## APPLICATION FOR FEDERAL ASSISTANCE SF 424 - INDIVIDUAL

## 1. NAME OF FEDERAL AGENCY

Pre-populated from the Application cover sheet.

# 2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Pre-populated from the Application cover sheet.

## **CFDA TITLE:**

Pre-populated from the Application cover sheet.

# 3. DATE RECEIVED

Completed by Grants.gov upon submission.

# 4. FUNDING OPPORTUNITY NUMBER:

Pre-populated from the Application cover sheet.

# TITLE:

Pre-populated from the Application cover sheet.

## 5. APPLICANT INFORMATION

# a. Name and Contact Information

#### Prefix:

Select the Prefix from the provided list or enter a new Prefix not provided on the list.

#### First Name:

Enter the First Name. This field is required.

## Middle Name:

Enter the Middle Name.

## **Last Name:**

Enter the Last Name. This field is required.

## Suffix:

Select the Suffix from the provided list or enter a new Suffix not provided on the list.

## **Fax Number:**

Enter the Fax Number.

#### Email:

Enter a valid Email Address.

# **Telephone Number (Daytime):**

Enter the daytime Telephone Number. This field is required.

# Telephone Number (Evening):

Enter the evening Telephone Number.

## b. Address

#### Street1:

Enter the first line of the Street Address. This field is required.

# Street2:

Enter the second line of the Street Address.

# City:

Enter the City. This field is required.

# County / Parish:

Enter the County or Parish.

#### State:

Select the state, US possession or military code from the provided list. This field is required if Country is the United States.

# **Province:**

Enter the Province.

#### Country:

Select the Country from the provided list. This field is required.

# Zip / Postal Code:

Enter the nine-digit Postal Code (e.g., ZIP code). This field is required if Country is the United States.

# c. Citizenship Status:

## U.S. Citizenship? Yes / No

Select Yes if applicant is a citizen of the United States. Select No if applicant is a permanent resident and enter the Alien Registration #. Select No if applicant is a foreign national and enter the country of citizenship and start date of most recent residency in the United States.

## If No

# If permanent resident of U.S., enter the Alien Registration #

Enter the Alien Registration Number.

# If foreign national, enter country of citizenship:

Select the Country from the provided list. This field is required if the applicant is not a U.S. Citizen.

# If foreign national, enter start date of most recent residency in U.S.:

Enter the start date of the most recent residency in the U.S. Enter in the format MM/DD/YYYY. This field is required if the applicant is not a U.S. Citizen.

# d. Congressional District of Applicant:

Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district, NC-103 for North Carolina's 103rd district. This field is required. If outside the US, enter 00-000.

## 6. PROJECT INFORMATION

# a. Project Title

Enter a brief, descriptive title of the project.

# b. Project Description

Enter a brief description of the project. This field is required.

## c. Proposed Project

#### **Start Date:**

Enter the start date for the proposed project. Enter in the format MM/DD/YYYY. This field is required.

#### **End Date:**

Enter the end date for the proposed project. Enter in the format MM/DD/YYYY. This field is required.

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 fradulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

# \*\* I AGREE

Check to select. This field is required.

\*\* 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

Completed by Grants.gov upon submission.

# **Date Signed**

Completed by Grants.gov upon submission.