

**Application for Federal Assistance SF-424**

Version 02

|  |   |
|--|---|
| <p><b>*1. Type of Submission:</b></p> <p><input type="checkbox"/> Preapplication</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p> | <p><b>*2. Type of Application</b>      * If Revision, select appropriate letter(s)</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation      *Other (Specify)</p> <p><input type="checkbox"/> Revision      _____</p> |
|--|---|

|                   |                          |
|-------------------|--------------------------|
| 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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**\*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:**

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**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 \_\_\_\_\_

**\*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: \_\_\_\_\_

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**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.



