

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: [ ]      \* ZIP Code: [ ]

\* Country: [ ]

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:

Please select one of the following

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:  
[ ]

\* Is this application being submitted to other agencies?    Yes  No

What other Agencies? [ ]

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
[ ]

TITLE: [ ]

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: [ ]    \* ZIP Code: [ ]

\* Country: [ ]

\* Phone Number: [ ]    Fax Number: [ ]    \* Email: [ ]

**16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO  PROGRAM IS NOT COVERED BY E.O. 12372; OR

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**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:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative** **\* Date Signed**

Completed on submission to Grants.gov Completed on submission to Grants.gov

**20. Pre-application**