



**2001**

**Application Package  
and Guidelines  
for Managing a  
TCE Program**



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# Table of Contents

Chapter	Page
Introduction .....	2
<b>I. Program Requirements</b> .....	<b>3</b>
Purpose .....	3
Definitions .....	3
<b>II. Cooperative Agreements</b> .....	<b>4</b>
Eligibility .....	4
Payments to Sponsors .....	5
Timetable .....	5
Notification of Award Decisions .....	5
<b>III. Administrative Requirements</b> .....	<b>6</b>
General .....	6
Common Rule and Related Requirements .....	6
Common Rule Certifications .....	7, 9, 11, 13
<b>IV. How To Apply</b> .....	<b>14</b>
Application Assembly .....	14
Application Submission .....	14
Method of Delivery .....	14
Time of Delivery/Late Delivery .....	14
Withdrawals .....	14
Availability To The Public .....	14
Copy of Cooperative Agreement .....	15
Background Narrative .....	17
Proposed Program Plan .....	17
Form 8653 - Application Plan .....	19
OMB Form 424 - Application for Federal Assistance .....	23
Internal Revenue Service-Civil Rights Assurance .....	25, 26
Assurances and Certifications .....	27
<b>V. After Acceptance Into The Program - Your Responsibilities:</b> .....	<b>29</b>
Management of Funds .....	29
Allowable Program Expenses .....	29
Unallowable Program Expenses .....	30
E-Filing of Returns .....	30
Audit Requirements .....	30
Lobbying Activities .....	31
Coordination of the Program .....	31
Recruitment/Management of Volunteers .....	32
Misc. Duties of a Program Manager .....	32
Selection of Tax Assistance Sites .....	34
Publicity .....	34
Quality Control .....	34
Financial/Management Reporting Requirements .....	35
Final Program Report .....	35
Close-Out Procedures .....	36
Standard Form LLL - Disclosure of Lobbying Activities .....	37
Certification Regarding Lobbying Form .....	41
Form 8654 - Final Program Report .....	45
Form 270 - Request for Advance or Reimbursement .....	49
<b>VI. IRS Responsibilities</b> .....	<b>51</b>
National Office .....	51
Regional Office .....	51
District Office .....	51

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## Introduction

The Tax Counseling for the Elderly (TCE) Program offers FREE tax help to individuals who are age 60 or older. Many of our volunteers are retired themselves and belong to non-profit groups that operate a local TCE Program. The grant funds are made possible by an appropriation of the Congress. Related IRS activities are authorized by Section 163 of the Revenue Act of 1978, Public Law No. 95-600, 92 Stat. 2810, November 6, 1978. This Act also authorizes the Internal Revenue Service to enter into agreements with private or non-governmental public non-profit agencies or organizations, exempt under Section 501 of the Internal Revenue Code, that will provide training and technical assistance to volunteers who provide FREE tax counseling and assistance to elderly individuals in the preparation of their Federal income tax returns.

Grant funds are used to reimburse volunteers for out-of-pocket expenses including transportation, meals, and other expenses incurred by them in training or in providing tax counseling assistance in any of the locations where the elderly are located— retirement homes, neighborhood sites or private houses of the homebound.

Local TCE Programs are administered by non-profit agencies and organizations under Cooperative Agreements with the IRS in compliance with the Federal Grant and Cooperative Agreement Act of 1977, Public Law No. 95-224, 92 Stat. 3, February 3, 1978, codified at 31 U.S.C. Chapter 63. Cooperative agreements made

before Congress has passed an appropriation bill for the current fiscal year are conditioned on funds being appropriated.

Cooperative agreements define the responsibilities of the program sponsor and the IRS, the geographic area involved, the maximum amount of money available, and other necessary information.

Normally, eligible agencies and organizations compete for acceptance as a TCE sponsor. They must be non-profit (501) groups and experienced in coordinating volunteer programs preferably with some experience in income tax preparation. Since acceptance is based on the information in the application package, completeness, accuracy, and conformity to the criteria in this package are essential.

A sponsor that is accepted is responsible for all aspects of operating a TCE program including publicity, recruitment, site selection, and management of volunteers.

Volunteers other than professional accountants and enrolled agents are required to pass a test to demonstrate their competence and understanding of the Federal tax law as it applies to the elderly. Although volunteers are not generally required to attend training, (see Section 550(d)), the Service or TCE sponsor could require these two limited categories of volunteers to attend such training as well as pass a test.

The necessity for renegotiation, suspension, or termination of a Cooperative Agreement will be determined solely by the Internal Revenue Service and will not be subject to appeal.

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# I. Program Requirements

## Subpart 100

### General

#### 110

#### Purpose

This document outlines the requirements of the IRS Tax Counseling for the Elderly (TCE) Program and provides information on how non-profit (501) organizations may enter into a Cooperative Agreement with the IRS. (NOTE: Please retain this publication for future reference.)

#### 120

#### Definitions

The following definitions are used:

**a. Administrative expense.** Costs incurred by program sponsors for salaries/benefits paid for clerical support, supplies, rent/utilities/custodial services, audit of TCE funds, travel by the organization's administrator(s) (paid staff), publicity, sponsor-developed program materials, cost of statistical roll-up report, telephone installation for a "telephone answering site," and other administrative items (e.g., printing, postage, insurance, etc.).

Administrative expenses include any amounts paid to volunteers as reimbursement for printing, copying, telephone services, etc.

Such payments will not be treated as reimbursement expenses. See Section 120(y).

**b. Assistance site.** Volunteer tax assistance locations where elderly individuals may receive free tax assistance.

**c. Closeout.** The process by which a Federal sponsoring agency determines that all applicable administrative actions and all required work of the cooperative agreement have been completed by the recipient and the Federal sponsoring agency.

**d. Controlled substance.** As defined in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 CFR 1300.11 through 1300.15.

**e. Conviction.** A finding of guilt (including a pleading of nolo contendere) or imposition of a sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statute.

**f. Counseling.** Providing advice, guidance and assistance regarding questions relating to individual income tax returns, but does not include such things as investment or estate planning or representing taxpayers before the IRS or in judicial proceeding. For purposes of this program, it also includes the preparation of tax returns.

**g. Criminal Drug Statute.** A criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance.

**h. Debarment.** An action taken by the debarring official in accordance with agency regulations implementing Executive Order 12549 to exclude a person from participating in covered transactions. A person so excluded is "Debarred."

**i. Debarring official.** The agency head or an official designated by the agency head.

**j. Drug-Free Workplace.** A site for the performance of work done in connection with a specific grant at which employees of the grantee are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance.

**k. Elderly individual.** A person who will be 60 years old by the end of the year.

**l. Employee.** One who performs services for hire, salary or wages.

**m. Federal Income Tax Return.** Selected IRS forms required under Chapter 61 of the Internal Revenue Code of 1986 (26 U.S.C.) with respect to the tax imposed on an individual under Chapter 1 of such Code.

**n. Grant.** An award of financial assistance, including a Cooperative Agreement, in the form of money or property by a Federal agency directly to a grantee.

**o. Grantee.** A person or organization that applies for or receives a grant directly from a Federal agency.

**p. Individual.** A person.

**q. IRS.** The Internal Revenue Service.

**r. Minority Bank.** A bank that is owned, at least 50 percent, by a minority group member(s).

**s. Non-profit organization.** An organization which meets the criteria for exemption under Section 501 of the Internal Revenue Code (and which is not otherwise prohibited from being a sponsor by these program guidelines).

**t. OMB.** The Office of Management and Budget.

**u. Program or TCE Program.** The Tax Counseling for the Elderly Program authorized by Section 163 of the Internal Revenue Act of 1978 (hereinafter referred to as Section 163).

**v. Program Regulations.** The rules governing the program, 26 Code of Federal Regulations sections 601.801 - 601.806.

**w. Quality review.** The checking of a tax return to ensure its accuracy and completeness by an IRS employee or a designated volunteer other than the individual who assisted in the preparation of the return. Additionally, it means checking the accuracy of responses made to telephone inquiries at Telephone Answering Sites.

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**x. Recipient.** Public and private institutions of higher education; public and private hospitals; and other quasi-public and private nonprofit organizations such as (but not limited to) community action agencies, research institutes, educational associations, and health centers that are receiving Federal funds from a Federal agency.

**y. Reimbursement expense.** Monies paid to volunteers working as recruiters, tax assistants, instructors, coordinators/ administrators, and quality reviewers for out-of-pocket expenses for meals, lodging, and transportation costs incurred while performing TCE related volunteer work.

**z. Section 163.** That portion of the Revenue Act of 1978, Public Law No. 95-600, 92 Stat. 2810, November 6, 1978, that authorized the Secretary of the Treasury, through the IRS, to enter into agreements with private or public non-profit agencies or organizations, exempt under Section 501 of the Internal Revenue Code, for the purpose of providing training and technical assistance to prepare volunteers to provide tax counseling assistance for elderly individuals, age 60 and over, in the preparation of their Federal income tax returns.

**aa. Sponsor or Program Sponsor.** A private or public non-profit agency or organization, exempt under Section 501 of the Internal Revenue Code, which has entered into a Cooperative Agreement with the IRS to accomplish the objective of Section 163.

**bb. Suspending Official.** The agency head or an official designated by the agency head.

**cc. Suspension.** An action taken by the suspending official in accordance with agency regulation implementing Executive Order 12549 to immediately exclude a person from participating in covered transactions for a temporary period, pending completion of an investigation and such legal or debarment proceedings as may ensue. A person so excluded is "Suspended."

**dd. Telephone Answering Site.** Location with telephone number(s) that elderly individuals may call to receive free tax counseling.

**ee. Volunteers.** Individuals under the direction of a program sponsor who agree to provide their services without pay to achieve the objectives of the program.

Volunteers may be reimbursed for out-of-pocket expenses for meals, lodging, and transportation costs incurred while performing TCE related volunteer work.

## II. Cooperative Agreements

### Subpart 200

#### General

#### 210

#### Eligibility and Evaluative Criteria

- a. To be eligible to participate in the program you must:
  1. Be a private or public non-profit organization that qualifies for exemption under Section 501 of the Internal Revenue Code of 1986;
  2. Have experience in coordinating volunteer programs;
  3. Not be a federal, state, or local governmental agency or organization; and
  4. Not have been debarred, suspended, or voluntarily excluded from primary covered transactions pursuant to the common rule on nonprocurement debarment and suspension.
- b. Acceptance into the program will be based on the following criteria:
  1. Prior experience in Federal income tax return preparation;
  2. Actions your organization has planned to ensure that quality assistance will be provided to elderly taxpayers;
  3. Qualifications of your organization (i.e., experience in providing volunteer service and services to the elderly, organizational structure, and experience in managing federal grant programs);
  4. The adequacy of the certification provided on nonprocurement debarment and suspension;
  5. The adequacy of the certification provided on government-wide requirements for a drug-free workplace;
  6. Reasonableness of your proposed budget (at least 70% of total program funds must be used for reimbursement expenses);
  7. Geographical area you expect to cover and the extent of the coverage in each geographical area (i.e., the number of proposed assistance sites, number of volunteers, number of Federal income tax returns to be prepared for elderly taxpayers, and other assistance to be provided);
  8. How your organization plans to assist the elderly who are shut-in, blind, disabled, and/or who are members of minority groups;
  9. Your application's completion and preparation according to instructions; and
  10. Your past performance, if you are a returning sponsor.

