

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input style="width:100%; height: 20px;" type="text"/>	1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input style="width:100%; height: 20px;" type="text"/>	1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update 2. Date Received: <input style="width:100%; height: 20px;" type="text"/>	STATE USE ONLY: 5. Date Received by State: <input style="width:100%; height: 20px;" type="text"/>
		3. Applicant Identifier: <input style="width:100%; height: 20px;" type="text"/>	6. State Application Identifier: <input style="width:100%; height: 20px;" type="text"/>
		4a. Federal Entity Identifier: <input style="width:100%; height: 20px;" type="text"/>	4b. Federal Award Identifier: <input style="width:100%; height: 20px;" type="text"/>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation			
7. APPLICANT INFORMATION:			
a. Legal Name: <input style="width:100%; height: 20px;" type="text"/>			
b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width:100%; height: 20px;" type="text"/>		c. UEI: <input style="width:100%; height: 20px;" type="text"/>	
d. Address:			
Street1: <input style="width:100%; height: 20px;" type="text"/>		Street2: <input style="width:100%; height: 20px;" type="text"/>	
City: <input style="width:100%; height: 20px;" type="text"/>		County / Parish: <input style="width:100%; height: 20px;" type="text"/>	
State: <input style="width:100%; height: 20px;" type="text"/>		Province: <input style="width:100%; height: 20px;" type="text"/>	
Country: USA: UNITED STATES		Zip / Postal Code: <input style="width:100%; height: 20px;" type="text"/>	
e. Organizational Unit:			
Department Name: <input style="width:100%; height: 20px;" type="text"/>		Division Name: <input style="width:100%; height: 20px;" type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: <input style="width:100%; height: 20px;" type="text"/>	First Name: <input style="width:100%; height: 20px;" type="text"/>	Middle Name: <input style="width:100%; height: 20px;" type="text"/>	
Last Name: <input style="width:100%; height: 20px;" type="text"/>		Suffix: <input style="width:100%; height: 20px;" type="text"/>	
Title: <input style="width:100%; height: 20px;" type="text"/>			
Organizational Affiliation: <input style="width:100%; height: 20px;" type="text"/>			
Telephone Number: <input style="width:100%; height: 20px;" type="text"/>		Fax Number: <input style="width:100%; height: 20px;" type="text"/>	
Email: <input style="width:100%; height: 20px;" type="text"/>			

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8a. TYPE OF APPLICANT:

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Descriptive Title of Applicant's Project:

12. Areas Affected by Funding:

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

b. End Date:

15. ESTIMATED FUNDING:

a. Federal (\$):

b. Match (\$):

16. 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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17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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 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:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency:

Form Attachments:

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Consolidated Application/Plan/Funding Request Explanation:

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Applicant Federal Debt Delinquency Explanation: