OMB Number: 4040-0004

 View Burden Statement

Expiration Date: XX-XX-XXXX

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| **Application for Federal Assistance SF-424** |
| \* 1. Type of Submission: |  | \* 2. Type of Application: | \* If Revision, select appropriate letter(s): |
| Preapplication ApplicationChanged/Corrected Application | NewContinuation \* Other (Specify):Revision |
| \* 3. Date Received: 4. Applicant Identifier: |
| 5a. Federal Entity Identifier: | 5b. Federal Award Identifier: |
| **State Use Only:** |
| 6. Date Received by State: | 7. State Application Identifier: |
| **8. APPLICANT INFORMATION:** |
| \* a. Legal Name: |
| \* b. Employer/Taxpayer Identification Number (EIN/TIN): | \* c. Organizational DUNS: |
| **d. Address:** |
| * Street1:

Street2:* City:

County/Parish:* State:

Province:* Country: USA: UNITED STATES
* Zip / Postal Code:
 |
| **e. Organizational Unit:** |
| Department Name: | Division Name: |
| **f. Name and contact information of person to be contacted on matters involving this application:** |
| Prefix:Middle Name:\* Last Name: Suffix: |  | \* First Name: |  |  |
|  |  |
|  |  |
|  |  |
| Title: |
| Organizational Affiliation: |
| \* Telephone Number: Fax Number: |
| \* Email: |  |  |

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| **Application for Federal Assistance SF-424** |
| **\* 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.):** | Add Attachment | Delete Attachment | View Attachment |
| **\* 15. Descriptive Title of Applicant's Project:** |
| Attach supporting documents as specified in agency instructions.Add Attachments Delete Attachments View Attachments |

**Application for Federal Assistance SF-424**

1. **Congressional Districts Of:**
* a. Applicant
* b. Program/Project

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

# Add Attachment Delete Attachment View Attachment

1. **Proposed Project:**
* a. Start Date: \* b. End Date:
1. **Estimated Funding ($):**
* a. Federal

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* 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?**

# This application was made available to the State under the Executive Order 12372 Process for review on .

* 1. Program is subject to E.O. 12372 but has not been selected by the State for review.
	2. 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

Add Attachment Delete Attachment View Attachment

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:

Middle Name:

* Last Name: Suffix:
* Title:
* Telephone Number:
* Email:
* First Name:

Fax Number:

* Signature of Authorized Representative: \* Date Signed: