
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid 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 an 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, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award 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.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement 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 statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

*** APPLICANT'S ORGANIZATION**

United States Esports Association

*** PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

Prefix: Mr. * First Name: Eliot Middle Name:

* Last Name: Oreskovic Suffix:

* Title: Managing Director of Operations

*** SIGNATURE:** Eliot Oreskovic

*** DATE:** 05/18/2022

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="05/18/2022"/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="(b)(6)"/>	* c. UEI: <input type="text" value="YNA3Y5YCC4L5"/>
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d. Address:

* Street1:	<input type="text" value="100 N Howard Str"/>
Street2:	<input type="text" value="Ste W"/>
* City:	<input type="text" value="Spokane"/>
County/Parish:	<input type="text" value="Spokane"/>
* State:	<input type="text" value="WA: Washington"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="99201-0508"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Eliot"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Oreskovic"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="(b)(6)"/>	Fax Number: <input type="text"/>
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* Email:

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.132

CFDA Title:

Financial Assistance for Targeted Violence and Terrorism Prevention

*** 12. Funding Opportunity Number:**

DHS-22-TTP-132-00-01

* Title:

Fiscal Year (FY) 2022 Targeted Violence and Terrorism Prevention (TVTP)

13. Competition Identification Number:

Title:

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

1234-useatvtp22locations.pdf

Add Attachment

Delete Attachment

View Attachment

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

National Esports Honors Society: Building resilience among uniquely at-risk college students with a comprehensive OST as a national security priority

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.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="226,260.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="226,260.00"/>

*** 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

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 218, 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:

Mangilao, Guam, USA
Rock Island, Rock Island County, IL, USA

EMW-2022-GR-APP-00102

Application Information

Application Number: EMW-2022-GR-APP-00102

Funding Opportunity Name: Fiscal Year (FY) 2022 Targeted Violence and Terrorism Prevention (TVTP)

Funding Opportunity Number: DHS-22-TTP-132-00-01

Application Status: Pending Review

Applicant Information

Legal Name: United States Esports Association

Organization ID: 23994

Type: Nonprofit having 501(c)(3) status with IRS, other than institutions of higher education

Division:

Department:

EIN: (b)(6)

EIN Shared With Organizations:

DUNS: 046473230

DUNS 4:

Congressional District: Congressional District 05, WA

Physical Address

Address Line 1: 100 N Howard Str.

Address Line 2: Ste W

City: Spokane

State: Washington

Province:

Zip: 99201-0508

Country: UNITED STATES

Mailing Address

Address Line 1: 1321 Upland Dr.

Address Line 2: PMB 15634

City: Houston

State: Texas

Province:

Zip: 77043-4718

Country: UNITED STATES

SF-424 Information

Project Information

Project Title: National Esports Honors Society: Building resilience among uniquely at-risk college students with a comprehensive OST as a national security priority

Program/Project Congressional Districts: Congressional District 98, GU

Congressional District 17, IL

Proposed Start Date: Sat Oct 01 00:00:00 GMT 2022

Proposed End Date: Mon Sep 30 00:00:00 GMT 2024

Areas Affected by Project (Cities, Counties, States, etc.): Rock Island, Rock Island County, IL, USA; Mangilao, GU, USA

Estimated Funding

Funding Source	Estimated Funding (\$)
Federal Funding	\$226260
Applicant Funding	\$0
State Funding	\$0
Local Funding	\$0
Other Funding	\$0
Program Income Funding	\$0
Total Funding	\$226260

Is application subject to review by state under the Executive Order 12373 process? Program is not covered by E.O. 12372.

Is applicant delinquent on any federal debt? false

Contacts

Contact Name	Email	Primary Phone Number	Contact Types
Eliot Oreskovic	(b)(6)		Authorized Official Signatory Authority Primary Contact
John-Paul Richard			Secondary Contact

SF-424A

Budget Information for Non-Construction Programs

Grant Program: Targeted Violence and Terrorism Prevention Grant Program

CFDA Number: 97.132

Budget Object Class	Amount
Personnel	\$0
Fringe Benefits	\$0
Travel	\$0
Equipment	\$0
Supplies	\$0
Contractual	\$180000
Construction	\$0
Other	\$46260
Indirect Charges	\$0
Non-Federal Resources	Amount
Applicant	\$0
State	\$0
Other	\$46260
Income	Amount
Program Income	\$0

How are you requesting to use this Program Income? [\$budget.programIncomeType]

Direct Charges Explanation:

Indirect Charges explanation:

Forecasted Cash Needs (Optional)

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Federal	\$	\$	\$	\$
Non-Federal	\$	\$	\$	\$

Future Funding Periods (Years) (Optional)

First	Second	Third	Fourth
\$	\$	\$	\$

Remarks:

SF-424C

Budget Information for Construction Programs

Assurances for Non-Construction Programs

Form not applicable? false

Signatory Authority Name: Eliot Oreskovic

Signed Date: Wed May 18 20:54:36 GMT 2022

Signatory Authority Title: Managing Director of Operations

Certification Regarding Lobbying

Form not applicable? false

Signatory Authority Name: Eliot Oreskovic

Signed Date: Wed May 18 20:54:36 GMT 2022

Signatory Authority Title: Managing Director of Operations

Disclosure of Lobbying Activities

Form not applicable? true

Signatory Authority Name: Eliot Oreskovic

Signed Date:

Signatory Authority Title:

Guam at-large

