OMB Number: 4040-0004

Expiration Date: 01/31/2009

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| **Application for Federal Assistance SF-424** Version 02 |
| \*1. Type of Submission:[ ]  Preapplication[ ]  Application[ ]  Changed/Corrected Application | \*2. Type of Application[ ]  New[ ]  Continuation[ ]  Revision  | \* If Revision, select appropriate letter(s)  |
| \*Other (Specify)       |
| 3. Date Received : 4. Applicant Identifier:            |
| 5a. Federal Entity Identifier:      | \*5b. Federal Award Identifier:      |
| **State Use Only:** |
| 6. Date Received by State:       | 7. State Application Identifier:       |
| **8. APPLICANT INFORMATION:**  |
| \*a. Legal Name:        |
| \*b. Employer/Taxpayer Identification Number (EIN/TIN):       | \*c. Organizational DUNS:       |
| **d. Address:** |
| \*Street 1:        |
|  Street 2:        |
| \*City:        |
|  County:        |
| \*State:        |
|  Province:        |
|  \*Country:        |
| \*Zip / Postal Code        |
| **e. Organizational Unit:** |
| Department Name:      | Division Name:      |
|  **f. Name and contact information of person to be contacted on matters involving this application:** |
| Prefix:       \*First Name:        |
| Middle Name:        |
| \*Last Name:        |
| Suffix:        |
| Title:        |
|  Organizational Affiliation:       |
|  \*Telephone Number:       Fax Number:        |
|  \*Email:        |
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| OMB Number: 4040-0004Expiration Date: 01/31/2009 |
| **Application for Federal Assistance SF-424** Version 02 |
| **\*9. Type of Applicant 1: Select Applicant Type:** |
| Type of Applicant 2: Select Applicant Type: |
| Type of Applicant 3: Select Applicant Type: |
| \*Other (Specify)      |
| **\*10 Name of Federal Agency:** |
| **11. Catalog of Federal Domestic Assistance Number**:      CFDA Title:       |
| **\*12 Funding Opportunity Number**:      \*Title:       |
| **13. Competition Identification Number**:      Title:       |
| **14. Areas Affected by Project (Cities, Counties, States, etc.):** |
| **\*15. Descriptive Title of Applicant’s Project**:      |
| OMB Number: 4040-0004Expiration Date: 01/31/2009 |
| **Application for Federal Assistance SF-424** Version 02 |
| **16. Congressional Districts Of:**\*a. Applicant:       \*b. Program/Project:       |
| **17. Proposed Project**:\*a. Start Date:       \*b. End Date:       |
| **18. Estimated Funding ($):** |
| \*a. Federal\*b. Applicant\*c. State\*d. Local\*e. Other\*f. Program Income\*g. TOTAL |       |  |
|       |
|       |
|       |
|       |
|       |
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| **\*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.)**[ ]  Yes [ ]  No  |
| 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:        |

Authorized for Local Reproduction Standard Form 424 (Revised 10/2005)

 Prescribed by OMB Circular A-102

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| OMB Number: 4040-0004Expiration Date: 01/31/2009 |
| **Application for Federal Assistance SF-424** Version 02 |
| **\*Applicant Federal Debt Delinquency Explanation**The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.       |