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## 220

### Payments to Recipients (Sponsors)

- a. As a rule, grantees will receive an advance payment (half of the grant amount) after they have been accepted into the program. However, grantees who have a history of unsatisfactory performance or are otherwise disqualified from receiving advance payments under OMB Circular A-110, Attachment I, may be subject to special conditions and/or restrictions, including payment on a reimbursement basis.
- b. After the initial advance of one-half the grant amount, sponsors must incur program expenses before submitting a request for reimbursement.
- c. If expenses are incurred prior to approval, and the grant is later denied, all costs incurred will be the responsibility of the applicant.
- d. If an accepted sponsor finds it necessary to withdraw from the TCE Program, the sponsor shall return immediately any unexpended monies received by the IRS. (Refer to Chapter IV, Section 420(c)).
- e. If a grantee fails to comply with the terms and conditions of the cooperative agreement, the IRS may terminate the agreement.

**NOTE:** If you are accepted as a TCE sponsor and your organization participated in the prior year Program, and the organization has not timely submitted the required financial forms and final narrative for the prior year by the required deadline as stated in Section 595, your organization will be ineligible to receive an advance payment.

## 230

### Timetable

- a. A Cooperative Agreement remains in effect for one fiscal year. It expires on September 30 of each year unless otherwise agreed to. Cooperative Agreements will state:
  1. the functions and duties to be performed by the IRS, and the functions and duties to be performed by the program sponsor,
  2. the maximum amount of the award available to the program sponsor,
  3. the services to be provided for each geographical area, and
  4. other requirements as specified in the application.
- b. The requirement of Section 163 of the Revenue Act of 1978 shall be considered to be incorporated into all Cooperative Agreements between the IRS and program sponsors.

- c. Most tax return preparation assistance will be provided to elderly taxpayers during the usual period for filing Federal income tax returns, that is from January 1 to April 15 each year. However, the program activities required to ensure that elderly taxpayers receive efficient and quality tax assistance will normally be conducted year-round, according to the following schedule: October—recruit volunteers; November and December—set training and testing schedules for volunteers, identify assistance sites, and complete publicity plan for sites; December and January—train and test volunteers and set volunteer assistance schedules; January through April—provide tax assistance and conduct publicity for sites; May and June—prepare final report and evaluate program; July and August—prepare for next year's program.

## 240

### Notification of Award Decisions

- a. Applicants whose proposals are accepted will generally be notified of award decisions during October or as soon as Congress has appropriated TCE funds, whichever occurs later. The IRS will advise those who were not selected.
- b. Names, addresses, and telephone numbers of IRS district office Taxpayer Education Coordinators will be provided to program sponsors after the Cooperative Agreements are signed.

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## III. Administrative Requirements

### Subpart 300 General

- a. Administrative requirements set forth in OMB and Treasury Circulars—the basic administrative requirements applicable to individual Cooperative Agreements—are contained in OMB Circular No. A-110, Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations (58 FR 62992, November 29, 1993); and OMB Circular A-133, Audit of Institutions of Higher Education and Other Non-profit Organizations, (55 FR 10019, March 19, 1990). Section 525 briefly describes the applicable audit requirements.
- All applicable provisions of these circulars as revised, and any existing and further supplements and revisions are incorporated into these program requirements and into all Cooperative Agreements entered into between the Internal Revenue Service and program sponsors.
- b. Programs involving use of Federal funds also are governed by a wide variety of Federal laws, Federal regulations, Executive Orders of the President, and circulars and directives from the Office of Management and Budget and other Federal agencies. These include certain civil rights laws, as amended by the Civil Rights Restoration Act, Public Law 100-259, 102 Stat. 28, March 22, 1988, restrictions on political activities 18 U.S.C. 595, 598, 600-603, the preservation requirements in the National Historic Preservation Act (16 U.S.C. 470 et seq.) and the Archeological and Historic Preservation Act of 1966 (16 U.S.C. 469a-1 et seq.), environmental requirements of the Clean Air Act (42 U.S.C. 7401 et seq.), the non-pollution requirement of the Federal Water Pollution Control Provisions (33 U.S.C. 1251 et seq.), and restrictions on lobbying (18 U.S.C. 1913).

310

### Common Rule and Related Requirements

- a. Certifications are required for TCE funding, according to the “common rule” adopted in 1988 on nonprocurement debarment and suspension. This means that you must certify that your organization and its principals are not presently debarred or suspended from covered transactions by any Federal agency. In addition, you must certify that within the 3-year period before applying, your organization and its principals have not been convicted of or had a civil judgment rendered against them for fraud or theft or certain other offenses, and have not had one or more public transactions terminated for cause or default. You must also certify that your organization and its principals are not presently criminally or civilly charged with certain offenses.
- b. Additional certifications are required according to the newly adopted common rule, effective March 18, 1989 on Government-wide requirements for a drug-free workplace (Pub. L. 100-690, Title V, Subtitle D, 41 U.S.C. 701-707). A potential program sponsor other than an individual must certify that it will provide a drug-free workplace by taking certain actions specified in the law and implementing regulations.
- c. Copies of the following certifications must be completed and included in the application package.
- NOTE:** Although program sponsors that enter into lower tier covered transactions must obtain required certifications from lower tier participants under the TCE grant (including a certification from the person providing federally required audit services), such certifications need not be submitted to the TCE Program Manager, and should instead be retained by the sponsor.

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Applicant's Name: \_\_\_\_\_

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS**

**This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 31 CFR Part 19, Section 19.510, Participants' Responsibilities.**

1. The prospective lower tier participant certifies, by submission of this proposal that neither it nor its principals is presently debarred, suspended, proposed for debarment, ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant may attach an explanation to this proposal.

*(Before signing certification, read the instructions which are an integral part of the certification.)*

\_\_\_\_\_  
Print/Type:

\_\_\_\_\_  
NAME OF RESPONSIBLE OFFICIAL

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

NOTE: To be obtained by the program sponsor from all lower tier participants in covered transactions.

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Applicant's Name \_\_\_\_\_

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS  
PRIMARY COVERED TRANSACTIONS**

**This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 31 CFR Part 19, Section 19.510, Participants' Responsibilities.**

**1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principles;**

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency,

(b) have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property,

(c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1.b) of this certification, and

(d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

**2. Where the prospective primary participant is unable to certify to any of the above, such prospective participant may attach an explanation to this proposal.**

*(Before signing certification, read the instructions which are an integral part of the certification.)*

\_\_\_\_\_  
Print/Type:

\_\_\_\_\_  
NAME OF RESPONSIBLE OFFICIAL

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
(Signature) (Date)

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Applicant's Name: \_\_\_\_\_

**CERTIFICATION REGARDING GOVERNMENT-WIDE REQUIREMENTS  
FOR DRUG-FREE WORKPLACE (GRANTS)**

**This certification is required by the Treasury regulation implementing the Drug-Free Workplace Act of 1988, 31 CFR Part 19, Section 19.630, Certification Requirements and Procedures. The regulation was published as Part 11 of the May 25, 1990, Federal Register (55 FR 21688-21691).**

**1. The applicant certifies that it will or will continue to provide a drug-free workplace by:**

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about
  - (1) the dangers of drug abuse in the workplace,
  - (2) the grantee's policy of maintaining a drug-free workplace,
  - (3) any available drug counseling, rehabilitation, and employee assistance programs, and
  - (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will —
  - (1) abide by the terms of the statement, and
  - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such convictions. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notices shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted —
  - (1) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended, or
  - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

**2. The applicant may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:**

Check  if there are workplaces on file that are not identified here.

\_\_\_\_\_  
Place of Performance

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County

\_\_\_\_\_  
State Zip code

*(Before signing certification, read attached instructions which are an integral part of this certification.)*

Print/Type: \_\_\_\_\_

NAME OF RESPONSIBLE OFFICIAL \_\_\_\_\_

TITLE \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_

**CERTIFICATION REGARDING GOVERNMENT-WIDE REQUIREMENTS  
FOR DRUG-FREE WORKPLACE (GRANTS)**

**This certification is required by the regulation implementing the Drug-Free Workplace Act of 1988, 31 CFR Part 19, Section 19.630, Grantee's Responsibilities. The regulation was published as Part II of the January 31, 1989, Federal Register (pages 4946-4971).**

The applicant certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

*(Before signing certification, read the instructions which are an integral part of the certification.)*

\_\_\_\_\_  
Print/Type:

\_\_\_\_\_  
NAME OF RESPONSIBLE OFFICIAL

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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## IV. How to Apply

### Subpart 400

#### General

#### 410

**a. Application Assembly.** Please be sure to assemble your application correctly. Applications that are not assembled in the following order may be returned to you, and may also result in delays or the non-acceptance of your application.

1. Cooperative Agreement Cover Sheet: signed (original signature only) and dated by an authorized representative of the organization. **(page 15)**
2. Background Narrative: prepared according to the instructions on **page 17**.
3. Provide a copy of the determination letter issued by the Internal Revenue Service recognizing your organization as non-profit under Section 501 of the Internal Revenue Code of 1986.
4. Your most recent financial statements.
5. Proposed Program Plan: prepared according to the instructions on **page 17**.
6. Form 8653 - Tax Counseling for the Elderly Application Plan. **(page 21)**

**NOTE:** Please see sample of Form 8653 for completing your proposal. **(page 19)**

7. OMB Standard Form 424 **(page 23)**: Completed according to the instructions provided with the form and signed by an authorized representative of the organization. (Federal Domestic Catalog Number, Block #10, is 21.006.)
8. Assurances and Certifications signed by an authorized representative of the organization are as follows:
  1. "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion, Lower Tier Covered Transactions," **(page 7)**
  2. "Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions," **(page 9)**
  3. "Certification Regarding Government-Wide Requirements for Drug-Free Workplace (Grants)" (Two Forms), **(pages 11 and 13)**
  4. "Assurances and Certifications," **(page 27)**
  5. "Disclosure of Lobbying Activities," (refer to Section 530 for instructions) **(page 37)**
  6. "Certifications Regarding Lobbying," (refer to Section 530 for instructions) **(page 41)**

#### **b. APPLICATION SUBMISSION**

1. Please type and double space all application documents.
2. Submit 3 complete copies of the application assembled as described above.

3. Remember ... all documents and copies must have original signatures in blue ink.
4. Please staple each copy separately in the upper left-hand corner.

#### 420

#### **a. Method of Delivery.**

1. **Mail Delivery.** If a record of delivery is desired, please use certified mail, with a return receipt requested. The application should be securely wrapped and addressed as follows:

Internal Revenue Service  
OP:C:E:W:E, Room C-7 - 185 (NCFB)  
5000 Ellin Road  
Lanham, MD 20706  
Attn: TCE Program Manager
2. **Hand Delivery.** If you prefer, applications may be delivered directly to the TCE Program Manager at Internal Revenue Service, Room C-7 - 185, New Carrollton Federal Building, 5000 Ellin Road, Lanham, Maryland 20706, between the hours of 8:00 a.m. and 5:00 p.m., EST, Monday through Friday, except for Federal holidays. Hand-delivered applications cannot be accepted at any other time or by any other office.

