

Expiration Date:

ATTACHMENT A - APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: <input type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify)		* 1.b. Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		* 1.d. Version: <input type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
				* 2. Date Received: STATE USE ONLY:	
				3. Applicant Identifier:	
				5. Date Received by State:	
				4a. Federal Entity Identifier:	
				6. State Application Identifier:	
				4b. Federal Award Identifier:	
1.c. Consolidated Application/Plan/Funding Yes No Explanation		Request?			
7. APPLICANT INFORMATION:					
* a. Legal Name:					

* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		

d. Address:					
* Street1:		Street2:			
_____		_____			
* 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 submission:					
Prefix:		* First Name:		Middle Name:	
_____		_____		_____	
* Last Name:				Suffix:	
_____				_____	
Title:					

Organizational Affiliation:					

* Telephone Number:				Fax Number:	
_____				_____	
* Email:					

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* 8a. TYPE OF APPLICANT:

* Other (specify):

b. Additional Description:

* 9. Name of Federal Agency:

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Descriptive Title of Applicant's Project

12. Areas Affected by Funding:

13. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment View Attachment

14. FUNDING PERIOD:

a. Start Date:

b. End Date:

15. ESTIMATED FUNDING:

* a. Federal (\$):

b. Match (\$):

* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

- a. This submission 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 State for review.
- c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 17. Is The Applicant Delinquent On Any Federal Debt?

Yes No Explanation

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 218, Section 1001)

** I Agree

** This 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:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* [Email:](#)

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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* Consolidated Application/Plan/Funding Request Explanation:

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APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* Applicant Federal Debt Delinquency Explanation:

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