You may select more than one type.

| | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Advanced Technology | <input type="checkbox"/> Agri-Processor | <input type="checkbox"/> Agri-Producer | <input type="checkbox"/> Authority | <input type="checkbox"/> Biotechnology / Life Sciences |
| <input type="checkbox"/> Business Financial Services | <input type="checkbox"/> Call Center | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Commercial | <input type="checkbox"/> Community Dev. Provider |
| <input type="checkbox"/> Computer & Clerical Operations | <input type="checkbox"/> Defense Related | <input type="checkbox"/> Economic Dev. Provider | <input type="checkbox"/> Educational Facility | <input type="checkbox"/> Emergency Responder |
| <input type="checkbox"/> Environment and Conservation | <input type="checkbox"/> Event Facility | <input type="checkbox"/> Export Manufacturing | <input type="checkbox"/> Export Service | <input type="checkbox"/> Food Processing |
| <input type="checkbox"/> Government | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Industrial | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Other | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Recycling | <input type="checkbox"/> Regional & National Headquarters |
| <input type="checkbox"/> Research & Development | <input type="checkbox"/> Retail | <input type="checkbox"/> Social Services Provider | <input type="checkbox"/> Tourism Promotion | <input type="checkbox"/> Warehouse & Terminal |

[Continue](#)

- Project Site:** Enter Address, City, and Zip Code and select County and Municipality for the project site location. Click "Continue."

Notes:

- Provide information for your main location/headquarters office. Information for all proposed site locations should be included within your Technical Submittal.
- Enter a specific city and zip + 4 code. (XXXXX-XXXX)
- Select Statewide and Countywide for the "County" and "Municipality" drop-down options as applicable.



Project Site Location(s)

Please provide information for your main location/headquarters office here (or below). Information for all proposed site locations should be included within your Technical Submittal.

Site 1

Address:

City:

State: PA

Zip Code:

County:

Municipality:

PA House:

PA Senate:

Designated Areas:

| | |
|---|--|
| <input type="checkbox"/> Act 47 Disadvantaged Community | <input type="checkbox"/> Brownfield |
| <input type="checkbox"/> Enterprise Zone | <input type="checkbox"/> Greenfield |
| <input type="checkbox"/> Keystone Innovation Zone | <input type="checkbox"/> Keystone Opportunity Zone |
| <input type="checkbox"/> Prime Agricultural Area | <input type="checkbox"/> Uses PA Port |

[Continue](#)

3. Narrative: Enter a response for the Management Summary and Statement of the Project questions.

Project Narrative

Adequate answers to the Project Narrative questions below are required. Uploaded attachments or mailed documents are no longer permitted in this section of the application. If a more detailed narrative is required for the Program selected, instructions will either be provided in the Addenda section or the Program Guidelines.

MANAGEMENT SUMMARY: ♦

Provide a narrative description of your technical plan, include a list of the items to be delivered or services to be provided.

Character Count: 0 characters.

STATEMENT OF THE PROJECT ♦

State in succinct terms your understanding of the New Employment Opportunities for noncustodial Parents Programs and describe your understanding of the scope of services to be provided, the applicants responsibilities and how the applicant will effectively manage the agreement.

Character Count: 0 characters.

[Continue](#)

4. Addenda: Please review and upload completed forms in the "General" tab of the multi-tab Addenda.

Notes: You can upload more than one file for each question. Each file can be no larger than 30MB.

All forms with a red diamond are required and must be completed.

- Question 1. Please upload the Worker Protection and Investment Certification form.
- Question 2. Please upload the Trade Secret/Confidential Proprietary Information Notice
- Question 3. If applicable upload the Redacted Version of Confidential Proprietary Information form.
- Question 4. Please upload the Lobbying Certification Form.
- Question 5. Please upload the Federal Funding Accountability and Transparency Act Subrecipient Data Sheet (FFATA).
- Question 6. Please upload the Small Diverse Business Participation Schedule.
- Question 7. Please upload the Veteran Business Enterprise Participation schedule.
- Question 8. Please upload the Contractor Partnership Program.



Addenda

Below are additional application requirements specific to the program you selected. If you are having problems completing the Addenda because your organization or project do not meet the requirements listed below, please try [changing your program](#).

General

Technical Submittal

1. Worker Protection and Investment Certification. Pursuant to Executive Order 2021-06, Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania worker has a safe and healthy work environment and the protections afforded through labor laws. To that end, contractors and grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

Please download, sign, and attach the completed Worker Protection and Investment Certification. ♦

[Download WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM.pdf](#)

Upload Files

Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

2. Trade Secret/Confidential Proprietary Information Notice.

Please download, complete, and attach the Trade Secret/Confidentiality Proprietary Information Notice.

