

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

<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
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<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application
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<b>4. a. Federal Identifier</b> [ ]
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<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
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<b>b. Agency Routing Identifier</b> [ ]
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<b>c. Previous Grants.gov Tracking ID</b> [ ]
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<b>5. APPLICANT INFORMATION</b>	<b>Organizational DUNS:</b> [ ]
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: [ ]		

<b>6. EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> [ ]
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<b>7. TYPE OF APPLICANT:</b> [ ]
Other (Specify): [ ]
<b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged

<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): [ ]
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Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies? [ ]
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<b>9. NAME OF FEDERAL AGENCY:</b> [ ]
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> [ ]
TITLE: [ ]

<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> [ ]
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<b>12. PROPOSED PROJECT:</b>	
Start Date [ ]	Ending Date [ ]

<b>13. CONGRESSIONAL DISTRICT OF APPLICANT</b> [ ]
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**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?**

THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE:   
 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**

**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**