#### **b. Time of Delivery and Late Deliveries.**

1. **Deadline.** The deadline for receipt of completed applications by the IRS is 30 days after the announcement of the application's availability is published in the Federal Register or by the date as stated in the letter to prospective sponsors in the TCE Application Package.
2. **Late Deliveries.** Any application received late will not be considered unless:
  - it was sent by registered or certified mail not later than the fifth calendar day prior to the date specified for the receipt of application.
  - it was mailed bearing the postmark date that is on or before the deadline of the application, the IRS determines if late receipt was due solely to mishandling by the IRS after receipt at 5000 Ellin Road, Lanham, MD 20706.
  - it was received before awards were made and proposes to provide counseling services for the elderly in a geographic area for which no other eligible organization submitted an acceptable application.

**c. WITHDRAWALS.** An application may be withdrawn at any time during the application process or prior to the time the grant money is awarded. If an accepted sponsor finds it necessary to withdraw from the TCE Program, the sponsor shall return immediately any unexpended monies received by the IRS. **ALL WITHDRAWALS MUST BE MADE IN WRITING.**

**d. AVAILABILITY TO THE PUBLIC.** All proposals will be made available to the public upon written request under provisions of the Freedom of Information Act.

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# COOPERATIVE AGREEMENT

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This **Cooperative Agreement** is entered into by the Internal Revenue Service, Department of the Treasury, United States of America, hereinafter referred to as IRS, and (Name of Applicant)

hereinafter referred to as sponsor/recipient. This agreement is conditioned upon the appropriation of funds by Congress for the Tax Counseling for the Elderly Program (TCE).

The sponsor agrees to operate a Tax Counseling for the Elderly Program in conformity with the following:

1. Proposed Program Plan;
2. Program Requirements (Chapter IV of the Application Package);
3. Standard Forms 424 and 270;
4. Assurances and Certifications;
5. Section 163 of the Revenue Act of 1978, Public Law No. 95-600, 92 Stat. 2810, November 6, 1978;
6. The regulations published in the Federal Register at (44 F.R. 72113, December 13, 1979) adding a new subchapter H to the Internal Revenue Service's Statement of Procedural Rules (26 C.F.R. Part 601);
7. Office of Management and Budget Circular No. A-110 (58 F.R. 62992, November 29, 1993) and subsequent amendments, revisions, and replacement documents, and OMB proposed Circular No. A-133;
8. All additional applicable statutory requirements, and all additional applicable requirements in Office of Management and Budget Circulars, Department of the Treasury Circulars and Federal Management Circulars;
9. The common rule on nonprocurement debarment and suspension, adopted by the Department of the Treasury (31 CFR Part 19);
10. The common rule on government-wide requirements for Drug-Free Workplace (Grants), as published in the Federal Register (54 F.R. 4946, January 31, 1989) and adopted by the Department of the Treasury (31 CFR Part 19, Sections 19.600 *et seq.*).

**Cooperative Agreement Period:**

The Cooperative Agreement covers the period from October 1, 2000, to September 30, 2001, pending approval of the above named sponsor's proposal.

NOTE: If expenses are incurred prior to approval, and the grant is later denied, all costs incurred will be the responsibility of the Sponsor.

**Maximum Amount of Funds Available from Internal Revenue Service for Expense Reimbursement:**

The Maximum amount of funds available from the Internal Revenue Service under the Cooperative Agreement is \_\_\_\_\_. The availability of funds is conditional upon the appropriation of funds by Congress. This amount may be increased in writing only by the Internal Revenue Service, 5000 Ellin Road, Lanham, MD 20706, Attention: TCE Program Manager, OP:C:E:W:E, Room C7-185, NCFB. No additional expense reimbursements or other payments shall be made by the Internal Revenue Service unless the maximum amount of funds set forth above has been increased in writing by the National Director, Education, Walk-In, and Correspondence Improvement Division.

**Approved by an Authorized Representative of the Program Sponsor by:**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approved for the Internal Revenue Service by:**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## To be Completed When Applying for Entry into the Program

**430**

### Background Narrative

- a. This section is designed to solicit information concerning your qualifications.
- b. Please provide specific responses to the requirements listed below. Keep your comments concise and relevant. Remember to double-space and number your answers to correspond with the appropriate requirement.
1. Describe your experience in coordinating volunteer programs. Include type and duration of service, target groups, and geographic areas covered.
  2. Describe your experience in delivering services to the elderly. Include type of services provided, number of elderly reached, and geographic area covered.
  3. Describe your ability to properly utilize and account for program funds. Include examples of experience in managing Federal grants, if any, and a description of the organization's existing accounting system and accounting support staff. Include copies of relevant internal procedures, and other pertinent information.
  4. Provide background information on the quality of your management staff. List the titles and state the responsibilities and qualifications of the top five members of your professional staff who will be involved with the TCE Program.
  5. Describe the nature of your organization. Include a full explanation of your agency's affiliation with other organizations such as schools, governmental bodies, or other private charitable organizations, if such affiliations exist.
  6. Describe your organization's past Federal tax return preparation experience.

**440**

### Proposed Program Plan

- a. This section is designed to solicit information concerning your proposed tax assistance program, and the methods and procedures you plan to use in implementing the program. Complete Form 8653 (Application Plan) and submit it along with your response to the statements below. Be sure to type (double-spaced), and number your responses to coincide with appropriate requirement.

#### Narrative

- b. The language used in your proposed program plan should not simply describe what has been done in the past or describe existing programs. Instead, you should indicate what type of assistance you plan to provide if a grant is awarded to your organization.

1. Briefly describe your overall plans to implement this program and the steps that will be taken to ensure compliance with its rules and administrative guidelines.
2. Describe the methods and resources that will be used to recruit volunteer assistants, instructors, and coordinators/administrators.
3. Describe plans to provide training for the volunteers. Specify whether the IRS will be required to conduct the training, or if your organization will provide the training. We strongly encourage sponsors to conduct their own training (refer to Section 550(h) for requirements for volunteer instructors).
4. Estimate the amount needed for reimbursement to volunteers. Describe your plans for reimbursement to volunteers, describe the method you will use to reimburse volunteers, and state how frequently reimbursements will be made. For example, state whether volunteers will be reimbursed for the actual expenses they incur or whether stipends will be provided. If you are planning to provide stipends to your volunteers, indicate the amount of the stipend. Stipends must be designed to relieve the volunteer of expense documentation and should be estimated based on expected out-of-pocket expenses. Stipends may not be based on the time the volunteer is expected to be engaged in volunteer service.
  - Describe the forms and vouchers you plan to use to record volunteer and other expenses;
  - Describe your accounting procedures; and
  - Describe your plans for audits and controls.
5. Describe plans for program and site publicity.
6. Describe planned actions to ensure that the volunteers provide quality service to elderly taxpayers. You must describe planned on-site quality review procedures and periodic meetings you will hold to draw the attention of volunteers to problem areas. (Please refer to Sections 550 and 580 of this handbook.)
7. Indicate the steps that will be taken to ensure taxpayer privacy and to maintain the confidentiality of tax returns. (Please refer to Section 550 of this handbook.)
8. Itemize and explain your anticipated program costs for all administrative expenses, including estimated costs for the volunteer recognition items (see Section 510(g)(9)). These costs cannot be more than 30% of the estimated program cost or line 15 of the Form 8653, Tax Counseling for the Elderly Program Application Plan. Administrative costs should not include the cost of the trip to Washington, DC, for the orientation meeting. (See number 13 below and also Section 510 (g) and (h))

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of this handbook.)

9. Identify the geographic distribution of assistance sites and telephone answering sites. If plans include providing assistance in more than one state, list the anticipated number of sites for each state. Include in this description how many sites will be operated one time only during the period January 1 through April 15, and how many sites will be operated on a regular basis.
10. Describe special plans to assist the elderly who are shut-in, blind, disabled, and/or are members of minority groups.
11. Explain internal procedures to be used to monitor and evaluate program activities to ensure that the program is being administered in accordance with the guidelines.
12. If applicable, describe the type of assistance to be given by telephone and your plans to monitor its quality.
13. Provide an estimate of travel expenses (including meals, lodging, taxi fares, etc.) to Washington, DC. Cost of travel by commercial transportation

must be economy fare, and discount rates (excursion and/or "super-saver" fares) should be used when applicable. Meals and lodging will be limited to the applicable government per diem rate in effect at that time. Currently, the applicable per diem rate for meals is \$46.00 and \$118.00 for lodging. However, the hotel rate doesn't include tax. The rates are subject to increase at a later date.

**NOTE:** The total estimated cost of the Washington, DC orientation meeting should be reported on line 16 of the Form 8653.

14. If your organization is interested in participating in an alternative way of filing, i.e., e-filing, describe your proposed activities and associated costs, including the type of expenses and estimated amounts. The total estimated cost for electronic filing should be stated on line 17 of the Form 8653. These expenses are not considered administrative expenses. In addition, they should not exceed the total grant amount. (Refer to Section 520 for more detailed information.)

Form <b>8653</b> (April 1996)	Department of the Treasury — Internal Revenue Service <b>Tax Counseling for the Elderly Program Application Plan</b>	Fiscal Year <b>2001</b>	
<b>Reimbursement Expenses</b>		<b>Numbers (a)</b>	<b>Cost (b)</b>
1. To Volunteer tax assistants		<b>20</b>	<b>\$1,000</b>
2. To Volunteer instructors			
3. To Volunteer coordinators/administrators		<b>2</b>	<b>800</b>
4. TOTAL (ADD 1–3)		<b>22</b>	<b>\$1,800</b>
<b>Administrative Expenses</b>			
5. Salaries/benefits (Clerical Staff Only)		<b>2</b>	<b>\$200</b>
6. Supplies — For TCE Program			<b>75</b>
7. Rent/utilities/custodial services — Prorated for TCE Programs			
8. Auditing			
9. Travel (Includes travel to monitor TCE Sites, Meet with District Coord., etc.)		<b>2</b>	<b>300</b>
10. Development of program publicity			<b>50</b>
11. Report processing			
12. Telephone installation (No 800 or WATTS Lines)			
13. Postage			<b>75</b>
14. Total administrative expenses (ADD lines 5 through 13, column (b)). This figure should not be more than 30% of line 15.			<b>700</b>
15. Estimated program cost (Exclude Washington Orientation) (ADD lines 4 and 14, column (b)).			<b>2,500</b>
16. Estimated cost of Washington Orientation			<b>500</b>
17. Estimated cost of Electronic Filing			<b>200</b>
18. Total estimated program cost (ADD lines 15, 16, and 17 column (b))			<b>3,200</b>
<b>Other Information</b>			
19. Number of taxpayers you expect to assist		<b>1,000</b>	
20. Number of assistance sites planned		<b>10</b>	
21. Number of telephone answering sites planned		<b>5</b>	
a. Telephone calls		<b>100</b>	
b. Telephone lines		<b>5</b>	
Signature of responsible office		Date	

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## Instructions

**Lines 1-3.** Enter the number of volunteer tax assistors on line 1 (a), the number of volunteer tax instructions on line 2(a), the number of volunteer coordinators/administrators on line 3(a). *DO NOT* count any volunteer twice, even if he/she serves in two or more capacities.

