

APPLICATION FOR FEDERAL ASSISTANCE
SF-424 R&R Multi-Project Cover

1. TYPE OF SUBMISSION ☐ Pre-application ☐ Application ☐ Changed/Corrected Application		3. DATE RECEIVED BY STATE State Application Identifier 	
2. DATE SUBMITTED 		4. a. Federal Identifier 	
Applicant Identifier 		b. Agency Routing Identifier 	
5. APPLICANT INFORMATION		c. Previous Grants.gov Tracking ID 	
Organizational DUNS:			
Legal Name:			
Department: Division:			
Street1:			
Street2:			
City: County / Parish:			
State: Province:			
Country: ZIP / Postal Code:			
Person to be contacted on matters involving this application Prefix: First Name: Middle Name: Last Name: Suffix: Position/Title: Street1: Street2: City: County / Parish: State: Province: Country: ZIP / Postal Code: Phone Number: Fax Number: Email:			
6. EMPLOYER IDENTIFICATION (EIN) or (TIN):			
7. TYPE OF APPLICANT: Please select one of the following Other (Specify): Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION: ☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision		If Revision, mark appropriate box(es). ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration ☐ E. Other (specify):	
Is this application being submitted to other agencies? Yes ☐ No ☐ What other Agencies?			
9. NAME OF FEDERAL AGENCY: 		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 			
12. PROPOSED PROJECT: Start Date Ending Date 		13. CONGRESSIONAL DISTRICT OF APPLICANT 	

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:		First Name:		Middle Name:	
Last Name:		Suffix:			
Position/Title:					
Organization Name:					
Department:		Division:			
Street1:					
Street2:					
City:		County / Parish:			
State:		Province:			
Country:		ZIP / Postal Code:			
Phone Number:		Fax Number:			
Email:					

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	
b. Total Non-Federal Funds	
c. Total Federal & Non-Federal Funds	
d. Estimated Program Income	

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. 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 18, 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

	Add Attachment	Delete Attachment	View Attachment
----------------------	---	--	--

19. Authorized Representative

Prefix:		First Name:		Middle Name:	
Last Name:		Suffix:			
Position/Title:					
Organization Name:					
Department:		Division:			
Street1:					
Street2:					
City:		County / Parish:			
State:		Province:			
Country:		ZIP / Postal Code:			
Phone Number:		Fax Number:			
Email:					

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment