

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 [?]

* Legal Name: [] **Organizational DUNS:** []

Department: [] Division: []

* Street1: [] Street2: []

* City: [] County: [] * State: []

Province: [] * Country: UNITED ST * ZIP / Postal Code: []

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:

[]

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: []

Province: [] * Country: UNITED ST * ZIP / Postal Code: []

* 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: <input style="width:200px;" type="text"/>		* Organization: <input style="width:400px;" type="text"/>		
Department: <input style="width:200px;" type="text"/>		Division: <input style="width:200px;" type="text"/>		
* Street1: <input style="width:200px;" type="text"/>		Street2: <input style="width:200px;" type="text"/>		
* City: <input style="width:150px;" type="text"/>	County: <input style="width:150px;" type="text"/>	* State: <input style="width:50px;" type="text"/>		
Province: <input style="width:150px;" type="text"/>	* Country: <input style="width:50px;" type="text" value="UNITED ST"/>	* ZIP / Postal Code: <input style="width:50px;" 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"/>		

<p>* Signature of Authorized Representative</p> <p>Completed on submission to Grants.gov</p>	<p>* Date Signed</p> <p>Completed on submission to Grants.gov</p>
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20. Pre-application

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