

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)  (Leave blank if not applicable)	* 1.b. Frequency:  <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other  * Other (specify)  (Leave blank if not applicable)	* 1.d. Version:  <input type="checkbox"/> Initial <input type="checkbox"/> Resubmission  * 2. Date Received:  3. Applicant Identifier:  4a. Federal Entity Identifier:  4b. Federal Award Identifier:  5. Date Received by State:  6. State Application Identifier:  (Leave blank if not applicable)	* 1.b. Frequency:  <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other  * Other (specify)  (Leave blank if not applicable)	* 1.d. Version:  <input type="checkbox"/> Initial <input type="checkbox"/> Resubmission  * 2. Date Received:  3. Applicant Identifier:  4a. Federal Entity Identifier:  4b. Federal Award Identifier:  5. Date Received by State:  6. State Application Identifier:  (Leave blank if not applicable)
1.c. Consolidated Application/Plan/Funding  Yes    No Explanation  (Leave blank if not applicable)	Request?			
7. APPLICANT INFORMATION:				
* a. Legal Name:  (Leave blank if not applicable)				
* b. Employer/Taxpayer Identification Number (EIN/TIN):  (Leave blank if not applicable)		* c. Organizational DUNS:  (Leave blank if not applicable)		
d. Address:  * Street1:  Street2:  (Leave blank if not applicable)				
* City:  (Leave blank if not applicable)		County:  (Leave blank if not applicable)		
* State:  (Leave blank if not applicable)		Province:  (Leave blank if not applicable)		
* Country:  (Leave blank if not applicable)		* Zip / Postal Code:  (Leave blank if not applicable)		
e. Organizational Unit:  Department Name:    Division Name:  (Leave blank if not applicable)				
f. Name and contact information of person to be contacted on matters involving this submission:  Prefix:    * First Name:    Middle Name:  (Leave blank if not applicable)				
* Last Name:  (Leave blank if not applicable)		Suffix:  (Leave blank if not applicable)		
Title:  (Leave blank if not applicable)				
Organizational Affiliation:  (Leave blank if not applicable)				
* Telephone Number:  (Leave blank if not applicable)		Fax Number:  (Leave blank if not applicable)		
* Email:  (Leave blank if not applicable)				

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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.

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\* 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](#)

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

\* Consolidated Application/Plan/Funding Request Explanation:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

\* Applicant Federal Debt Delinquency Explanation: