

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**

- Application
- Plan
- Funding Request
- Other

* Other (specify)

*** 1.b. Frequency:**

- Annual
- Quarterly
- Other

* Other (specify)

*** 1.d. Version:**

- Initial
- Resubmission
- Revision
- Update

*** 2. Date Received:**

Completed by Grants.gov upon submission.

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 Request?

Yes No

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:**

[Redacted]

* Other (specify):

[Text input field]

b. Additional Description:

[Text input field]

*** 9. Name of Federal Agency:**

[Redacted]

10. Catalog of Federal Domestic Assistance Number:

[Text input field]

CFDA Title:

[Text input field]

11. Areas Affected by Funding:

[Text input field]

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

[Redacted]

b. Program/Project:

[Text input field]

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

[Text input field]

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

[Redacted]

b. End Date:

[Redacted]

14. ESTIMATED FUNDING:

* a. Federal (\$):

[Redacted]

b. Match (\$):

[Text input field]

*** 15. 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.

[Text input field]

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*** 16. Is The Applicant Delinquent On Any Federal Debt?**Yes No

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 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.

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* Consolidate Application/Plan/Funding Request Explanation

[Empty text area for explanation]

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*** Applicant Federal Debt Delinquent Explanation**

Empty text area for providing an explanation of delinquent federal debt.