

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

- Pre-application  Application  
 Changed/Corrected Application

4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS:

\* Legal Name:

Department:

Division:

\* Street1:

Street2:

\* City:

County:

\* State:

Province:

\* Country:

USA: UN

\* ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Phone Number:

Fax Number:

Email:

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

## 7. \* TYPE OF APPLICANT:

Please select one of the following

8. \* TYPE OF APPLICATION:  New Resubmission  Renewal  Continuation  Revision

Other (Specify):

## Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

 A. Increase Award  B. Decrease Award  C. Increase Duration D. Decrease Duration  E. Other (specify): 

## 9. \* NAME OF FEDERAL AGENCY:

\* Is this application being submitted to other agencies?  Yes  No

What other Agencies?

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Position/Title:

\* Organization Name:

Department:

Division:

\* Street1:

Street2:

\* City:

County:

\* State:

Province:

\* Country:

USA: UN

\* ZIP / Postal Code:

\* Phone Number:

Fax Number:

\* Email:

# SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<b>16. ESTIMATED PROJECT FUNDING</b>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. * Total Estimated Project Funding <input type="text"/>	<b>a. YES</b> <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds <input type="text"/>	DATE: <input type="text"/>
c. * Estimated Program Income <input type="text"/>	<b>b. NO</b> <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**18. 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.*

**19. Authorized Representative**

Prefix  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:

Province:  \* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative**

**\* Date Signed**

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**