[Download Trade Secret - Confidential Proprietary Information Notice.pdf](#)

Upload Files

Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

3. Redacted Version of Confidential Proprietary Information. Any Applicant who determines that it must divulge trade secrets or confidential proprietary information as part of its application must submit a redacted version of its application, which removes only the confidential proprietary information and trade secrets, for required public disclosure purposes.

If applicable, please upload your redacted submittal here.

Upload Files

Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

4. Lobbying Certification and Disclosure of Lobbying Activities. This Project will be funded, in whole or in part, with federal monies. Public Law 101-121, Section 319, prohibits federal funds from being expended by the recipient or by any lower tier sub-recipients of a federal contract, grant, loan, or a cooperative agreement to pay any person for influencing or attempting to influence a federal agency or Congress in connection with the awarding of any federal contract, the making of any federal grant or loan, or entering into any cooperative agreement. All parties who submit applications in response to this RFA must sign the Lobbying Certification Form, and if applicable, complete the Disclosure of Lobbying Activities Form, also attached.

Please download, sign, and attach the Lobbying Certification, and if applicable, the Lobbying Disclosure Form section. ♦

[Download LOBBYING CERTIFICATION FORM.pdf](#)

Upload Files

Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen



5. Federal Funding Accountability and Transparency Act (FFATA).

Please download, complete, and attach the FFATA. ♦

[Download Federal Funding Accountability and Transparency Act Subrecipient Data Sheet.pdf](#)

Upload Files

Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

6. Small Diverse Business Participation.

Please download, complete, and upload the attached Small Diverse Business Submittal packet. All fields must be completed prior to submittal and in accordance with the instructions contained in the packet.

Additional information can be found in the General Information and Guidelines document. ♦

[Download SMALL DIVERSE BUSINESS \(SDB\) PARTICIPATION SUBMITTAL AND SDB UTILIZATION SCHEDULE.pdf](#)

Upload Files

Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

Attached is a Model Form of Small Diverse Business/Veteran Enterprise Subcontractor Agreement that can be used. Additional information about this agreement can be found in the General Information and Guidelines document.

[Download MODEL FORM OF SDB-VETERAN BUSINESS ENTERPRISE SUBCONTRACTOR AGREEMENT.pdf](#)

7. Veteran Business Enterprise Participation. Please download, complete, and upload the attached Veteran Business Submittal packet. All fields must be completed prior to submittal and in accordance with the instructions contained in the packet. Additional information can be found in the General Information and Guidelines document. ♦

[Download VETERAN BUSINESS ENTERPRISE \(VBE\) PARTICIPATION SUBMITTAL AND VBE UTILIZATION SCHEDULE.pdf](#)

Upload Files

Use the control below to select your file. Each file can be no larger than 30MB.

8. Contractor Partnership Program. Please upload your Contractor Partnership Program Submittal. Additional information can be found in the General Information and Guidelines document. ♦

Upload Files

Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

5. Addenda: Please review and upload completed forms in the “Technical Submittal” tab of the multi-tab Addenda.

Notes: You can upload more than one file for each question. Each file can be no larger than 30MB.

All forms with a red diamond are required and must be completed.

- Question 1. Please upload the Technical Submittal Form.
- Question 2. Please upload the Corporate Reference Form and check the box to confirm you will distribute the reference form.
- Question 3. Please upload your Company Financial Statements.



General **Technical Submittal**

1. Technical Submittal Document. Please download, complete, and upload your response to the Technical Submittal document. ♦
[Download Technical Submittal Form.pdf](#)

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

2. Corporate Reference Form. Please download and distribute the Corporate Reference Form as outlined in the attached Technical Submittal document. ♦
[Download Corporate Reference Form.pdf](#)

☐ By checking this box, you confirm that you have downloaded and will distribute the Corporate Reference Form. ♦

3. Company Financial Statements. Please upload your company's financial statements for the last three fiscal years and a Dun & Bradstreet comprehensive report (if available) as outlined in the attached Technical Submittal document. ♦

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

- Questions 4, 5, 6 & 7. Please check boxes to confirm you have read understand and will comply.

- ☒ 4. By checking this box, you confirm that you have read, understand, and will comply with the [Business Associate Addendum](#). ♦
- ☒ 5. By checking this box, you confirm that you have read, understand, and will comply with DHS Bureau of Child Support Enforcement policies as described in the attached [Management Directive 205.24, Amended](#). ♦
- ☒ 6. By checking this box, you confirm that you have read, understand, and will comply with the attached [Safeguarding Contract Language document](#). ♦
- ☒ 7. By checking this box, you confirm that you have read, understand, and will comply with the attached Terms and Conditions, [DHS Addendum to the Terms and Conditions, and Audit Clause](#). ♦

- Question 8. Please upload additional supporting documents.

