

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input type="text"/>	<input type="text"/>

**1. \* TYPE OF SUBMISSION**

Pre-application    Application    Changed/Corrected Application

**4. a. Federal Identifier**

**b. Agency Routing Identifier**

**2. DATE SUBMITTED**

**Applicant Identifier**

**5. APPLICANT INFORMATION**      \* Organizational DUNS:

\* Legal Name:

Department:       Division:

\* Street1:

Street2:

\* City:       County / Parish:

\* State:       Province:

\* Country:       USA: UNITED STATES      \* ZIP / Postal Code:

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):

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

**9. \* NAME OF FEDERAL AGENCY:**

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

TITLE:

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

**12. PROPOSED PROJECT:**

\* Start Date:       \* Ending Date:

**\* 13. CONGRESSIONAL DISTRICT OF APPLICANT**

**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:       USA: UNITED STATES      \* ZIP / Postal Code:

\* Phone Number:       Fax Number:

\* Email:

<p><b>15. ESTIMATED PROJECT FUNDING</b></p> <p>a. Total Federal Funds Requested <input style="width:150px;" type="text"/></p> <p>b. Total Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>c. Total Federal &amp; Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>d. Estimated Program Income <input style="width:150px;" type="text"/></p>	<p><b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p><b>a. YES</b> <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width:100px;" type="text"/></p> <p><b>b. NO</b> <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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**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 or other Explanatory Documentation**

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

\* Position/Title:

\* Organization:

Department:  Division:

\* Street1:

Street2:

\* City:  County / Parish:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:

\* Email:

**\* Signature of Authorized Representative**

Completed on submission to Grants.gov

**\* Date Signed**

Completed on submission to Grants.gov

**20. Pre-application**