

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

* 1. NAME OF FEDERAL AGENCY:

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

CFDA TITLE:

* 3. DATE RECEIVED: SYSTEM USE ONLY

* 4. FUNDING OPPORTUNITY NUMBER:

* TITLE:

5. APPLICANT INFORMATION

* a. Legal Name:

b. Address:

| | |
|-------------------------------------|-----------------------------------|
| * Street 1: <input type="text"/> | Street 2: <input type="text"/> |
|-------------------------------------|-----------------------------------|

| | |
|---------------------------------|--|
| * City: <input type="text"/> | County / Parish: <input type="text"/> |
|---------------------------------|--|

| | |
|----------------------------------|-----------------------------------|
| * State: <input type="text"/> | Province: <input type="text"/> |
|----------------------------------|-----------------------------------|

| | |
|------------------------------------|--|
| * Country: <input type="text"/> | * Zip/Postal Code: <input type="text"/> |
|------------------------------------|--|

c. Web Address:
http://

| | |
|--|---|
| * d. Type of Applicant: Select Applicant Type Code(s): <input type="text"/> | * e. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> |
|--|---|

| | |
|--|---|
| Type of Applicant: <input type="text"/> | * f. Organizational DUNS: <input type="text"/> |
|--|---|

| | |
|--|---|
| Type of Applicant: <input type="text"/> | * g. Congressional District of Applicant: <input type="text"/> |
|--|---|

| | |
|--|--|
| * Other (specify): <input type="text"/> | |
|--|--|

6. PROJECT INFORMATION

* a. Project Title:

* b. Project Description:

| | | | |
|-----------------------------------|----------------------|-----------|----------------------|
| c. Proposed Project: * Start Date | <input type="text"/> | End Date: | <input type="text"/> |
|-----------------------------------|----------------------|-----------|----------------------|

OMB Number: 4040-0003

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

7. PROJECT DIRECTOR

| | | | | | |
|---------------------|----------------------|-------------|----------------------|--------------------|----------------------|
| Prefix: | <input type="text"/> | First Name: | <input type="text"/> | Middle Name: | <input type="text"/> |
| * Last Name: | <input type="text"/> | | | Suffix: | <input type="text"/> |
| * Title: | <input type="text"/> | | | * Email: | <input type="text"/> |
| * Telephone Number: | <input type="text"/> | | | Fax Number: | <input type="text"/> |
| * Street1: | <input type="text"/> | | | Street2: | <input type="text"/> |
| * City: | <input type="text"/> | | | County / Parish: | <input type="text"/> |
| * State: | <input type="text"/> | | | Province: | <input type="text"/> |
| * Country: | <input type="text"/> | | | * Zip/Postal Code: | <input type="text"/> |

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

| | | | | | |
|---|----------------------|-------------|----------------------|--------------------|----------------------|
| <input type="checkbox"/> Same as Project Director (skip to item 9): | | | | | |
| Prefix: * | <input type="text"/> | First Name: | <input type="text"/> | Middle Name: | <input type="text"/> |
| * Last Name: | <input type="text"/> | | | Suffix: | <input type="text"/> |
| * Title: | <input type="text"/> | | | * Email: | <input type="text"/> |
| * Telephone Number: | <input type="text"/> | | | Fax Number: | <input type="text"/> |
| * Street1: | <input type="text"/> | | | Street2: | <input type="text"/> |
| * City: | <input type="text"/> | | | County / Parish: | <input type="text"/> |
| * State: | <input type="text"/> | | | Province: | <input type="text"/> |
| * Country: | <input type="text"/> | | | * Zip/Postal Code: | <input type="text"/> |

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

9. * 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:

* Email:

* Telephone Number:

Fax Number:

* Signature of Authorized Representative:

* Date Signed:

MOCK