

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: [REDACTED]

* Legal Name: [REDACTED]

Department: [REDACTED] Division: [REDACTED]

* Street1: [REDACTED]

Street2: [REDACTED]

* City: [REDACTED] County: [REDACTED]

* State: [REDACTED] Province: [REDACTED]

* Country: [REDACTED] USA: UNITED STATES * ZIP / Postal Code: [REDACTED]

Person to be contacted on matters involving this application

Prefix: [REDACTED] * First Name: [REDACTED] Middle Name: [REDACTED]

* Last Name: [REDACTED] Suffix: [REDACTED]

* Phone Number: [REDACTED] Fax Number: [REDACTED]

Email: [REDACTED]

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): [REDACTED]

7. * TYPE OF APPLICANT: [REDACTED] Please select one of the following

Other (Specify): [REDACTED]

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): [REDACTED]

* Is this application being submitted to other agencies? Yes No What other Agencies? [REDACTED]

9. * NAME OF FEDERAL AGENCY: [REDACTED]

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [REDACTED]

TITLE: [REDACTED]

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: [REDACTED]

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

13. PROPOSED PROJECT:

* Start Date [REDACTED] * Ending Date [REDACTED]

14. CONGRESSIONAL DISTRICTS OF:

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

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [REDACTED] * First Name: [REDACTED] Middle Name: [REDACTED]

* Last Name: [REDACTED] Suffix: [REDACTED]

Position/Title: [REDACTED]

* Organization Name: [REDACTED]

Department: [REDACTED] Division: [REDACTED]

* Street1: [REDACTED]

Street2: [REDACTED]

* City: [REDACTED] County: [REDACTED]

* State: [REDACTED] Province: [REDACTED]

* Country: [REDACTED] USA: UNITED STATES * ZIP / Postal Code: [REDACTED]

* Phone Number: [REDACTED] Fax Number: [REDACTED]

* Email: [REDACTED]

<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: DATE: <input style="width:100px;" type="text"/></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:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative
* Date Signed

20. Pre-application

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