Enter the estimated amount of reimbursement for tax assistors, instructors and coordinators/administrators on the appropriate line in column (b). *DO NOT* include expenses for any volunteer twice (*i.e.*, if an individual serves as a volunteer coordinator as well as a tax assistor all of his/her expenses should be estimated on line 3, *only*).

**Lines 4-5.** Self-explanatory.

**Line 6.** Supplies include pencils, pens, paper, postage, etc.

**Lines 7-9.** Self-explanatory.

**Line 10.** Enter the estimated cost for the development of publicity (*i.e.*, public service announcements, posters, brochures) and other publicity materials.

**Line 11.** Enter the estimated cost for report processing.

**Line 12.** Enter the estimated cost of installing temporary telephone lines at "telephone answering sites."

**Line 13.** Enter the estimated cost for all postage, including postage needed for the fulfillment of orders for program materials.

**Lines 14-18.** Self-explanatory.

**Line 19.** List the number of taxpayers you expect to assist during this year's TCE Program.

**Line 20.** State the number of assistance sites you expect to operate.

**Lines 21a-b.** Estimate the number of telephone answering sites, the number of calls to be received, the number of telephone lines available (those already in existence and those to be installed).

Form <b>8653</b> (April 1996)	Department of the Treasury — Internal Revenue Service <b>Tax Counseling for the Elderly Program</b> <b>Application Plan</b>	Fiscal Year
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<b>Reimbursement Expenses</b>	<b>Numbers (a)</b>	<b>Cost (b)</b>
1. To Volunteer tax assistants		
2. To Volunteer instructors		
3. To Volunteer coordinators/administrators		
4. TOTAL (ADD 1-3)		

<b>Administrative Expenses</b>		
5. Salaries/benefits (Clerical Staff Only)		
6. Supplies — For TCE Program		
7. Rent/utilities/custodial services — Prorated for TCE Programs		
8. Auditing		
9. Travel (Includes travel to monitor TCE Sites, Meet with District Coord., etc.)		
10. Development of program publicity		
11. Report processing		
12. Telephone installation (No 800 or WATTS Lines)		
13. Postage		
14. Total administrative expenses (ADD lines 5 through 13, column (b)). This figure should not be more than 30% of line 15.		
15. Estimated program cost (Exclude Washington Orientation) (ADD lines 4 and 14, column (b)).		
16. Estimated cost of Washington Orientation		
17. Estimated cost of Electronic Filing		
18. Total estimated program cost (ADD lines 15, 16, and 17 column (b))		

<b>Other Information</b>		
19. Number of taxpayers you expect to assist		
20. Number of assistance sites planned		
21. Number of telephone answering sites planned		
a. Telephone calls		
b. Telephone lines		
Signature of responsible office	Date	

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## Instructions

**Lines 1-3.** Enter the number of volunteer tax assistors on line 1 (a), the number of volunteer tax instructions on line 2(a), the number of volunteer coordinators/administrators on line 3(a). *DO NOT* count any volunteer twice, even if he/she serves in two or more capacities.

Enter the estimated amount of reimbursement for tax assistors, instructors and coordinators/administrators on the appropriate line in column (b). *DO NOT* include expenses for any volunteer twice (*i.e.*, if an individual serves as a volunteer coordinator as well as a tax assistor all of his/her expenses should be estimated on line 3, *only*).

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**Line 20.** State the number of assistance sites you expect to operate.

**Lines 21a-b.** Estimate the number of telephone answering sites, the number of calls to be received, the number of telephone lines available (those already in existence and those to be installed).

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction  Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name:		Organizational Unit:	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> □□ - □□□□□□□□		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input type="checkbox"/>	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es)    □    □  A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> □□ - □□□□  TITLE: _____		<b>9. NAME OF FEDERAL AGENCY:</b>	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date	Ending Date	a. Applicant	b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ .00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
a. Type Name of Authorized Representative		b. Title	<input type="checkbox"/> Yes    If "Yes," attach an explanation. <input type="checkbox"/> No
d. Signature of Authorized Representative		c. Telephone Number	
		e. Date Signed	

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 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 (0348-0043), 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.**

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry:                                                                                                                                                                                                                                                                                                                                                                                                        | Item: | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | Self-explanatory.                                                                                                                                                                                                                                                                                                                                                                                             | 12.   | List only the largest political entities affected (e.g., State, counties, cities).                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2.    | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).                                                                                                                                                                                                                                                                                         | 13.   | Self-explanatory.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3.    | State use only (if applicable).                                                                                                                                                                                                                                                                                                                                                                               | 14.   | List the applicant's Congressional District and any District(s) affected by the program or project.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4.    | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.                                                                                                                                                                                                                                                                   | 15.   | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <i>only</i> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5.    | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.                                                                                                                                                                  | 16.   | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.                                                                                                                                                                                                                                                                                                                                                  |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.                                                                                                                                                                                                                                                                                                                       | 17.   | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.                                                                                                                                                                                                                                                                                                                                                          |
| 7.    | Enter the appropriate letter in the space provided.                                                                                                                                                                                                                                                                                                                                                           | 18.   | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)                                                                                                                                                                                                                          |
| 8.    | Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br><br>-- "New" means a new assistance award.<br><br>-- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br><br>-- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9.    | Name of Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 10.   | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.                                                                                                                                                                                                                                                                                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 11.   | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

SF-424 (Rev. 7-97) Back

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# Civil Rights Reporting Requirements

## Overview:

This information is being collected to enforce Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, or national origin; Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex; Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination on the basis of disability; and Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age. This section describes the data collection and reporting requirements required of Tax Counseling for the Elderly (TCE) cooperative agreement applicants by IRS to meet its responsibilities under Title VI.

## Civil Rights Reporting Requirements:

This information must be submitted prior to the approval of any IRS financial assistance application. Recipients of TCE cooperative agreements shall provide updated information as conditions warrant. All applicants are required to submit to the IRS the information outlined below. As a condition for eligibility under the TCE program, the applicant must provide the requested information in their cooperative agreement application package.

**I.** A list of active lawsuits or complaints naming the applicant which allege discrimination on the basis of race, color, national origin, age, sex, or disability with respect to service or benefits being provided. The list should include: the date the lawsuit or complaint was filed; a summary of the allegation; and the status of the lawsuit or complaint, including whether the parties to a lawsuit have entered into a consent decree.

**II.** A description of all pending application for financial assistance and all financial assistance currently provided by other Federal agencies. For all applicants for IRS financial assistance, this information should be relevant to the organizational entity actually submitting the application, not necessarily the larger agency or department of which the entity is a part.

**III.** A summary of all civil rights compliance review activities conducted in the last three years. The summary shall include: the purpose or reason for the review; a summary of the findings and recommendations of the review; and a report on the status and/or disposition of such findings and recommendations. For all applicants for IRS assistance, this information should be relevant to the organizational entity actually submitting the application, not necessarily the larger agency or department of which the entity is a part.

**IV.** A signed and dated Department of Treasury Standard Civil Rights Assurance agreeing that all of the records and other information required have been or will be compiled, as appropriate, and maintained by the ap-

plicant, recipient, or sub-recipient.

**V.** Additional data may be requested only to the extent that it is readily available or can be compiled with reasonable effort, and is found to be necessary to make a civil rights compliance determination. Examples of data and information which, to the extent necessary and appropriate for determining compliance with Title VI may be as follows, but not limited to:

**1.** The manner in which services are or will be provided by the program in question, and related data necessary for determining whether any persons are or will be denied such services on the basis of prohibited discrimination;

**2.** The population eligible to be served by race, color, national origin, age, or disability;

**3.** Data regarding covered employment, including use or planned use of bilingual public contact employees serving beneficiaries of the program where necessary to permit effective participation by beneficiaries unable to speak or understand English;

**4.** The location of existing or proposed facilities connected with the program, and related information adequate for determining whether the location has or will have effect of unnecessarily denying access to any persons on the basis of prohibited discrimination;

**5.** The present or proposed membership, by race, color, national origin, sex, age, or disability, in any planning or advisory body which is an integral part of the program; and

**6.** Data, such as demographic maps, the racial composition of affected neighborhoods or census data.

The civil rights reporting requirement information shall be updated, as appropriate, by the applicant with each application for financial assistance. Each application for financial assistance shall be reviewed for its civil rights reporting requirements by an external civil rights unit staff member, upon completion, the reviewer shall forward a letter of compliance to the applicant indicating the civil rights determination. Financial assistance shall not be awarded to the applicant until the civil rights reviewer has issued a finding of compliance or conditional compliance. The DOJ regulation state that all Federal agency staff determinations of Title VI compliance shall be made by, or be subject to review by the agency's civil rights office.

A copy of the cooperative agreement application should be forwarded to the following address:

Department of Treasury  
Internal Revenue Service  
C:DO:E  
1111 Constitution Ave, N.W.  
ATTN: C:DO:E, Room 1116  
Washington, DC 20224

If you need additional information or have any questions, please contact Mr. Harry T. Takai, Civil Rights Unit Manager, at (202) 927-3497.

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## Statement of Assurance Concerning Civil Rights Compliance

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Internal Revenue Service. The Applicant agrees:

1. To conduct its activities so that no person is excluded from participation in, is denied the benefits of or is subject to discrimination in the distribution of services and/or benefits provided under this financial assistance or grant program.
2. To compile, maintain and submit information to the Internal Revenue Service concerning its compliance with Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and the Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, in accordance with those laws and the implementing regulations.
3. To provide to the address shown on the Civil Rights Requirements statement, a copy of any finding issued by a Federal or State court or by a Federal or State administrative agency that the Applicant has discriminated on the basis of race, color, national origin, sex, age or disability.
4. To inform the public that persons who believe they have been discriminated against on the basis of race, color, national origin, sex, age or disability, in the distribution of services and benefits resulting from this financial assistance or grant program may file a complaint with the Department of the Treasury at the following address:

The Applicant agrees that compliance with this assurance constitutes a condition for continued receipt of Federal financial assistance and is binding on the Applicant, its successors, transferees and assignees.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

---

Name and Title of Authorized Official

---

Date

---

Signature of Authorized Official

---

## ASSURANCES AND CERTIFICATIONS

### THE APPLICANT ASSURES AND CERTIFIES WITH RESPECT TO THIS COOPERATIVE AGREEMENT ENTERED INTO THAT:

#### A. Non-Profit Status

The applicant is a public or private (501) non-profit organization. You must have a determination letter issued by the Internal Revenue Service recognizing your organization as tax exempt under Section 501 of the Internal Revenue Code of 1986.

*Note:* Federal, state, and local government agencies and organizations are not eligible to become program sponsors

#### B. Segregated Facilities

The applicant will not maintain or provide any segregated facilities at any place where tax counseling services are provided, and will not permit tax counseling service to be provided at any location where segregated facilities are maintained.

