Application for Federal Assistance SF-424			
* 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: Completed by Grants.gov upon submission.	4. Applicant Identifier:		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
State Use Only:		1	
6. Date Received by State:	7. State Application	Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name:			
* b. Employer/Taxpayer Identification Nur	mber (EIN/TIN):	* c. Organizational DUNS:	
d. Address:			
* Street1:			
* City:			
County/Parish: * State:			
Province:			
* Country:		USA: UNITED STATES	
* 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 Nam	e:	
Middle Name:			
* Last Name:			
Suffix:			
Title:			
Organizational Affiliation:			
* Telephone Number: Fax Number:			
* Email:			

Application for Federal Assistance SF-424	
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.):	
Add Attachment Delete Attachment View Attachment	
* 15. Descriptive Title of Applicant's Project:	
Attach supporting documents as specified in agency instructions. Add Attachments Delete Attachments View Attachments	

Application for Federal Assistance SF-424				
16. Congressional Districts Of:				
* a. Applicant	* b. Program/Project			
Attach an additional list of Program/Project Congressional Distri	cts if needed.			
	Add Attachment Delete Attachment View Attachment			
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 Exe	cutive Order 12372 Process?			
a. This application was made available to the State und	ler the Executive Order 12372 Process for review on			
b. Program is subject to E.O. 12372 but has not been s	selected by the State for review.			
c. Program is not covered by E.O. 12372.				
* 20. Is the Applicant Delinquent On Any Federal Debt? (I	f "Yes," provide explanation in attachment.)			
Yes No				
If "Yes", provide explanation and attach				
	Add Attachment Delete Attachment View Attachment			
	nents contained in the list of certifications** and (2) that the statements			
comply with any resulting terms if I accept an award. I an	my knowledge. I also provide the required assurances** and agree to a 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)			
specific instructions.	where you may obtain this list, is contained in the announcement or agency			
Authorized Representative:				
Prefix: * Fin	rst Name:			
Middle Name:				
* Last Name:				
Suffix:				
* Title:				
* Telephone Number:	Fax Number:			
* Email:				
* Signature of Authorized Representative: Completed by Grants.	gov upon submission. * Date Signed: Completed by Grants.gov upon submission.			

SUPPLEMENTAL INFORMATION REQUIRED FOR DEPARTMENT OF EDUCATION

1. Project Director:

Prefix:	*First Name:	Middle Name:	*Last Name:	Suffix:
Address:				
* Street1:				
Street2:				
* City:				
County:				
* State	* Zip Code:	* Country	:	
* Phone Number (§	give area code) Fax Nur	nber (give area code)		
Email Address:				
2. <u>Applicant Expe</u>	rience:			
Novice Applicant	Yes	No No	Not applicable to this program	
3. <u>Human Subject</u>	ts Research:			
Are any research proposed project	activities involving human subject Period?	s planned at any time du	ring the	
Yes	D No			
Are ALL the rese	arch activities proposed designated	l to be exempt from the	regulations?	
The Yes	Provide Exemption(s) #:			
□ _{No}	Provide Assurance #, if availab	ole:		
<u>Please attach an e</u>	xplanation Narrative:			
	Add A	Attachment Dele	te Attachment View Attachment	

OMB Control No. 1894-0007 Expiration Date: 05/31/2011



U.S. DEPARTMENT OF EDUCATION BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

OMB Control Number: 1894-0008 Expiration Date: 02/28/2011

Name of Institution/Organization

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION A - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs*						
11. Training Stipends						
12. Total Costs (lines 9-11)						
*Indirect Cost Information (To Be Completed by Your Business Office):						
If you are requesting reimburs	ement for indirect costs	on line 10, please answ	er the following questio	ons:		
(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government?YesNo						
(2) If yes, please provide the following information:						
Period Covered by the Indirect Cost Rate Agreement: From:// To:/_/ (mm/dd/yyyy)						
Approving Federal agency:EDOther (please specify):The Indirect Cost Rate is%						
(3) For Restricted Rate Programs (check one) Are you using a restricted indirect cost rate that:						
Is included in your	approved Indirect Cost	Rate Agreement? or _	Complies with 34 CI	FR 76.564(c)(2)? The l	Restricted Indirect Cos	t Rate is%
ED 524						

Name of Institution/Organization

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION B - BUDGET SUMMARY NON-FEDERAL FUNDS						
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (Lines 1-8)						
10. Indirect Costs						
11. Training Stipends						
12. Total Costs (Lines 9-11)						
	SECTION C – BUDGET NARRATIVE (see instructions)					

