

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 1. \* TYPE OF SUBMISSION

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

## 4. a. Federal Identifier

## b. Agency Routing Identifier

## 2. DATE SUBMITTED

## Applicant Identifier

## 5. APPLICANT INFORMATION

## \* Organizational DUNS:

\* Legal Name:

Department:

Division:

\* Street1:

Street2:

\* City:

County / Parish:

\* State:

Province:

\* Country:

USA: UNITED STATES

\* 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

Other (Specify):

Small Business Organization Type

☐

Women Owned

☐

Socially and Economically Disadvantaged

## 8. \* TYPE OF APPLICATION:

☐ New ☐ Resubmission☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐

A. Increase Award

☐

B. Decrease Award

☐

C. Increase Duration

☐

D. Decrease Duration

☐

E. Other (specify):

\* Is this application being submitted to other agencies?

Yes

No

What other Agencies?

## 9. \* NAME OF FEDERAL AGENCY:

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

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

## 12. PROPOSED PROJECT:

\* Start Date

\* Ending Date

## \* 13. CONGRESSIONAL DISTRICT OF APPLICANT

## 14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Position/Title:

\* Organization Name:

Department:

Division:

\* Street1:

Street2:

\* City:

County / Parish:

\* State:

Province:

\* Country:

USA: UNITED STATES

\* ZIP / Postal Code:

\* Phone Number:

Fax Number:

\* Email:

<b>15. ESTIMATED PROJECT FUNDING</b>  a. Total Federal Funds Requested <input style="width: 150px;" type="text"/> b. Total Non-Federal Funds <input style="width: 150px;" type="text"/> c. Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/> d. Estimated Program Income <input style="width: 150px;" type="text"/>	<b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><b>a. YES</b></div><div><input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text"/></div></div> <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><b>b. NO</b></div><div><input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</div></div>
<b>17. 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)</b> <div style="display: flex; align-items: center; margin-top: 5px;"><input checked="" type="checkbox"/> <b>* I agree</b></div> <p style="font-size: small; margin-top: 5px;">* 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.</p>	
<b>18. SFLLL or other Explanatory Documentation</b> <div style="display: flex; align-items: center; margin-top: 5px;"><input style="width: 400px;" type="text"/><div style="margin-left: 10px;"><input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></div></div>	
<b>19. Authorized Representative</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Prefix: <input style="width: 80px;" type="text"/></div><div>* First Name: <input style="width: 250px;" type="text"/></div><div>Middle Name: <input style="width: 180px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>* Last Name: <input style="width: 450px;" type="text"/></div><div>Suffix: <input style="width: 100px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Position/Title: <input style="width: 250px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Organization: <input style="width: 450px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">Department: <input style="width: 180px;" type="text"/></div><div style="flex: 1;">Division: <input style="width: 200px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Street1: <input style="width: 350px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">Street2: <input style="width: 350px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* City: <input style="width: 180px;" type="text"/></div><div style="flex: 1;">County / Parish: <input style="width: 220px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* State: <input style="width: 350px;" type="text"/></div><div style="flex: 1;">Province: <input style="width: 180px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Country: <input style="width: 400px;" type="text" value="USA: UNITED STATES"/></div><div style="flex: 1;">* ZIP / Postal Code: <input style="width: 200px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Phone Number: <input style="width: 180px;" type="text"/></div><div style="flex: 1;">Fax Number: <input style="width: 180px;" type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Email: <input style="width: 450px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><b>* Signature of Authorized Representative</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Completed on submission to Grants.gov</div></div><div style="width: 45%; text-align: center;"><b>* Date Signed</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Completed on submission to Grants.gov</div></div></div>	
<b>20. Pre-application</b> <input style="width: 300px;" type="text"/> <div style="margin-left: 10px;"><input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></div>	