#### C. Discrimination

No persons shall be excluded from participation in the applicant's operations, be denied the benefits of the program or be otherwise subjected to discrimination by the applicant on the basis of race, color, age, sex, religion, handicap, or national origin. Any measures necessary to effectuate this certification will immediately be taken. This certification applies to all activities that receive Federal financial assistance. *Note:* the prohibition of age discrimination is not violated when participation in a program is described in age-related terms (e.g., restrictions in providing child care or other services for children, offering tax counseling exclusively for the elderly).

#### D. Disclosure

The applicant will take all reasonable steps necessary to ensure that information provided by taxpayers remains confidential, including instructing volunteers that such information is strictly confidential and must not be discussed with anyone and that the provisions relating to disclosure of tax information of Section 1905 of Title 18, United States Code, apply to volunteers as if they were employees of the United States.

***The applicant also certifies that the information in this application is correct to the best of its knowledge and belief and that the filing of this application has been duly authorized.***

\_\_\_\_\_  
Legal Name of Applicant

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Signature of Responsible Official

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## V. After You Have Been Accepted Into the Program

### Responsibilities of the Program Sponsor

#### Subpart 500

#### General

#### 510

#### Management of Funds

- a. Once a proposal has been accepted, and all appropriate documents have been signed (by the National Director, Education, Walk-In, and Correspondence Improvement Division, and the responsible official for the sponsoring organization), the IRS will generally provide a portion of the grant amount by Treasury check as an advance payment of Federal funds. (See Section 220)
- b. You must maintain advances of Federal grant funds in interest-bearing accounts of a bank with Federal Deposit Insurance Corporation (FDIC) insurance coverage and the balance exceeding the FDIC coverage must be collaterally secured unless:
  1. you receive less than \$120,000.00 in federal awards per year; or
  2. the best reasonably available interest-bearing account would not be expected to earn interest in excess of \$250.00 per year on Federal cash balances or require an average or minimum balance so high that it would not be feasible.
  3. the depository would require an average or minimum balance so high that an interest bearing account would not be feasible, given the grantee's expected federal and non-federal cash resources.
- c. YOU SHALL PROMPTLY, BUT AT LEAST ANNUALLY, REMIT TO THE IRS INTEREST EARNED ON ADVANCES OF FEDERAL GRANT FUNDS. HOWEVER, YOU MAY KEEP INTEREST EARNED ON ALL ADVANCES OF FEDERAL GRANT FUNDS OF \$250.00 OR LESS PER FISCAL YEAR.
- d. Any changes to the above procedures must be approved in writing by the IRS National Office TCE Program Manager.
- e. Consistent with the national goal of expanding the opportunities for minority business enterprises, recipients are encouraged to use minority banks.
- f. The expenses shown in (g) are allowable costs provided they are ordinary and necessary and, in total, do not exceed the amount of the total award specified in the Cooperative Agreement. Budgeted activities must not exceed the amount stated in the Tax Counseling for the Elderly Program Application Plan, Form 8653, Line 18, without written approval from the IRS.
- g. Expenses are allowable only if they are expenses or costs that would not have been incurred but for the program. Such expenses include: reimbursements to volunteers, publicity, and training costs directly and totally associated with the program. Such expenses would also include properly allocable:
  1. salaries, wages, and benefits of clerical personnel;
  2. office supplies and equipment with a unit cost less than \$15;
  3. rent, utilities, and custodial services when additional and necessary;
  4. miscellaneous services, such as printing, postage, insurance, etc.;
  5. audit services;
  6. installation of telephone lines necessary to service a telephone answering site. (Payments will only be provided for "Telephone Answering Site" lines installed and maintained to exclusively handle calls from the elderly regarding Federal tax inquiries, not for the organization's business lines);
  7. travel of program sponsors (or expenses incurred by program administrators or coordinators who are paid staff to monitor sites, meet with District Coordinator, etc., and may be required to travel to IRS National Office, Washington DC, to attend an orientation/training session; (The purpose of the session is to fully explain the requirements and obligations of the TCE Program.)
  8. costs incurred for interpreter services for a hearing-impaired taxpayer (if applicable, include on Form 8654 and write in as "INTERPRETER SERVICES" as an administrative expense.
  9. The sponsor may use grant funds to purchase items to recognize volunteers for their contributions to the TCE Program. Recognition items should not exceed \$5.00 per volunteer and should be reported on Form 8653 and Form 8654 as an administrative expense under "supplies". (Refer to Section 440(b)(8)) and Section 595(e)(8) for itemizing volunteer recognition expenses.)
  10. The sponsor may use grant funds to purchase software for the e-filing of returns and 1040PC format return preparation. This purchase is not considered an administrative expense. The sponsor may also use grant funds to purchase supplies for e-filing and 1040pc format return preparation. Supplies include diskettes, paper, cartridges, toner, postage for acknowledgment and rejection letters, and other miscellaneous expenses. grant funds can also be used for upgrading equipment. If possible, costs for upgrades to equipment should be kept to a minimum. These expenses should be reported on Forms 8653 (line 17) and 8654 (line 21). In addition, these expenses should be itemized in your Proposed Program plan and final narrative. Remember, these expenses must remain within

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your total grant amount.

**Federal funds may NOT be used for:**

1. salaries, wages, and benefits of program sponsor executives or administrators;
  2. supplies or equipment with a unit cost of more than \$15 (Refer to exception in Section 510(g)(9));
  3. purchase, construction, repair, or rehabilitation of any building or any portion thereof;
  4. costs or expenses incurred which do not support nor benefit the program, or which are unnecessary in carrying out the program;
  5. costs or expenses incurred or paid prior to IRS approval of the Cooperative Agreement;
  6. costs for installation of a "toll-free," "Watts," or "800" number for providing tax assistance;
  7. preparation of the application package;
  8. preparation for next year's program; and
  9. any costs for hotel accommodations over the Federal government per diem rate for a particular location when a sponsor conducts a meeting(s).
- i.** No more than 30 percent of the grant funds awarded may be expended for administrative expenses. All proposed administrative costs must be shown on the appropriate lines of Form 8653.
- j.** Unexpended grant amounts and advance payments must be returned to the Internal Revenue Service. (Refer to Sections 220(c) and 420(c)) Improper expenditure of grant funds will result in a debt to the Federal government.
- k.** You are required to submit an original signed copy of the Standard Form 270, Request for Advance or Reimbursement, and Form 8654, Tax Counseling for the Elderly Program Monthly/Final Program Report. These forms are ALWAYS sent together, even if you do not request funds. These forms are required within 10 working days following the end of each month.

## 520

### E-Filing of Returns

One of the Internal Revenue Service's initiatives for FY 2001 is to expand the e-filing of returns to reach more individuals, including older individuals. E-filing of returns has many advantages for the taxpayer, including faster processing of the return, a greater accuracy rate, less correspondence with the IRS because of increased accuracy, and less paper.

**SPONSORS MAY NOT USE GRANT FUNDS TO PURCHASE COMPUTER EQUIPMENT.** The sponsor may use grant funds to cover the purchase of software, installation and maintenance of telephones, and telephone charges related to the transmission of electronically filed returns. In addition, the sponsor may use grant funds to purchase supplies and upgrade equipment provided the expenses are reasonable. (Refer to Section 510(g)(10) for specific expenditures.) These expenses will not be considered an

"administrative" expense and will not be included as part of the 30% administrative limitation, however, your expenses for e-filing must not exceed your total grant amount. This expense is noted on Form 8653, line 17. You should itemize these expenses in your proposal as an attachment to Form 8653, Tax Counseling for the Elderly Application Plan (please refer to Section 440), indicating the type of expense and the estimated amount. In addition, your e-filing expenditures should be reflected on line 21 of Form 8654, Tax Counseling for the Elderly Program Monthly/Final Program Report, with an attachment itemizing expenses.

Your local IRS district may be able to loan computer equipment to your organization. You may be able to use your organization's existing computer equipment depending on whether it is compatible with requirements of the IRS.

The TCE sponsor may request the donation of computer equipment and software from a vendor. If a vendor donates software to the organization, you must certify to the Internal Revenue Service the following:

"The (name of the organization) certifies to the Internal Revenue Service that (name of the vendor) has donated (name of the software), and we will not publicize the identity of the specific software used and have advised the vendor accordingly."

This statement should be provided to the Internal Revenue Service IMMEDIATELY upon the donation of the software to the following address:

Internal Revenue Service  
OP:C:E:W:E, Room C-7 - 185 (NCFB)  
5000 Ellin Road  
Lanham, MD 20706  
Attn: TCE Program Manager

**NOTE:** You may only use IRS authorized software. You must check with the local IRS District Taxpayer Education Coordinator to obtain a list of the software.

The IRS District Office may be able to provide you with software free of charge.

You should contact the local IRS District Taxpayer Education Coordinator for any details regarding the implementation of e-filing of returns, including authorized software, the availability of computer equipment, and training.

## 525

### Audit Requirements

Audit requirements applicable to grant sponsors are described in OMB Circular A-133, 62 FR 35278-35302 (June 30, 1997). If you expend less than \$300,000 a year in total Federal awards, no audit requirements are applicable. The IRS, however, has the right to audit expenditure of TCE funds regardless of the dollar amount of Federal funding received by the sponsoring organization.

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If you expend \$300,000 or more a year in Federal awards, you must provide IRS with a copy of the results of an audit performed in compliance with the Circular. You must arrange for an audit by an independent auditor in accordance with the Government Auditing Standards developed by the Comptroller General of the United States.

An audit under the Circular is organization-wide. The auditor must determine whether: (1) your financial statements present fairly your financial position and the results of your operations in accordance with generally accepted accounting principals; (2) you have an internal control structure to provide reasonable assurance that you are managing Federal awards in compliance with applicable laws and regulations, and controls that ensure compliance with the laws and regulations that could have a material impact on the financial statements; and (3) you have complied with laws and regulations that may have a direct and material effect on your financial statement amounts and on each major Federal program.

**NOTE:** The Single Audit Act, 31 U.S.C. Chapter 75, is not applicable to TCE Program Sponsors because the Act governs state and local governments only. As provided by the program regulations, governmental agencies and organizations are not eligible to become TCE program sponsors.

## 530 Lobbying Activities

Public Law 101-121, "Limitations on the Payment of Funds to Influence Federal Transactions" prohibits recipients of Federal contracts, loans, and cooperative agreements from using appropriated funds for lobbying the Executive or Legislative branches of the Government with respect to any Federal contact, grant, loan, or cooperative agreement. This law also generally requires that lobbying activities be disclosed by each organization that: (1) requests or receives a Federal contract, grant, loan, or cooperative agreement in excess of \$100,000 from an agency; or (2) receives from an agency a commitment in excess of \$100,000 that the United States will guarantee or insure a loan. If you request or receive a grant in excess of \$100,000, you must complete the Certification Regarding Lobbying. (See 31 U.S.C. 1352 and Treasury Directive 32-12, limiting certification requirements.)

The IRS has been directed by the Office of Management and Budget to collect and compile the required disclosure documents on lobbying activities. These documents are ultimately submitted to Congress. Each recipient should submit to IRS a Standard Form LLL, "Disclosure of Lobbying Activities", if an organization has made or has agreed to make any payment using nonappropriated funds.

