

Application for Federal Assistance SF-424

Version 02

<p>*1. Type of Submission:</p> <p><input type="checkbox"/> Preapplication</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>*2. Type of Application <i>* If Revision, select appropriate letter(s)</i></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation <i>*Other (Specify)</i></p> <p><input type="checkbox"/> Revision _____</p>
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*a. Legal Name: _____

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

*Street 1: _____

Street 2: _____

*City: _____

County: _____

*State: _____

Province: _____

*Country: _____

*Zip / Postal Code: _____

e. Organizational Unit:

Department Name:	Division Name:
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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:
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*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.

