

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

	2. DATE SUBMITTED <input type="text"/>	Applicant Identifier <input type="text"/>
	3. DATE RECEIVED BY STATE <input type="text"/>	State Application Identifier <input type="text"/>
1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	4. Federal <input type="text"/>	
5. APPLICANT INFORMATION * Organizational DUNS: <input type="text"/>		
* Legal Name: <input type="text"/>		
Department: <input type="text"/>		Division: <input type="text"/>
* Street1: <input type="text"/>		Street2: <input type="text"/>
* City: <input type="text"/>	County: <input type="text"/>	* State: <input type="text"/> * ZIP Code: <input type="text"/>
* Country: <input type="text"/>		
Person to be contacted on matters involving this application		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/> * Last Name: <input type="text"/> Suffix: <input type="text"/>
* Phone Number: <input type="text"/> Fax Number: <input type="text"/> Email: <input type="text"/>		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): <input type="text"/>	7. * TYPE OF APPLICANT: <input type="text"/>	
8. * TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Other (Specify): Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input checked="" type="checkbox"/> B. Decrease Award <input checked="" type="checkbox"/> C. Increase Duration <input checked="" type="checkbox"/> D. Decrease Duration <input checked="" type="checkbox"/> E. Other (specify):	9. * NAME OF FEDERAL AGENCY: <input type="text"/>	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies?	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text"/> TITLE: <input type="text"/>	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <input type="text"/>		
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) <input type="text"/>		
13. PROPOSED PROJECT: * Start Date <input type="text"/> * Ending Date <input type="text"/>	14. CONGRESSIONAL DISTRICTS OF: a. * Applicant <input type="text"/> b. * Project <input type="text"/>	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/> * Last Name: <input type="text"/> Suffix: <input type="text"/>
Position/Title: <input type="text"/>	* Organization Name: <input type="text"/>	
Department: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text"/>	Street2: <input type="text"/>	
* City: <input type="text"/>	County: <input type="text"/>	* State: <input type="text"/> * ZIP Code: <input type="text"/>
* Country: <input type="text"/>		
* Phone Number: <input type="text"/> Fax Number: <input type="text"/> * Email: <input type="text"/>		

<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:</p> <p>DATE: _____</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: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

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

20. Pre-application