In addition, any organization which requests or receives a Federal grant, regardless of the amount, must complete a "Certification Regarding Lobbying" Form certifying that the organization has not made and will not make any payment for lobbying with appropriated funds and submit to the IRS.

The reporting period for submission of the above mentioned forms covers the period October 1, 1998, through March 31, 1999.

The reporting period includes the time when the organization actually received their grant monies. These forms are included in the Application Package. Instructions for the Standard Form LLL are also included in the Application Package. The appropriate form(s) for your organization should be submitted with your application package.

## 540 Coordination of the Program

- a. To facilitate the management of various program operations, you must designate a Program Coordinator to work with the IRS at National Office and at the district office(s). A Program Coordinator may be a volunteer or a member of your organization's professional staff. However, if the coordinator(s) is a member of your staff, no portion of grant funds may be included as part of their salary.
- b. Program Coordinators working with the IRS at the district office level will be responsible for coordinating program activities in areas defined by IRS district office boundaries.
- c. You are to make special efforts to reach the elderly who are 60 years of age or older, particularly those who are disabled, blind, shut-ins or members of minority groups; plans should also include visits to nursing homes and housing complexes for the elderly.
- d. Upon request, accommodations for persons with disabilities will be provided by TCE sponsoring organizations in cooperation with the IRS.
- e. Since this program is established to provide free tax assistance to individuals age 60 and over (where a joint return is involved, only one spouse need satisfy the 60-year age requirement), the program must be designed and operated solely to provide assistance to such individuals. **HOWEVER, ASSISTANCE WITH RESPECT TO FEDERAL INCOME TAX RETURNS MAY BE PROVIDED TO INDIVIDUALS UNDER 60 AND ASSISTANCE WITH RESPECT TO STATE AND LOCAL RETURNS MAY BE PROVIDED TO INDIVIDUALS OF ANY AGE IF:**
  1. providing such assistance is entirely voluntary on the part of those rendering it,
  2. no charge is made for the assistance,
  3. assistance to the elderly is given priority and is in no way interrupted or delayed, and

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4. no additional expense is incurred by the IRS. Since the IRS cannot train volunteers to prepare state and local tax returns, program sponsors are responsible for scheduling appropriate state and local tax training and for securing necessary tax forms wherever this service will be voluntarily offered.

**NOTE:** TCE grant funds should not be used for assistance other than for the elderly in the preparation of their Federal tax returns.

## 550

### Recruitment and Management of Volunteers

- a. As a program sponsor, you are responsible for recruiting and managing a volunteer network to provide tax counseling assistance to elderly individuals.
- b. The IRS offers a training course for your TCE volunteers. This course can either be “self-study,” or in a classroom situation. Your IRS Taxpayer Education Coordinator will work with you to schedule this training. The name and telephone number of the IRS Taxpayer Education Coordinator is provided to you when your organization is accepted into the TCE Program.
- c. The volunteer training course offered by the IRS deals almost exclusively with tax topics covering basic income tax return preparation information. Volunteers should have the knowledge of basic tax skills before attending the Tax Counseling for the Elderly training.
- d. Volunteers may attend a formal training class or elect to take a self-study course. However, sponsors should encourage all volunteers, even experienced volunteers, to attend training because they must take and pass a test in order to become eligible to provide tax assistance to individuals. Those who pass the test with a minimum score of 80 percent will receive notification that they are certified to provide tax assistance as part of the Tax Counseling for the Elderly Program. The opportunity for taking a retest will be made available by the IRS to volunteers who do not pass the test.

**NOTE:** EVEN THOUGH PROFESSIONAL ACCOUNTANTS AND ENROLLED AGENTS ARE NOT REQUIRED TO ATTEND TRAINING AND TAKE THE TEST, THE IRS DISTRICT TAXPAYER EDUCATION COORDINATOR OR TCE SPONSOR, WHICHEVER IS APPROPRIATE, CAN REQUIRE THEIR ATTENDANCE IN TRAINING AND PASSING THE TEST.

- e. Since you will be evaluated on your ability to efficiently serve elderly taxpayers while providing high quality assistance, selective recruitment of volunteers should be an important objective.

- f. In recruiting volunteers, you should consider the need for the following type of volunteers:

1. Volunteer Tax Assistors
2. Volunteer Tax Instructors
3. Volunteer Coordinators/Administrators

- g. Volunteer Tax Assistors are to provide tax information, counseling, and tax return preparation assistance to elderly taxpayers. They are to:

1. follow IRS and program sponsor procedures that safeguard the confidentiality of tax return information and provide for quality review of tax returns, including encouraging taxpayers to use coded Quality Review envelopes;
2. identify returns they prepare by entering the program sponsor’s identifying code in the preparer’s block of Form 1040, Form 1040A and Form 1040EZ. It is at the discretion of the sponsoring organization in requiring the volunteers to initial the return in the preparer’s block;
3. maintain written record of the types of assistance provided to taxpayers on Forms 6522, Volunteer Assistance Worksheet, and submit these Forms to the program sponsor (See Section 590);
4. complete reimbursement vouchers as required by the program sponsor. These vouchers should show their allowable expenses incurred in the program. The completed vouchers will then be submitted according to guidelines established in the Cooperative Agreement;
5. not retain any return information, completed and signed returns or copies of return information, completed and signed returns;
6. not solicit or accept donations for their tax counseling and return preparation services;
7. not refer a client to a specific paid preparer if the volunteer assistor is unable to help the taxpayer. To prevent the endorsement of a particular paid preparer, the assistor may provide a list of local paid preparers to a client if the individual requires the assistance of a professional; and
8. perform other relevant duties necessary to comply with the program requirements, program regulations, the Cooperative Agreement, and Section 163 of the Revenue Act of 1978.

- h. Volunteer Tax Instructors are to instruct volunteer tax assistors on income tax return preparation. They should be persons with extensive tax background and/or teaching experience/ability. You are responsible for recruiting these volunteer instructors.

1. Volunteer instructors are required to receive certification from IRS just as are volunteer tax assistors.
2. In addition to teaching classes, volunteer instructors have reporting and counseling responsibilities.
3. Volunteer instructors must agree to respect the

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confidentiality of any taxpayer return information obtained as a result of, or in connection, with volunteer service.

**i.** Volunteer Coordinators/Administrators are to provide administrative support for the program by acting as managers, program leaders, and publicity specialists, and by providing other services as needed.

1. Volunteer Coordinators/Administrators who do NOT provide tax assistance to taxpayers do NOT need to receive certification from the IRS.
2. Volunteer Coordinators/Administrators must agree to respect the confidentiality of any taxpayer return information obtained as a result of or in connection with volunteer service.
3. Volunteer Coordinators/Administrators are needed to manage the activities of volunteers and to provide administrative support for the program.
4. Volunteer Coordinators/Administrators also may:
  - recruit volunteers and establish assistance sites;
  - coordinate training and tax assistance schedules;
  - assist with program publicity;
  - maintain records and prepare reports for the IRS and the program sponsor;
  - attend meetings at the IRS and conduct liaison work with the IRS;
  - perform related clerical and secretarial duties; and
  - perform other activities identified by you as agreed to in the Cooperative Agreement.

**j.** Volunteers are encouraged to use a self-help approach when assisting taxpayers. Self-help assistance involves inviting taxpayers to complete their own returns with guidance from tax assistors.

**k.** VOLUNTEERS ARE NOT TO DEAL WITH TOPICS THAT THEY HAVE NO EXPERIENCE IN DEALING WITH, OR ON WHICH THEY HAVE NOT RECEIVED IRS TRAINING.

**l.** Health, accident, and liability insurance for volunteers is your responsibility exclusively.

**m.** As a Program sponsor, you must also perform the following:

1. Train your own volunteer assistors with assistance from the IRS;
2. plan and publish volunteer assistance and training schedules;
3. monitor volunteer adherence to the schedules;
4. provide the IRS district office BY FEBRUARY 1, 2001, with a list of volunteers who passed the test or retest. In addition, provide the IRS district office BY FEBRUARY 1, 2001, with a list of volunteers who were exempt from the test. Ensure that volunteers are certified by the IRS district office as eligible to provide tax counseling and return preparation assistance;
5. advise all volunteers that no return information,

completed and signed returns or copy of any return information, completed and signed returns will be retained. You must take all reasonable steps necessary to ensure that information provided by taxpayers remains confidential, and inform volunteers that the provisions of Title 18, United States Code, Section 1905, relating to disclosure of tax information, applies to volunteers just as if they were employees of the United States;

6. establish sites and provide the IRS district office with a list of site addresses and hours/days of assistance as soon as this information is known, but no later than JANUARY 13, 2001. TCE sponsors should provide this list immediately to the IRS district office when revisions have been made to the site addresses and hours/days of assistance. It is important that this list is submitted timely and accurately to the district as the IRS toll-free telephone assistors must have access to the information in order to provide site locations to taxpayers;
  7. indicate on the above list which sites, if any, have telephone answering facilities and indicate the telephone number on the list. Again, any changes to this information should be reported to the IRS district office immediately;
  8. maintain records on expenses for which volunteers are reimbursed;
  9. prepare and submit reports to the IRS National Office as explained elsewhere in this handbook;
  10. encourage the use of the self-help concept of tax return preparation;
  11. instruct volunteers to give taxpayers coded mailing envelopes and urge their use whenever a Federal tax return is prepared showing a refund or no tax due;
  12. determine the number of Federal tax forms and IRS program materials you will need to carry out the TCE Program objectives. These items are to be ordered via Form 2333V, Volunteer Education Order Form, which is available from the local IRS Taxpayer Education Coordinator. YOU WILL NEED TO ALLOW 3 TO 4 WEEKS FOR DELIVERY OF FORMS AND MATERIALS;
  13. provide paper, pencils, and other supplies to volunteers;
  14. plan, provide, and monitor the quality and technical proficiency of your volunteers;
  15. conduct meetings, issue newsletters, and establish other means of communications to transmit tax law and other administrative information to your volunteers. You must advise your local Taxpayer Education Coordinator when conducting a meeting so that he/she can make plans to attend. When issuing a newsletter to your volunteers, you must provide a copy of the
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newsletter to your local Taxpayer Education Coordinator;

16. ensure that volunteers keep tallies on the type of assistance given to taxpayers (i.e. Federal, state, and/or local returns and other information) using the Volunteer Assistance Worksheet, Form 6522, provided by the IRS, consolidate and submit to the IRS district office;
17. reimburse volunteers for direct, reasonable, and prudent expenses incurred as part of volunteer service according to guidelines stated in the Cooperative Agreement, and inform volunteers of such guidelines;
18. monitor volunteer compliance with program regulations requirements, Section 163 of the Revenue Act of 1978, and the Cooperative Agreement, and take corrective action with volunteers who not comply; and
19. advise all volunteers that service is to be provided FREE OF CHARGE.

