

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

Version 01

* 1. NAME OF FEDERAL AGENCY:

[Redacted]

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

[Redacted]

CFDA TITLE:

[Redacted]

* 3. DATE RECEIVED: **SYSTEM USE ONLY**

* 4. FUNDING OPPORTUNITY NUMBER:

[Redacted]

* TITLE:

[Redacted]

5. APPLICANT INFORMATION

* a. Legal Name:

[Redacted]

b. Address:

* Street1: [Redacted]	Street2: [Redacted]
* City: [Redacted]	County: [Redacted]
* State: [Redacted]	Province: [Redacted]
* Country: [Redacted]	* Zip/Postal Code: [Redacted]

c. Web Address:

http:// [Redacted]

* d. Type of Applicant: Select Applicant Type Code(s):

[Redacted]

Type of Applicant:

[Redacted]

Type of Applicant:

[Redacted]

* Other (specify):

[Redacted]

* e. Employer/Taxpayer Identification Number (EIN/TIN):

[Redacted]

* f. Organizational DUNS:

[Redacted]

* g. Congressional District of Applicant:

[Redacted]

6. PROJECT INFORMATION

* a. Project Title:

[Redacted]

* b. Project Description:

[Redacted]

c. Proposed Project: * Start Date: [Redacted] * End Date: [Redacted]

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Version 01

7. PROJECT DIRECTOR

Social Security Number (SSN) - Optional:

000-00-

Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
* Title: <input type="text"/>	* Email: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: <input type="text"/>	Street2: <input type="text"/>	
* City: <input type="text"/>	County: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text"/>	* Zip/Postal Code: <input type="text"/>	

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

Same as Project Director (skip to item 9):

Social Security Number (SSN) - Optional:

000-00-

Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
* Title: <input type="text"/>	* Email: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: <input type="text"/>	Street2: <input type="text"/>	
* City: <input type="text"/>	County: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text"/>	* Zip/Postal Code: <input type="text"/>	

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9. * 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: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
* Title: <input type="text"/>	* Email: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Signature of Authorized Representative: <input type="text"/>	* Date Signed: <input type="text"/>	

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Standard Form 424 Organization Short (04-2005)
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