

Application for Federal Assistance SF-424

*1. Type of Submission:	*2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	*Other (Specify): _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	
<input type="text"/>		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<input type="text"/>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: <input type="text"/>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>		
*c. Organizational DUNS: <input type="text"/>		
d. Address:		
*Street 1: <input type="text"/>	<input type="text"/>	
Street 2: <input type="text"/>	<input type="text"/>	
*City: <input type="text"/>	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
*State: <input type="text"/>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
*Country: <input type="text"/>	<input type="text"/>	
*Zip / Postal Code: <input type="text"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	*First Name: <input type="text"/>	
Middle Name: <input type="text"/>	<input type="text"/>	
*Last Name: <input type="text"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text"/>	<input type="text"/>	
Organizational Affiliation: <input type="text"/>		
*Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
*Email: <input type="text"/>	<input type="text"/>	

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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:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:***a. Applicant:

*b. Program/Project:

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

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 in attachment.)**

Yes No

If "Yes", provide explanation and attach.

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: _____

