**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

### 8a. TYPE OF APPLICANT:

- *Other (specify):*

  - b. Additional Description:

### 9. Name of Federal Agency:

### 10. Catalog of Federal Domestic Assistance Number:

- **CFDA Title:**

### 11. Areas Affected by Funding:

### 12. CONGRESSIONAL DISTRICTS OF:

- *a. Applicant:*

  - b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

### 13. FUNDING PERIOD:

- *a. Start Date:*

  - b. End Date:

### 14. ESTIMATED FUNDING:

- *a. Federal ($) :*

  - b. Match ($):*

### 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

- ![ ] a. This submission was made available to the State under the Executive Order 12372 Process for review on:

- ![ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.

- ![ ] c. Program is not covered by E.O. 12372.
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* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐  No ☐  Explanation

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 218, Section 1001)

** I Agree ☐

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  ☐  Prefix:  ☐  Prefix:  ☐

* First Name:  ☐  First Name:  ☐  First Name:  ☐

Middle Name:

* Last Name:

Suffix:  ☐  Prefix:  ☐  Prefix:  ☐

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments  Delete Attachments  View Attachments
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* Applicant Federal Debt Delinquent Explanation