

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED []	Applicant Identifier []
3. DATE RECEIVED BY STATE []	State Application Identifier []
4. Federal Identifier []	

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: []

* Legal Name: []

Department: [] Division: []

* Street1: [] Street2: []

* City: [] County: [] * State: [] * ZIP Code: []

* Country: []

Person to be contacted on matters involving this application

Prefix: [] * First Name: [] Middle Name: [] * Last Name: [] Suffix: []

* 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):

9. * NAME OF FEDERAL AGENCY:

[]

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

[]

TITLE: []

* Is this application being submitted to other agencies? Yes No

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

[]

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

[]

13. PROPOSED PROJECT:

* Start Date [] * Ending Date []

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant [] b. * Project []

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [] * First Name: [] Middle Name: [] * Last Name: [] Suffix: []

Position/Title: [] * Organization Name: []

Department: [] Division: []

* Street1: [] Street2: []

* City: [] County: [] * State: [] * ZIP Code: []

* Country: []

* Phone Number: [] Fax Number: [] * Email: []

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width:150px;" type="text"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: _____</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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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 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.

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
<input style="width:50px;" type="text"/>	<input style="width:200px;" type="text"/>	<input style="width:200px;" type="text"/>	<input style="width:200px;" type="text"/>	<input style="width:50px;" type="text"/>
* Position/Title:	* Organization: <input style="width:400px;" type="text"/>			
Department:	<input style="width:150px;" type="text"/>	Division:	<input style="width:150px;" type="text"/>	
* Street1:	<input style="width:150px;" type="text"/>	Street2:	<input style="width:150px;" type="text"/>	
* City:	<input style="width:100px;" type="text"/>	County:	<input style="width:150px;" type="text"/>	* State: <input style="width:50px;" type="text"/> * ZIP Code: <input style="width:50px;" type="text"/>
* Country:	<input style="width:150px;" type="text"/>			
* Phone Number:	<input style="width:150px;" type="text"/>	Fax Number:	<input style="width:150px;" type="text"/>	* Email: <input style="width:150px;" type="text"/>
* Signature of Authorized Representative			* Date Signed	

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.