8. Additional Documents. Any additional documents in support of the technical submittal can be uploaded here. If multiple files are needed, please combine into a single document or create a .zip file combining the files into a single .zip file.

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 No file chosen

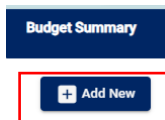
- Question 9. Please check box to confirm you have read and understand all solicitation addenda subsequent to the initial advertisement and prior to the application date.

- ☒ 9. By checking this box, you confirm that you have read and understand all solicitation addenda issued subsequent to the initial advertisement and prior to the application due date. Except as clarified and amended by these addenda, the terms, conditions, specifications, and instructions of the solicitation and any previous solicitation addenda, remain as originally written. All issued addenda can be found on [PA eMarketplace \(state.pa.us\)](#). ♦

6. Project Information: Identify grant expenditures by entering your Budget Summary.

Note: Budget items are entered by selecting the appropriate **Item Name** and **Budget Category** from the drop-down lists provided that identifies the cost you are entering.

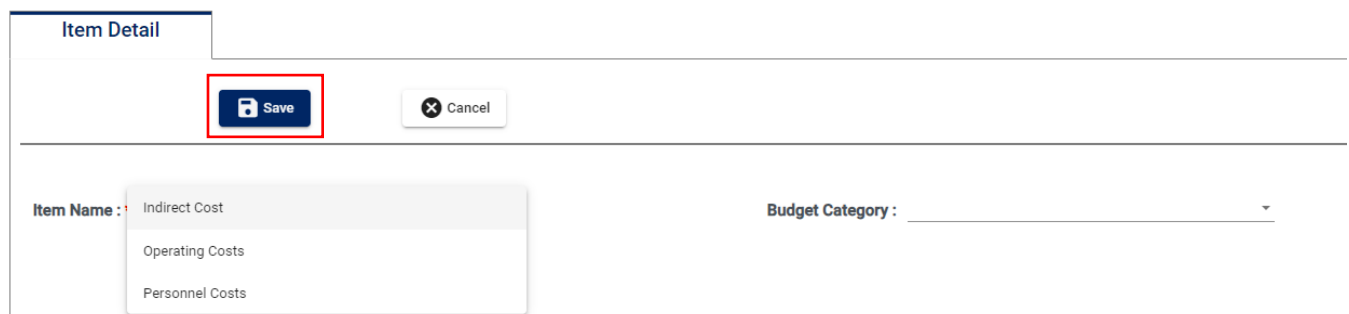
- Start by **Clicking** on “+Add New.”



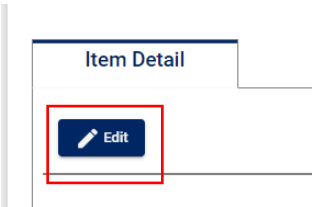
- Select the name of the budget groups by choosing the **Item Name:** from the drop-down list.
 - **Indirect Cost**
 - **Operating Costs**
 - **Personnel Costs**
- Select the **Budget Category:** from the drop-down list.

NOTE: The follow validations will occur for EACH **Item Name / Budget Category** entered.

- **Indirect Cost** – Does not require a Budget Category.
 - **Operating Costs** – The applicant must select the appropriate Budget Category from the drop-down list below.
 - Occupancy
 - Office Supplies
 - Equipment
 - Software
 - Travel
 - Audit
 - Other - Itemized
 - **Personnel Cost** – The applicant must select a Budget Category from the drop-down list below.
 - Benefits
 - Wages and Salaries – A Position: * field will appear; The applicant is required to enter the position name using free form text.
- After selecting the **Item Name** and applicable **Budget Category**, **Click** on “Save”.



- Click “Edit” to activate the entry.



- Enter a Description(optional) and Click on the “Pencil” to enter the **Yearly Budget**.

Item Detail

Save

Cancel

Delete

Item Name : *

Indirect Cost

Budget Category :

Description :

Paragraph

B

I

U

L

Link

Unlink

Indirect Cost - TEST

Yearly Budget :

| Action(s) | Year | Amount |
|----------------------------|--------|--------|
| <div><div>👁️✎️</div></div> | Year 1 | \$0.00 |
| <div><div>👁️✎️</div></div> | Year 2 | \$0.00 |
| <div><div>👁️✎️</div></div> | Year 3 | \$0.00 |

- Enter the yearly Budget amount next to Amount: and Click “Save” and then “Close” to record your entry. Repeat the process for each year listed.

