

CHANGE PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR (PI/PD)

If your Project Director changes during your project, you will need to complete a Change in PI/PD Amendment. Once you have discussed the change with your Program Specialist, please reference the instructions and the sample amendment that follows.

DOCUMENT	EXPLANATION
Change PI/PD Instructions ACF	An information-only document that provides the instructions for preparing this amendment.
Project Director Online Form	Start by clicking " Enter Online " to complete the online-only Change Project Director form which will ask you to identify your new PI/PD.
Cover Letter	Click "Upload" to attach a Cover Letter identifying the new Project Director and the reason for the change. This letter should be on tribal or company letterhead, signed by your authorizing official, scanned, and attached.
Resume	Click "Upload" to attach a resume for the new PI/PD.
GrantSolutions User Account Request Form	The new PI/PD must complete a GrantSolutions User Account Request form if they do not have a GrantSolutions account. The form can be found at: https://home.grantsolutions.gov/home/wp-content/uploads/2025/01/Grant-Recipient-User-Account-Request-Form-1-2-25.pdf . Click "Upload" to attach the completed form.
OLDC Request Form	In order to access the Ongoing Progress Report (OPR), the new Project Director will also need to complete this form. A copy of the form can be found at the end of this manual or is available from your Program Specialist.
SF-424 Application for Federal Assistance	Click "Enter Online" to complete the SF-424 in GrantSolutions.

Once you have completed each of the components in the application, you are ready to submit the application for review.

You must receive a signed Notice of Award from ACF before you can proceed with implementation of your request. If you do not hear from OGM, please do not assume that your request has been approved.

Change Principal Investigator/Project Director

CHANGE PROJECT DIRECTOR

★ indicates a required field.

Last Awarded Project Director

▼ Project Director Details

Name	<input type="text"/>
Position	<input type="text"/>
Street Address	<input type="text"/>
Street Address 2	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

New Project Director

Select Project Director (from grantee organization) : (OR) Add Project Director :

▼ Project Director Details

Prefix	<input type="text" value="Please select a prefix or choose other and specify"/>
First Name ★	<input type="text"/>
Middle Name	<input type="text"/>
Last Name ★	<input type="text"/>
Suffix	<input type="text"/>
Position	<input type="text"/>
Country ★	<input type="text" value="UNITED STATES"/>
Street Address ★	<input type="text"/>
Street Address 2 (Mail Stop)	<input type="text"/>
Street Address 3 (Department Division)	<input type="text"/>
City ★	<input type="text"/>
State ★	<input type="text" value="Please select a state"/>
Zip Code	<input type="text"/>
Work Phone ★	<input type="text"/>
Mobile Phone	<input type="text"/>
Fax	<input type="text"/>
Email ★	<input type="text"/>

NOTE This is a GrantSolutions Online Form. The top section will prefill with the former Project Director's information. You will complete the New Project Director information.

INDIGENOUS COMMUNITY COUNCIL

August 15, 2024

Jane Deer
Program Specialist
Administration for Native Americans
Administration for Children and Families
330 C Street, SW
Washington, DC 20201

Re: Grant #90NL0000 New Project Director

Dear Ms. Deer:

I am writing to notify you that Mike Smith, Indigenous Community Council (ICC) Language Project Director, resigned from his position with ICC effective July 31, 2024. Upon receipt of his resignation, the ICC Board of Directors moved quickly to replace him before the opening of our school on September 3, 2024.

We were very fortunate to recruit Tim Jones to serve as ICC's New Director. Tim is a Native educator who worked many years with the public school system as a teacher, school principal, and most recently, as Director of Indian Education for the school district. His resume is being submitted with this amendment. Tim is highly respected both within the broader education community as well as the American Indian community.

Tim's complete contact information appears below:

Tim Jones, Project Director
Indigenous Community Council
1000 Lake Street
Generic City, ST Zip
Phone: 777-777-7777
E-mail: TJones@indigenouscommunity.org

Sincerely,

Ellen Shows

Ellen Shows
Chair, Indigenous Community Council

www.indigenouscommunity.org
• 1000 Lake Street • Generic City • State • 00000 •

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): E: Other (specify) _____ * Other (Specify): PD Change _____
* 3. Date Received: 08/15/2024	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 90NL0000	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Indigenous Community Council		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 99-9999999	* c. UEI: ZZZ9999ZZZ99	
d. Address:		
* Street1: 1000 Lake Street	Street2: _____	
* City: Generic City	County/Parish: _____	
* State: ST	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 00000-0000	
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Tim	_____
Middle Name: _____	_____	
* Last Name: Jones	_____	
Suffix: _____	_____	
Title: Project Director		
Organizational Affiliation: _____		
* Telephone Number: 777-777-7777	Fax Number: 777-777-7770	
* Email: tjones@indigenouscommunity.org		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Administration for Native Americans

11. Catalog of Federal Domestic Assistance Number:

93.587

CFDA Title:

Promote the Survival and Continuing Vitality of Native American Languages

*** 12. Funding Opportunity Number:**

HHS-2024-ACF-ANA-NL-0059

* Title:

Native American Language Preservation and Maintenance (P&M)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Indigenous Community Council Language Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="640,000.00"/>
* b. Applicant	<input type="text" value="160,000.00"/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="800,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

TIM JONES

TJ9999@gmail.com

SUMMARY

Educator and administrator with expertise in teaching, curriculum development, and teacher relationships. Strong interpersonal and communication skills; developed a good reputation for school reform. Successfully meet daily demands of quality focused operations, high productivity, honesty, and cooperation. Self-motivated; able to meet operational deadlines and set effective priorities to achieve immediate and long-term goals. Areas of expertise include:

- Organizational Development
- Staff Training & Development
- Native American Studies
- Strategic Planning
- Curriculum Development
- At Risk Schools/Students
- Budgets and Cost Savings
- Magnet Programs

PROFESSIONAL EXPERIENCE

Director of Education – XYZ High School

2018 to 2024

In charge of all school operations, compliance and personnel.

