DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

FEMA GRANTS APPLICATION

O.M.B. No. 1660-0025 Expires XX-XX-XXXX

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 0.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472-3100, and Paperwork Reduction Project (1660-0025). NOTE: Do not send your completed form to this address.

not send your completed form to this addres	s.	
1. Type of Submission:*	2. Type of Application:*	*If Revision, select appropriate letter(s)
Pre-application	New	
Application	Continuation	*Other (Specify)
Changed/Correct Application	Revision	
3. Date Received:*	4. Applicant Identifier:	
5a. Federal Entity Identifier:	5b. Federal Award Ident	ifier:*
State Use Only:		
6. Date Received By State:	7. State Application Ident	ifier:
8. Applicant Information:		
a. Legal Name:*		
<u>'</u>	V (FINITIN) #	0.1.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
b. Employer/Taxpayer Identification I	Number (EIN/TIN):* c	. State Application Identifier:*
d. Address: Street 1:*		
Street 2:	1	
City:*	Co	ounty/Parish:
State:*	P	rovince:
Country:*	Z	ip/Postal Code:*
Department N	amo:	Division
e. Organizational Unit:	,	Division:
f. Name and Contact Information of P	Person to be Contacted on M	latters Involving this Application:
Prefix: First Name:*	Middle Name	: Last Name:*
Title:	Or	ganizational Affiliation:
Telephone Number:*	Fax Number:	E-mail:*
9. Type of Applicant:		
Applicant 1:		
Applicant 2:		
Applicant 2: Applicant 3:		

10. Catalog of Federal Domestic Assistance (CFDA): Number: Title	
	•
11. Funding Opportunity:* Number: Title	
Number.	. [
12. Competition Identification:	
Number: Title	
13. Areas Affected by Projects (Cities, Counties, States, et	c.) if more space needed please use continuation sheet:
14. Descriptive Title of Applicants Project:*	
15. Congressional Districts of:*	
Applicant:	Project:
16. Proposed Project:*	
Start Date:	End Date:
17. Estimated Funding (\$):*	,
Federal:	Applicant:
State:	Other:
Local:	Program Income:
Total:	
18. Is Application Subject to Review by State Under Execu	tive Order (EO) 12372 Process?:*
a. This application was made available to the State under	
b. Program is Subject to EO 12372, but has not been sele	cted by the State for review.
c. Program is not covered under EO 12372.	
19. Is the Applicant Delinquent on Any Federal Debt? (If Yo	es, Provide an Explanation in Attachment):* Yes No
	ts contained in the list of certifications** and (2) the statements
	nowledge. I also provide the required assurances** and agree to aware any false, fictitious or fraudulent statements or claims may
subject me to criminal, civil, or administrative penalties. (U	
☐ I Agree	
Authorized Representative:	
·	le Name: Last Name:*
Title:*	
,	Organizational Affiliation:
Telephone Number:* Fax Number:	E-mail:*
Signature of Authorized Representative:*	Date Signed:*

eas Affected I	oy Projects (continuati	on sheet):				
nlicent Feder	al Daht Dalinguanay E	valenetien				
	al Debt Delinquency Extra should contain an explage returns to maximize to		int organization is	delinquent on any Fe	ederal Debit. Try to a	void extra
ces and carria	ge returns to maximize t	the availability of spa	ice.			

INSTRUCTIONS

This form (including the continuation sheet) is required for use as a cover sheet for submission of pre-applications, applications and related information under discretionary programs. Some of the items are required and some are optional. Required items are identified with an asterisk on the form and are specified in the instructions below.

