

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.**

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

**State Use Only:**

<b>6. Date Received By State:</b> _____	<b>7. State Application Identifier:</b> _____
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**8. Applicant Information:**

<b>a. Legal Name:*</b> _____	
<b>b. Employer/Taxpayer Identification Number (EIN/TIN):*</b> _____	<b>c. State Application Identifier:*</b> _____
<b>d. Address:</b>	
Street 1:*	_____
Street 2:	_____
City:*	_____
County/Parish:	_____
State:*	_____
Province:	_____
Country:*	_____
Zip/Postal Code:*	_____

<b>e. Organizational Unit:</b> Department Name: _____ Division: _____
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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:*	_____
Title: _____	Organizational Affiliation: _____				
Telephone Number:*	_____	Fax Number: _____	E-mail:*		

**9. Type of Applicant:**

Applicant 1: _____
Applicant 2: _____
Applicant 3: _____
Other (Specify): _____

**10. Catalog of Federal Domestic Assistance (CFDA):**Number: Title: **11. Funding Opportunity:\***Number: Title: **12. Competition Identification:**Number: Title: **13. Areas Affected by Projects (Cities, Counties, States, etc.) 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 Executive Order (EO) 12372 Process?\*** a. This application was made available to the State under EO 12372 Process for Review on:  b. Program is Subject to EO 12372, but has not been selected by the State for review. c. Program is not covered under EO 12372.**19. Is the Applicant Delinquent on Any Federal Debt? (If Yes, Provide an Explanation in Attachment):\***  Yes  No

20. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) 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 any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (US Code, Title 218, Section 1001)\*

 I Agree**Authorized Representative:**Prefix:  First Name:\*  Middle Name:  Last Name:\* Title:\*  Organizational Affiliation: Telephone Number:\*  Fax Number:  E-mail:\* Signature of Authorized Representative:\*  Date Signed:\*

**Areas Affected by Projects (continuation sheet):**

**Applicant Federal Debt Delinquency Explanation:**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debit. Try to avoid extra spaces and carriage returns to maximize the availability of space.



15.	<b>Congressional Districts of (Required):</b> 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	<b>Proposed Projected Start and End Dates (Required):</b> Enter the proposed start and end date of the project.
17.	<b>Estimated Funding (Required):</b> 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.	<b>Is the Application Subject to Review by the State Under Executive Order (EO) 12372 Process?</b> 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.	<b>Is the Applicant Delinquent on Any Federal Debit (Required)?</b> 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.	<b>Authorized Representative (Required):</b> 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.