

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input type="text"/>	<input type="text"/>

**1. TYPE OF SUBMISSION**

Pre-application    Application    Changed/Corrected Application

<b>4. a. Federal Identifier</b>	<input type="text"/>
<b>b. Agency Routing Identifier</b>	<input type="text"/>
<b>c. Previous Grants.gov Tracking ID</b>	<input type="text"/>

<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
<input type="text"/>	<input type="text"/>

**5. APPLICANT INFORMATION**

**Organizational DUNS:**

Legal Name:

Department:    Division:

Street1:

Street2:

City:    County / Parish:

State:    Province:

Country:    ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix:    First Name:    Middle Name:

Last Name:    Suffix:

Position/Title:

Street1:

Street2:

City:    County / Parish:

State:    Province:

Country:    ZIP / Postal Code:

Phone Number:    Fax Number:

Email:

**6. EMPLOYER IDENTIFICATION (EIN) or (TIN):**

**7. TYPE OF APPLICANT:**

Other (Specify):

**Small Business Organization Type**    Women Owned    Socially and Economically Disadvantaged

**8. TYPE OF APPLICATION:**

<input type="checkbox"/> New <input type="checkbox"/> Resubmission	If Revision, mark appropriate box(es).
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	

A. Increase Award    B. Decrease Award    C. Increase Duration    D. Decrease Duration

E. Other (specify):

Is this application being submitted to other agencies?   Yes    No    What other Agencies?

<b>9. NAME OF FEDERAL AGENCY:</b>	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>
<input type="text"/>	<input type="text"/>
	TITLE: <input type="text"/>

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

<b>12. PROPOSED PROJECT:</b>	<b>13. CONGRESSIONAL DISTRICT OF APPLICANT</b>
Start Date   Ending Date	<input type="text"/>
<input type="text"/> <input type="text"/>	

**14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Position/Title:   
 Organization Name:   
 Department:  Division:   
 Street1:   
 Street2:   
 City:  County / Parish:   
 State:  Province:   
 Country:  ZIP / Postal Code:   
 Phone Number:  Fax Number:   
 Email:

**15. ESTIMATED PROJECT FUNDING**

a. Total Federal Funds Requested   
 b. Total Non-Federal Funds   
 c. Total Federal & Non-Federal Funds   
 d. Estimated Program Income

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE:   
 PROGRAM IS NOT COVERED BY E.O. 12372; OR  
 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**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 18, 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.*

**18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation**

**19. Authorized Representative**

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Position/Title:   
 Organization:   
 Department:  Division:   
 Street1:   
 Street2:   
 City:  County / Parish:   
 State:  Province:   
 Country:  ZIP / Postal Code:   
 Phone Number:  Fax Number:   
 Email:

**Signature of Authorized Representative**

**Date Signed**

**20. Pre-application**

**21. Cover Letter Attachment**