## 560

### Selection and Management of Tax Assistance Sites

- a. You are responsible for selecting, establishing, and managing volunteer tax assistance sites.
- b. The primary consideration you should use in choosing sites should be the existence of a large elderly population; the accessibility to this population; the location (consider locations where other TCE sites do not exist); and the availability of volunteers in that area. In addition, the IRS encourages a sponsor to select tax assistance sites that are accessible to the disabled.
- c. You should choose sites where there will be little or no charge for use of space. Libraries, community centers, and schools are excellent examples of space that can be obtained at little or no cost to you. In instances where there is a charge for use of space, refer to Section 510 of this handbook. The availability of a telephone for use by volunteers to obtain technical assistance from the IRS should be considered in your site selection. In addition, the availability of parking for your volunteers should be considered when selecting a site.

## 570

### Publicity

- a. After the IRS has entered into cooperative agreements with you, IRS District Taxpayer Education Coordinators and IRS Public Affairs Officers will be available to advise your publicity representative about effective media programs and the placing of media materials.
- b. You are responsible for publicizing the TCE Program so that information about it also reaches the elderly

who are shut-in, blind, disabled, or are members of minority groups.

- c. Plans for publicity should be made well in advance of the dates assistance is to be offered. Your local IRS Taxpayer Education Coordinator is available to assist you with program publicity.
- d. If you maintain telephone answering sites, you should advise taxpayers who phone in that assistance may be provided at nursing homes, housing complexes for the elderly, the private homes of shut-ins and other off-site locations.
- e. All publicity must mention that tax assistance is offered FREE of charge to those taxpayers 60 years of age or older.

## 580

### Quality Control Requirements for Tax Assistance

- a. A measure of the effectiveness of program operations is the quality of service provided to the elderly. Given the complexity of the Federal tax laws, it is important to monitor the accuracy and completeness of information being provided.
  - b. Two formal IRS quality control systems are used in this program:
    1. Testing of volunteers - All volunteers, except professional accountants and enrolled agents, are required to take a test designed to measure their understanding of Federal tax subjects. Volunteers who do not successfully pass the test or retest with a score of 80% or better will not be eligible to participate in the program as tax assistants.
    2. Quality review of Federal tax returns - In most cases, the IRS District Office will review tax returns prepared by volunteers for accuracy and inform the sponsor of any errors identified. In addition, IRS District Offices will, from time to time, prepare and issue newsletters addressing quality review topics. You will be responsible for relaying to the volunteers any errors found by the IRS, and for conducting meetings and training sessions to improve the quality and expertise of your volunteers. (Quality review reports or meetings may not include references by name to specific taxpayers.)
  - c. As a program sponsor, you should independently develop and institute additional on-site quality review procedures apart from those provided by the IRS. You are to notify the IRS if problems, delays or adverse conditions occur that would affect the objective of the TCE Program. You should also send the IRS a statement that includes the action(s) taken, or contemplated, and any assistance you may need to resolve the situation.
- NOTE:** The TCE volunteer is not obligated to prepare any particular return, and volunteers should

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decline to prepare a return which the volunteer believes would misstate the taxpayer's tax liability.

- d. Individuals who have their tax returns prepared by volunteers (except those taxpayers whose Federal tax return shows a balance due) will be given coded program envelopes to mail in their Federal tax returns. The postage-paid envelopes will be supplied by the IRS. These envelopes direct the returns to your IRS District Office for review.
- e. As a quality control measure, volunteer assistants will be provided with an IRS toll-free number in obtaining answers to technical questions. This telephone number can be found in the volunteer training materials or can be obtained from the IRS District Taxpayer Education Coordinator.

## 590 Financial and Management Reporting Requirements

- a. Submit completed copies of Form 8654, Tax Counseling for the Elderly Monthly/Final Program Report, and Form 270, Request for Advance or Reimbursement on a QUARTERLY basis through the filing season. The Form 8654 should be prepared as non-cumulative, reflecting only expenditures for that month. Form 270 should be prepared as cumulative, showing your total program expenditures from October 1 through the current month. ALWAYS SEND BOTH FORMS, even though you may not be requesting funds. Also, documentation of expenses for the Washington Orientation (i.e., airline tickets, hotel, meals, etc.) are needed for reimbursement and should be attached to Form 8654.
- b. Forms 8654 and 270 should be submitted no later than 10 days after the close of the month to:
  - Internal Revenue Service
  - OP:C:E:W:E, Room C-7 - 185 (NCFB)
  - 5000 Ellin Road
  - Lanham, MD 20706
  - Attention: TCE Program Manager

**NOTE:** Please see examples of Forms 8654 and 270.

- c. NON-AARP TCE sponsors must consolidate tax assistance data on a cumulative Form 6522, Volunteer Assistance Worksheet. The Form 6522 captures the type of tax assistance that you are providing, i.e., married filing joint returns, individual federal returns, etc. The site code on the Form 6522 will be provided to you by your local Taxpayer Education Coordinator. The Forms 6522 should be submitted weekly to your local Taxpayer Education Coordinator beginning January 1, or when your organization begins tax assistance, through April 15. If your organization provides assistance beyond April 15, you must continue to provide the Forms 6522 weekly to your local Taxpayer Education Coordinator.

You can obtain these forms from your local IRS Taxpayer Education Coordinator. It is important that you submit your Forms 6522 timely since your local Taxpayer Education Coordinator must forward the data to the IRS Detroit Computing Center for generating reports. It also allows your local Taxpayer Education Coordinator to better monitor your organization's tax assistance efforts.

- d. All Forms 6522 should be submitted to your local Taxpayer Education Coordinator no later than **August 31, 2001** or your assistance efforts will get counted in the next fiscal year.
- e. AARP Tax-Aide sites should submit their Forms 6522, Counselor Assistance Reports, to AARP headquarters in Washington, DC. These Forms should be submitted per the instructions of AARP.

## 595 Final Program Report

**NOTE:** SPONSORS COMPLETING PROGRAM ACTIVITY PRIOR TO THE EXPIRATION PERIOD OF THE COOPERATIVE AGREEMENT (SEPTEMBER 30) SHOULD SUBMIT THEIR FINAL REPORTS TO THE IRS WITHIN 31 DAYS OF FINAL PROGRAM ACTIVITY.

- a. At the end of the program season, you must submit a final report to give us specific information about the methods and procedures used to implement your program. This final report will show the actual expenses incurred by you on this program during the period of the Cooperative Agreement.
- b. BY **JUNE 29, 2001**, WE MUST RECEIVE A DRAFT FINAL NARRATIVE REPORT AND A DRAFT FORM 8654 ITEMIZING YOUR TOTAL PROGRAM EXPENDITURES THROUGH May 31. This documentation will be used during the review of the TCE Application Packages for the next program year.
- c. By **October 15, 2001**, you must submit a final Form 8654; Form 270 (Request for Advance or Reimbursement); and your final "Narrative Comments", (see (e) below). Under unusual circumstances, a request for an extension of time to submit the final report may be requested from the National Office TCE Program Manager. THIS REQUEST SHOULD BE SUBMITTED IN WRITING TO THE PROGRAM MANAGER, AND THE EXTENSION MAY NOT EXCEED A TOTAL OF 90 DAYS FROM THE CLOSE OF FINAL PROGRAM ACTIVITY.
- d. Discrepancies between the estimates submitted on Form 8653 and the actual expenses shown on the Final Program Report Form 8654 must be explained in the final program narrative.
- e. **NARRATIVE** - NARRATIVE COMMENTS MUST BE TYPED, DOUBLE SPACED AND NUMBERED TO

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COINCIDE WITH THE PARAGRAPHS FOLLOWING.

In this report you must clearly state, in detail, what actions you took in implementing the TCE Program.

1. Briefly describe the overall approach you took in implementing this program and the steps you took to ensure compliance with its rules and administrative guidelines.
2. Describe the methods and resources you used to recruit volunteer assistants, instructors, and coordinators/administrators.
3. Describe how the training for your volunteers was provided. Specify whether IRS provided the training, or whether your organization provided the training.
4. Describe the method and frequency of reimbursement to volunteers. For example, state whether the volunteers were reimbursed for the actual expenses they incurred or were stipends provided. Please explain in detail. If stipends were provided, indicate the amount of the stipends per volunteer.
5. Specifically state how program and site publicity were provided.
6. Specifically state how volunteers provided quality service to elderly taxpayers. In detail, describe any on-site quality review procedures and periodic meetings you held to draw the attention of volunteers to problem areas.
7. Describe the steps you took to ensure taxpayer privacy and to maintain the confidentiality of tax returns.
8. Itemize and explain actual program costs for all administrative expenses. Specify the costs for interpreter services and recognition items. If you rented space for providing tax assistance, give a breakdown of the costs incurred. If administrative expenses were more than 30% of the total award, you should state so and provide a detailed explanation.
9. State the exact number of taxpayers assisted by TCE volunteers; the number of TCE assistance sites; and, the number of elderly taxpayers for whom other types of federal tax return assistance was provided (e.g., answering tax questions, etc.). Use Form 6522 to report data on the number of taxpayers assisted and type of assistance provided. Sponsors who operate a nationwide tax assistance program must state the number of Tax Counseling for the Elderly volunteers who participated in each IRS district and the number of Federal income tax returns volunteers prepared in each district.
10. Identify the geographic distribution and number of assistance sites and telephone answering sites. If assistance was provided in more than one state, list the number of sites for each state.
11. Describe what you did to assist the elderly who were shut-in, blind, disabled, and/or are members of minority groups.
12. Explain internal procedures you used to monitor and evaluate program activities to ensure that the program was administered in accordance with the cooperative agreement guidelines.
13. If applicable, describe the type of assistance given by telephone and the procedures you used to monitor its quality.
14. State the cost of travel expenses (including meals and lodging) to Washington, D.C. You are required to provide documentation with your initial Forms 270 and 8654. (Refer to Section 590(a)).
15. State any recommendations you have for improving the TCE Program. Please explain in detail.
16. IF YOUR ORGANIZATION RECEIVED TOTAL FEDERAL AWARDS IN EXCESS OF \$25,000, PLEASE SUBMIT A COPY OF AN AUDIT AS DESCRIBED IN SECTION 525 OF THIS HANDBOOK. These funds could include monies received for the TCE Program from the IRS in addition to the receipt of funds from other Federal sources for other programs that exist in your organization.
17. If your organization participated in E-filing, describe your activities and list the types of expenses and the amounts. As a reminder, these expenses are not considered administrative expenses, but must not exceed your total grant amount. (Refer to Sections 510(g)(10) and 520 for more detailed information).

## 599

### Close-Out Procedures

- a. If a final audit has not been completed before the closeout of the grant, the IRS retains the right to recover from you any costs that are disallowed to you when a final audit is performed. (Refer to Section 525 for audit requirements)
- b. Once all the applicable administrative actions and all the required work of the grant have been completed, you will be expected to immediately refund any unspent funds that the IRS advanced or paid to you for the program.



