OMB Number 4040-xxxx
Expiration Date mm/dd/yyyy

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

**1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

Other (specify):

**1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

Other (specify):

**1.c. Consolidated Application/Plan/Funding Request?**
Yes [ ] No [x] Explanation

**1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

**2. Date Received:**

**STATE USE ONLY:**

**3. Applicant Identifier:**

**5. Date Received by State:**

**4a. Federal Entity Identifier:**

**6. State Application Identifier:**

**4b. Federal Award Identifier:**

**7. 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 submission:**

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

**8a. TYPE OF APPLICANT:**

Other (specify):

b. Additional Description:

**9. Name of Federal Agency:**

**10. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**11. Descriptive Title of Applicant's Project:**

**12. Areas Affected by Funding:**

**13. 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

**14. FUNDING PERIOD:**

a. Start Date:

b. End Date:

**15. ESTIMATED FUNDING:**

a. Federal ($):

b. Match ($):

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

- [ ] a. This submission 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 State for review.
- [ ] c. Program is not covered by E.O. 12372.

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

**17. Is The Applicant Delinquent On Any Federal Debt?**

Yes ☐ No ☐ Explanation

**18. 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 ☐

** This 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:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

**Consolidated Application/Plan/Funding Request Explanation:**

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

**Applicant Federal Debt Delinquency Explanation:**