Teacher Mid City School

2010 to 2018

Taught Social Studies courses including Tribal Economics, beginning Ojibwe Language and Culture, American History from a Native Perspective, and Native American Music. Teacher Mentor and a member of the Leadership Team at the school. I also had an independent contract with the school to assist the school in restructuring.

Independent Consultant

2008 to 2010

Worked as an independent contractor with Generic City Public Schools helping them to develop an Indian Education Department, working with parents and students. Completed a project interviewing teachers of Native American students who have demonstrated success in teaching Native students.

Interim Director of Indian Education, Generic City

2006 to 2008

Restructured Indian Education Department and worked to actualize the “Memorandum of Agreement”, a document between the Generic City Public School Board and the Generic City Native American Community.

Principal, Generic City Public Schools

1992 to 2006

Was a principal at three of the district’s seven high schools, South High School, East High School, and West High School. In each case I faced the task of restructuring a major program or function of the school. These varied from budgetary to disciplinary to academic restructuring. I was also asked

to “fresh start” an elementary school. In each case I mentored an administrator to take over the principal role all of whom became very successful principals.

EDUCATION

University of State, Generic City

- Masters Degree plus 30 credits in Education Administration

University of State, Generic City

- Bachelor of Arts, Native American Studies
- Bachelor of Science, Secondary Education Social Studies

Other State University

- 15 credits towards a Masters Degree in Counseling

NOTE: Full curriculum vita and references can be provided upon request.



Grant Recipient User Account Request Form: Part 1

Rules of Behavior

As a User granted Grant Recipient access in GrantSolutions, I agree to abide by the following:

- I will not disclose data from the GrantSolutions system to any unauthorized users.
- I will not make any unencrypted electronic copies of data from the GrantSolutions system.
- I will take all reasonable steps to ensure I do not violate the privacy and confidentiality of all data from the GrantSolutions systems as per the Privacy Act of 1974.
- I will ensure the proper disposal of data (in any format) and printed reports.
- I will access the GrantSolutions system only to the extent that my duties require such access.
- I will report inappropriate or malicious use of the GrantSolutions system to the GrantSolutions Help Desk at help@grantsolutions.gov.
- I will immediately notify the GrantSolutions Help Desk of any account changes, including the need to close my account.

User Name (Printed) Tim Jones

User Signature *Tim Jones* Date 8/15/24



Grant Recipient User Account Request Form: Part 2

Request Type: New Account Account Change Account Closure

Funding Entity:

Department of Health & Human Services

- Administration for Children and Families
- Administration for Community Living
- Administration for Strategic Preparedness & Response
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Health Resources & Services Administration
- Indian Health Service
- Office of Head Start
- Office of the Assistant Secretary for Health
- Office of the National Coordinator for Health Information Technology

Department of Homeland Security

Department of Transportation

- Federal Motor Carrier Safety Administration Federal
- Railroad Administration
- Office of the Secretary (AMJP)
- Pipeline and Hazardous Materials Safety Administration
- Federal Highway Administration (FHWA)
- Federal Aviation Administration (FAA)

Department of the Treasury

- Internal Revenue Service
- Office of Grant Community Relations
- Bureau of the Fiscal Service
- Consumer Product Safety Commission
- Department of Agriculture
- Department of Housing and Urban Development
- Department of the Interior
- Department of Labor
- Electoral Assistance Commission
- Environmental Protection Agency
- Gulf Coast Ecosystem Restoration Council
- Public Health Service
- Small Business Administration
- Social Security Administration
- Treasury – RESTORE Act
- Veterans Affairs
- Other:

Grant Recipient (Organization):	Indigenous Community Council			
Address 1 (Organization):	1000 Lake Street			
Address 2 (Organization):				
City:	Generic City	State:	ST	ZIP: 00000
Grant Number(s):	90NL0000			
UEI:	ZZZ9999ZZZ99			
User First Name:	Tim	User Last Name:	Jones	
Title:	Project Director			
Phone:	777-777-7777			
Email:	tjones@indigenouscommunity.org			

Assistive Technology – Assistive Technology, such as JAWS, is used for visual impairment.

I use a Visual Impairment (screen reader/JAWS) Assistive Technology.



Role Authority:

- Authorizing Official/Authorizing Representative
- Financial Officer
- Financial Officer Support
- Program Director/Principal Investigator
- Support Staff

Supervisor or Authorized Official Name:

Ellen Shows

Title:

Chair

Signature:

Ellen Shows

Note: The Supervisor or Authorized Official should sign requests.