ED 524

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 0348-0048 (See reverse for public burden disclosure.) 1. Type of Federal Action: Sec reverse for public burden disclosure.) 3. Report Type: Sec reverse for public burden disclosure.) 1. Type of Federal Action: a. bid/offer/application b. initial award a. initial filling b. material change c. cooperative agreement c. post-award S. If Reporting Entity: b. material Change Only: yearquarterdate of last reportdate of l	DISCI	LOSURE OF LC	BBYING ACTIV	ITIES	Approved by OMB	
1. Type of Federal Action: a. contract b. Status of Federal Action: a. bid/offer/application b. mitial initial filing b. grant c. cooperative agreement c. post-award b. material change c. cooperative agreement c. post-award b. material change f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance det of last report f. loan insurance f. loan insurance f. loan insurance f. loan insurance f. loan insurance det of last report f. loan insurance f. loan insurance det of last report f. loan ward f. loan ward Congressional District, if known: Congressional District, if known: f. Federal Program Name/Description: c. Federal Action Number, if known: g. Award Amount, if known: s loa. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): b. Individuals Performing Services (including address if different from No. 10	Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 0348-0046					
a. contract b. grant a. bid/offer/application b. initial award a. initial filing b. grant c. post-award b. material change For Material Change Only: yearquarterdate Only: e. loan guarantee c. post-award For Material Change Only: e. loan guarantee c. post-award For Material Change Only: yearquarterdate of last report date of last report for Material Change Only: e. loan guarantee fil known: 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, <i>if known</i> : Congressional District, <i>if known</i> : Congressional District, <i>if known</i> : 6. Federal Department/Agency: 7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> :		See reverse for pu	blic burden disclosu	re.)		
b. grant b. initial award b. material change c. cooperative agreement c. post-award b. material change Only: generation generation generation f. loan insurance f. loan insurance generation f. Name and Address of Reporting Entity: S. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, <i>if known</i> : S. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, <i>if known</i> : Congressional District, <i>if known</i> : 6. Federal Department/Agency: 7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : S 9. Award Amount, <i>if known</i> : S 8. Federal Action Number, <i>if known</i> : S 9. Award Amount, <i>if known</i> : S 9. Award Amount, <i>if known</i> : S 9. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): 11. Information requested through this form is sufforcided by the 31 U.S.C. section is used to be the address and the streasted requestation of the inform developed first address if a material requestation of the inform developed first address if a material requestation of the inform developed first address if a mate	1. Type of Federal Action:	2. Status of Federal Action:		3. Report Type:		
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d. loan yearquarterdate of last reportdate of last last reportdate of last last for last last for last last for last reportdate of last last for last last for last report	b. grant	b. initia	l award	b. materia	l change	
e. loan insurance date of last report f. loan insurance	c. cooperative agreement	c. post	-award	• •		
f. loan insurance 4. Name and Address of Reporting Entity: Subawardee Tier, if known: S. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: S. Federal Department/Agency: 7. Federal Program Name/Description: CFDA Number, if applicable: S 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): Signature: Print Name: Tielephone No.: Date: Tielephone No.: Date: Tielephone No.: Date:	d. loan			year	quarter	
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Image: Subawardee Tier, if known: and Address of Prime: Congressional District, if known: Congressional District, if known: 6. Federal Department/Agency: 7. Federal Program Name/Description: CFDA Number, if applicable:	f. loan insurance		-			
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6. Federal Department/Agency: 7. Federal Program Name/Description: CFDA Number, if applicable:	Tier,	if known:				
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6. Federal Department/Agency: 7. Federal Program Name/Description: CFDA Number, if applicable:						
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Federal Use Only:			Telephone No.:		Date:	
Standard Form LLL (Rev. 7-97)	Federal Line Only				Authorized for Local Reproduction	
	rederal Use Only:			Standard Form LLL (Rev. 7-97)		

SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB NO. 1894-0010 Exp. 05/31/2012

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faithbased, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: Applicant's DUNS Number:				
	CFDA Number:			
 Has the applicant ever received a grant or contract from the Federal government? Yes No Is the applicant a faith-based organization? Yes No 	 6. How many full-time equivalent employees does the applicant have? (<i>Check only one box</i>). 3 or Fewer 15-50 4-5 51-100 6-14 over 100 7. What is the size of the applicant's annual budget?			
 3. Is the applicant a secular organization? Yes No 	 What is the size of the applicant's annual oudget? (Check only one box.) Less Than \$150,000 \$150,000 - \$299,999 			
4. Does the applicant have 501(c)(3) status?Yes No	 \$300,000 - \$499,999 \$500,000 - \$999,999 \$1,000,000 - \$4,999,999 			
5. Is the applicant a local affiliate of a national organization?Yes No	\$1,000,000 - \$4,999,999 \$5,000,000 or more			