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## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award of loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment of the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 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 (0348-0046), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

**Reporting Entity:** \_\_\_\_\_ **Page** \_\_\_\_\_ **of** \_\_\_\_\_

Authorized for Local Reproduction  
Standard Form - LLL - A

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## CERTIFICATIONS REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

This undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, or an officer or an employee of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award of documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Typed Name & Title of Authorized Representative

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Signature of Authorized Representative

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Date

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Form <b>8654</b> (April 1996)	<b>Department of the Treasury — Internal Revenue Service</b> <b>Tax Counseling for the Elderly Program</b> <b>Monthly/Final Program Report*</b>	1. Report Type <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Final	
3. Recipient Organization Name		2. Fiscal Year <b>2000</b>	
Street Address	City	State	
Account/Identifying Number	Zip Code	4. Report Period (Month, day, year) From <b>2 / 1 / 2000</b> To <b>2 / 28 / 2000</b>	
	<b>Numbers (a)</b>	<b>Cost (b)</b>	
<b>Reimbursement Expenses</b>	5. To Volunteer tax assistants	<b>20</b>	<b>\$ 500</b>
	6. To Volunteer instructors		
	7. To Volunteer coordinators/administrators	<b>2</b>	<b>425</b>
	8. TOTAL (ADD lines 5-7)	<b>22</b>	<b>\$ 925</b>
<b>Administrative Expenses</b>	9. Salaries/benefits (Clerical Staff Only)	<b>2</b>	<b>\$100</b>
	10. Supplies — For TCE Program		<b>50</b>
	11. Rent/utilities/custodial services — Prorated for TCE Program		
	12. Auditing		
	13. Travel (includes travel of paid staff to monitor sites, meet with District Coord., etc.)	<b>2</b>	<b>100</b>
	14. Development of program publicity		<b>50</b>
	15. Report processing		
	16. Telephone installation (No WATTS or 800 Lines)		
	17. Postage		<b>75</b>
	18. Total administrative expenses (ADD lines 9 through 17, column (b)). This figure should not be more than 30% of line 19.		<b>375</b>
	19. Program cost (ADD lines 8 and 18 column (b))		<b>1,300</b>
	20. Cost of Washington Orientation		<b>500</b>
	21. Costs for Electronic Filing		<b>200</b>
	22. Total program cost (ADD lines 19, 20, and 21 column (b))		<b>2,000</b>
	23. Total amount of federal advance		<b>1,500</b>
24. Unexpended balance of federal advance (Subtract line 22 from 23)		<b>0</b>	
25. Refund to IRS (Complete on final report ONLY) (Take amount from line 24)		<b>0</b>	
<b>Other Information</b>	26. Number of taxpayers assisted	<b>500</b>	
	27. Number of assistance sites	<b>10</b>	
	28. Number of telephone answering sites	<b>5</b>	
	a. Telephone calls		
Signature of responsible office		Date	Agency Use

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## Instructions

Lines 1–4. Enter the number of volunteer tax assistors on line 5(a), the number of volunteer coordinators/administrators on line 7(a). *DO NOT* count any volunteer twice, even if he/she serves in two or more capacities.

Enter the final amount of reimbursement for tax assistors, instructors and coordinators/administrators on the appropriate line in column (b). *DO NOT* include expenses for any volunteer twice *i.e.*, if an individual serves as a volunteer coordinator as well as a tax assistor all of his/her expenses should be estimated on line 7, only).

Lines 8–9. Self-explanatory.

Line 10. Supplies include pencils, pens, paper, etc.

Lines 11–13. Self-explanatory.

Line 14. Enter the final cost for the development of publicity (*i.e.*, public service announcements, posters, brochures) and other publicity materials.

Line 15. Enter the final cost for report processing.

Line 16. Enter the final cost of installing temporary telephone lines at "telephone answering sites."

Line 17. Enter the final cost for all postage, including postage used for the fulfillment of orders for program materials.

Lines 18–25. Self-explanatory.

Line 26. List the number of taxpayers you assisted during this year's TCE Program.

Line 27. State the number of assistance sites you operated.

Lines 28a-c. List the number of telephone answering sites, the number of calls received, the number of lines that were available (the number already in existence and the number installed).



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## Instructions

Lines 1–4. Enter the number of volunteer tax assistors on line 5(a), the number of volunteer coordinators/administrators on line 7(a). *DO NOT* count any volunteer twice, even if he/she serves in two or more capacities.

Enter the final amount of reimbursement for tax assistors, instructors and coordinators/administrators on the appropriate line in column (b). *DO NOT* include expenses for any volunteer twice *i.e.*, if an individual serves as a volunteer coordinator as well as a tax assistor all of his/her expenses should be estimated on line 7, only).

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# REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

Approved by Office of Management and Budget, No. 80-RO183 PAGE 1 OF 1 PAGES

<b>1. TYPE OF PAYMENT REQUESTED</b> a. "X" one, or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	<b>2. BASIS OF REQUEST</b> <input type="checkbox"/> CASH    N/A <input type="checkbox"/> ACCRUAL
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<b>3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED</b>	<b>4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY</b> N/A	<b>5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST</b> N/A
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<b>6. EMPLOYER IDENTIFICATION NUMBER</b>	<b>7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER</b> N/A	<b>8. PERIOD COVERED BY THIS REQUEST</b>	
		FROM (month, day, year) 10 / 1 / 99	TO (month, day, year)

<b>9. RECIPIENT ORGANIZATION</b>	<b>10. PAYEE (Where check is to be sent if different from item 9)</b>
Name	Name
Number and Street	Number and Street
City, State and ZIP Code:	City, State and ZIP Code:

**11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED**

PROGRAMS / FUNCTIONS / ACTIVITIES ➤	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$ 1,800
b. Less: Cumulative program income				N/A
c. Net program outlays (Line a minus line b)				1,800
d. Estimated net cash outlays for advance period				N/A
e. Total (Sum of lines c & d)				1,800
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				1,800
h. Federal payments previously requested				1,500
i. Federal share now requested (Line g minus line h)				300
J. Advanced required by month, when requested by Federal grantor agency for use in making pre-scheduled advances	1st month			N/A
	2nd month			N/A
	3rd month			N/A

**12. ALTERNATE COMPUTATION FOR ADVANCES ONLY**

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$ N/A
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ N/A

**13. CERTIFICATION**

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

## INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11c, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		are needed. use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.		
7.	This space is reserved for an account number or other identifying number that may be assigned by the recipient.		
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
<p><b>Note:</b> The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p>		11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
11	The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns	13	Complete the certification before submitting this request.

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Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching 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 (0348-0004), 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.**

# REQUEST FOR ADVANCE OR REIMBURSEMENT

*(See instructions on back)*

Approved by Office of Management and Budget, **PAGE** **OF**  
No. 80-RO183 **PAGES**

<b>1. TYPE OF PAYMENT REQUESTED</b> a. "X" one, or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	<b>2. BASIS OF REQUEST</b> <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

<b>3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED</b>	<b>4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY</b>	<b>5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST</b>
--------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------	-----------------------------------------------------------

<b>6. EMPLOYER IDENTIFICATION NUMBER</b>	<b>7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER</b>	<b>8. PERIOD COVERED BY THIS REQUEST</b>	
		FROM (month, day, year)	TO (month, day, year)

<b>9. RECIPIENT ORGANIZATION</b>	<b>10. PAYEE (Where check is to be sent if different from item 9)</b>
Name	Name
Number and Street	Number and Street
City, State and ZIP Code:	City, State and ZIP Code:

## 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

PROGRAMS / FUNCTIONS / ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays <i>(Line a minus line b)</i>				
d. Estimated net cash outlays for advance period				
e. Total <i>(Sum of lines c &amp; d)</i>				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested <i>(Line g minus line h)</i>				
J. Advanced required by month, when requested by Federal grantor agency for use in making pre-scheduled advances	1st month			
	2nd month			
	3rd month			

## 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested <i>(Line a minus line b)</i>	\$

## 13. CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

## INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11c, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		are needed. use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.		
7.	This space is reserved for an account number or other identifying number that may be assigned by the recipient.		
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
<p><b>Note:</b> The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p>		11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
11	The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns	13	Complete the certification before submitting this request.

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Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching 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 (0348-0004), Washington, DC 20503.

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## VI. Responsibilities of the IRS

### Subpart 600

#### General

- a. The National Office, regional offices, and district offices are the organizational levels within the IRS with which you will coordinate program activities. Federal tax training (unless provided by the sponsor under the Cooperative Agreement) and any technical support needed to achieve the program objective will be the primary responsibility of the IRS.
- b. The IRS **NATIONAL OFFICE** will:
1. Develop and issue television and radio spot announcements as well as print materials for you to publicize the tax assistance offered to elderly taxpayers. You will be responsible for adapting these materials to meet your needs and for placing materials with the local media.
  2. develop, authorize, coordinate, and monitor all program activities and may also conduct periodic audits;
  3. develop and issue program requirements and guidelines;
  4. prepare and issue national IRS training, technical, publicity, and administrative materials, and forms and publications required for the program;
  5. arrange for you to have preferential toll-free telephone access to the IRS. This will make technical information available to your volunteers that they may need during the course of the program;
  6. establish national program quality control measures and reporting requirements;
  7. coordinate national conferences, training programs, or other meetings as necessary;
  8. act as a contact point for your questions and problems that cannot be resolved at the district or regional levels, on matters that affect more than one region, or on issues of national concern;
  9. conduct periodic visits to TCE sites as required; and
  10. act as a contact point for any questions and concerns related to any of the required TCE forms, i.e., Form 8653, Form 8654, Form 270, etc.; and
  11. upon written notification from the Regional of non-compliance by a TCE sponsor, take the necessary corrective action with the sponsor to resolve the situation. Consultation with IRS Chief Counsel might be necessary, which could result in requesting the sponsor to withdraw from the TCE Program.
- c. IRS **REGIONAL OFFICES** will:
1. Clarify program guidelines for IRS district offices;
  2. ensure that district offices monitor the sponsoring organizations to make certain they are carrying out program responsibilities;
  3. host regional conferences or other meetings, as necessary;
  4. act as your contact point on matters that cannot be resolved in the district offices, that affect more than one district in the region, or on other issues of regional concern; and
  5. notify the National Office in writing of any non-compliance by the TCE sponsors reported by the IRS District Taxpayer Education Coordinator.
- d. IRS **DISTRICT OFFICES** will:
1. Review and assist you with your district plan;
  2. conduct workshops for IRS and volunteer instructors to acquaint them with training materials, instructional techniques, changes in the tax laws and tax forms;
  3. provide you with tax instructors if needed, and train and test volunteers (unless the sponsoring organization provides instructors);
  4. provide you with tax forms and other program materials;
  5. provide you with program publicity and advice on localization and placement of publicity developed by the IRS National Office;
  6. monitor your activities to make certain that you are carrying out program responsibilities;
  7. notify the IRS Region in writing of any non-compliance by a TCE Program sponsor;
  8. provide technical personnel to carry out quality review activities;
  9. serve as your first contact with the IRS, and coordinate any district-wide program activities that you will need, (e.g., conference or meetings);
  10. visit tax assistance sites as required;
  11. evaluate the district program and prepare reports as required;
  12. certify volunteer assistors and instructors;
  13. reserve the right to recommend to you that:
    - a. a particular volunteer not be given a teaching assignment if that person's instructor workshop performance is not acceptable;
    - b. a particular volunteer tax assistor cease assisting taxpayers due to poor performance;
  14. advise taxpayers as to the location of return assistance sites; and
  15. assist with the implementation of your E-filing program.

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