OMB Number: 4040-0005 Expiration Date: 01/31/2007

APPLICATION FOR FEDERAL ASSISTANCE SF 424 - INDIVIDUAL Versi	
* 1. NAME OF FEDERAL AGENCY:	
2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	CFDA TITLE:
<u> </u>	1
* 3. DATE RECEIVED:	
08/13/1967	
* 4. FUNDING OPPORTUNITY NUMBER:	
A TITLE	
* TITLE:	
5. APPLICANT INFORMATION	
a. Name and Contact Information	
Prefix: * First Name:	Middle Name:
* Last Name:	Suffix:
* Telephone Number (Daytime):	Telephone Number (Evening):
Email:	Fax Number:
b. Address	
* Street1:	Street2:
* Cit. a	County
* City:	County:
* State:	Province:
AL: Alabama	
* Country:	* Zip/Postal Code:
AFG: AFGHANISTAN	

OMB Number: 4040-0005 Expiration Date: 01/31/2007

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* c. Citizenship Status: U.S. Citizenship ● Yes ○ No If No	d. Social Security Number (SSN) - Optional: 000-00-0000 Disclosure of SSN is voluntary. Please see the application package instructions for the agency's	
If permanent resident of U.S., enter the Alien Registration #: * If foreign national, enter country of citizenship:	e. * Congressional District of Applicant:	
AFG: AFGHANISTAN * If foreign national, enter start date of most recent residency in U.S.: 08/13/1967		
6. PROJECT INFORMATION	•	
a. Project Title: * b. Project Description:		
* c. Proposed Project: Start Date: 08/13/1967 End Date: 08/13/1967 7. * 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) ** 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.		
* Signature: * Date Signed: 08/13/1967		

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Standard Form 424 Individual (05-2005)

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