Yearly Budget :

| Action(s) | Year | Amount |
|--|-------------|--------|
| | Year 1 | \$0.00 |
| <div> <div>Amount : <input type="text"/></div> <div> <div>Save</div> <div>Cancel</div> </div> </div> | | |
| | Year 2 | \$0.00 |
| | Year 3 | \$0.00 |
| | Grand Total | \$0.00 |

- Attach supporting documents by Clicking on +Add. (Optional)

Attachment(s)

| Action(s) | Given Name | Notes | Category | Created Date | Created By | File Name |
|------------------|------------|-------|----------|--------------|------------|-----------|
| <div>+ Add</div> | | | | | | |

- Enter Category: * Supporting Document and **Click** on “Choose file” to upload your attachment and “Save”.

| Action(s) | Given Name | Notes | Category | Created Date | Created By | File Name |
|------------------|--|-------|----------|--------------|------------|-----------|
| <div>+ Add</div> | <div> <div> <div>Given Name :</div> <div>Notes :</div> <div> <div>Category : *</div> <div></div> </div> </div> <div> <div>Attachment : *</div> <div> <div>Choose file</div> <div></div> </div> </div> </div> | | | | | |

- You can view your budget or edit the Budget Items by double clicking on the line item.
- Click** “+Add New” to enter additional Budget Details.

[Add New](#)

| View | Budget Item | Budget Category | Position | Amount |
|------|-----------------|--------------------|----------|--------------|
| | Personnel Costs | Wages and Salaries | Manager | \$165,000.00 |
| | Personnel Costs | Wages and Salaries | NCP | \$105,000.00 |

Total Records : 2 Items per page: 10 Page 1

| Budget Summary | Year 1 | Year 2 | Year 3 | Grand Total |
|---------------------------|--------------------|--------------------|---------------------|---------------------|
| 01. Wages & Salaries | \$80,000.00 | \$90,000.00 | \$100,000.00 | \$270,000.00 |
| 02. Benefits | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 03. Operating Costs (N/A) | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 04. Audit | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 05. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 06. Occupancy | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 07. Office Supplies | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 08. Other-Itemize | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 09. Software | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 10. Travel | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 11. Indirect Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grand Total | \$80,000.00 | \$90,000.00 | \$100,000.00 | \$270,000.00 |

7. **Signing Authority:** enter the authorized official user(s) information. Click “Add” for each entry and “Continue”.

Signing Authority

Signing Authority *

| | | | | |
|---------|--------------|-------------|---------|--|
| Title * | First Name * | Last Name * | Email * | Add Cancel |
|---------|--------------|-------------|---------|--|

No data has been entered.

[Continue](#)

8. **Certification:** Click the Electronic Signature Agreement checkbox and select the applicable options. Click the Notice checkbox and then Click “Submit Application.”



Application Certification

All of the required sections of the web application have been completed. If you have reviewed the application, you may submit it for processing. After submitting, you will no longer be able to make changes.

Electronic Signature Agreement:

☐ By checking this box and typing your name in the below textbox, I hereby certify that all information contained in the single application and supporting materials submitted via the Internet and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certify that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

☐ I am the applicant.

☐ I am an authorized representative of the company, organization or local government.

Type Name Here:

Electronic Attachment Agreement:

NOTICE

By submitting an application for this grant program Applicant expressly acknowledges and confirms that the signatures affixed to any document submitted to the Pennsylvania Department of Human Services (DHS) through eGrants comply with all legal requirements applicable to the Applicant organization and are legally binding. DHS will rely on the signatures as originating from persons possessing requisite legal authority to contractually bind the Applicant, and if awarded a grant, the Grantee.

You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.

SUBMIT APPLICATION

Note: After application submission, the system generates a Single Application ID # and a Web Application Id # as shown in the below screenshot. Please keep the web application id # for future reference.

Application Certification

Single Application ID #: 202401229552

I have certified that all information contained in the single application and supporting materials submitted via the Internet, Single Application # 202401229552 and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certify that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

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[Print Signature Page only](#)

[Print Entire Application with Signature Page](#)

The signature page or full application may also be printed/saved from the links above. You may also print/save previously submitted applications from the Home page. Click the link labeled "Submitted Applications" in the top toolbar.



Questions

Questions regarding the program and application submission process should be directed to:

Holly Zeiders – DHS

RA-PWRFAQUESTIONS@PA.GOV

Please contact the Enterprise eGrants Customer Service Center for any technical difficulties and general questions. Representatives are available Monday through Friday, from 8:30 AM until 6:00 PM, at 833-448-0647. Email inquiries can also be sent to egrantshelp@pa.gov.