Items Number	Entry				
Rems Number	Entry Type of Submission (Paguired): Select one type of submission:				
1	 Type of Submission (Required): Select one type of submission: Pre-application Application Changed/Corrected Application – check if the submission is to change or correct a previously submitted application. Unless requested by the Agency, do not use this to submit changes after the closing date. 				
	Type of Application (Required): Select one type of application: New - an application being submitted for the first time. Continuation - an extension for additional funding/budget period for a project with a projected completion date. This can include renewals. Revision - any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in the text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (Specify)				
3.	Date Received: Leave this field blank, the date will be assigned by the Agency.				
4.	Applicant Identifier: Enter the entity identifier assigned by FEMA.				
5a.	Federal Entity Identifier: Enter the number assigned to your organization by FEMA, if an	y.			
5b.	Federal Award Identifier: For new applications, leave blank. For a continuation or revision assigned Federal Award Identifier number. If a changed/corrected application, enter the Finstructions.	ederal Identifier in accordance with Agency			
	Date Received by State: Leave this field blank, this date will be assigned by the State (if	* *			
	State Application Identifier: Leave this field blank, this identifier will be assigned by the sapplicant Information: Enter the following:	ътате (іт арріісаріе).			
O	•	istance activity. This is the name that the			
a.	Legal Name (Required): Enter the legal name of the applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting the Grants.gov website.				
b.	Employer/Taxpayer Number (EIN/TIN (Required)): Enter the EIN/TIN as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.				
c.	Organization DUNS (Required): Enter the organizations DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.				
d.	Address: Enter the complete address as follows: Street Address (Line 1 Required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US)				
e.	Organizational Unit: Enter the name of the primary organizational unit (and Department or Division, (if applicable) that will undertake the assistance activity (if applicable).				
f.	Name and Contact Information of Person to be Contacted on Matters Involving this affiliated with an organization other on: Enter the name (First and Last, than the applicatio Number (Required), Fax Number, and E-mail Address of the person to contact on matters	n organization (Required)), Telephone			
9.	Type of Applicant (Required): Select up to three applicant type(s). A. State Government D. Special District Government G. Independent School District J. Indian/Native American Tribal Government (Other than Federally Pacconsized) B. County Government E. Regional Organization H. Public/State Controlled Institution of Higher Education K. Indian/Native American Tribally Designated Organization	C. City or Township Government F. US Territory or Possession I. Indian/Native American Tribal Government L. Public/Indian Housing Authority			
	Recognized) M. Non-profit with 50CS IRS Status P. Individual N. Non-profit without 501CS IRS Status Q. For Profit Organization (Other than Small Business)	O. Private Institution of Higher Education R. Small Business			
	S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs)	U. Tribally Controlled Colleges and Universities			
	V. Alaska Native and Native Hawaiian W. Non-Domestic (non-US) Entity Serving Institutions	X. Other (Specify)			
	Catalog of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance Number and Title of the Program under which assistance is requested, as found in the program announcement (if applicable).				
11.	Funding Opportunity Number/Title (Required): Enter the Funding Opportunity Number and Title of the opportunity under which assistance is requested, as found in the program announcement.				
	Competition Identification Number/Title: Enter the Competition Identification Number and Title of the competition under which assistance is requested (if applicable).				
	Areas Affected by Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.). Use the continuation sheet to enter additional areas (if needed).				
14.	Descriptive Title of Applicant's Project (Required): Enter a brief descriptive title of the project. If appropriate, attach a map showing the project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.				

15.	Congressional Districts of (Required): Enter the applicant's Congressional District, and enter the District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation - 3 characters District Number (e.g., CA-005 for California 5th District). If all Congressional Districts in a State are affected, enter "All" for the District Number (e.g., MD-All for all of the Congressional Districts in Maryland). If nationwide (i.e. all Districts within All States are affected), enter US-All. If the program or project is outside the US, enter 00-000.
16	Proposed Projected Start and End Dates (Required): Enter the proposed start and end date of the project.
17.	Estimated Funding (Required): Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
18.	Is the Application Subject to Review by the State Under Executive Order (EO) 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal EO 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
19.	Is the Applicant Delinquent on Any Federal Debit (Required)? Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debit include: delinquent audit disallowances, loans and taxes. If yes, please include an explanation on the continuation sheet.
20.	Authorized Representative (Required): To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and Last (Required)), Title (Required), Telephone number (Required), Fax number, and E-mail Address of the person authorized to sign for the applicant (Required). A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office.