OMB Number: 4040-0004

Expiration Date: 11/30/2025

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| **Application for Federal Assistance SF-424** | | | | | | | | | | | |
| \* 1. Type of Submission: | | |  | \* 2. Type of Application: | | | \* If Revision, select appropriate letter(s): | | | | |
| Preapplication Application  Changed/Corrected Application | | | | New  Continuation \* Other (Specify):  Revision | | | | | | | |
| \* 3. Date Received: 4. Applicant Identifier: | | | | | | | | | | | |
| 5a. Federal Entity Identifier: | | | | | | | | 5b. Federal Award Identifier: | | | |
| **State Use Only:** | | | | | | | | | | | |
| 6. Date Received by State: | | | | | | 7. State Application Identifier: | | | | | |
| **8. APPLICANT INFORMATION:** | | | | | | | | | | | |
| \* a. Legal Name: | | | | | | | | | | | |
| \* b. Employer/Taxpayer Identification Number (EIN/TIN): | | | | | | | | \* c. UEI: | | | |
| **d. Address:** | | | | | | | | | | | |
| * Street1:   Street2:   * City:   County/Parish:   * State:   Province:   * Country: USA: UNITED STATES * Zip / Postal Code: | | | | | | | | | | | |
| **e. Organizational Unit:** | | | | | | | | | | | |
| Department Name: | | | | | | | | Division Name: | | | |
| **f. Name and contact information of person to be contacted on matters involving this application:** | | | | | | | | | | | |
| Prefix:  Middle Name:  \* Last Name: Suffix: | |  | | | \* First Name: | | | |  | |  |
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|  | | |  | | | | | | |
| Title: | | | | | | | | | | | |
| Organizational Affiliation: | | | | | | | | | | | |
| \* Telephone Number: Fax Number: | | | | | | | | | | | |
| \* Email: |  | | | | | | | | |  | |

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| **Application for Federal Assistance SF-424** |
| **\* 9. Type of Applicant 1: Select Applicant Type:**  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  \* Other (specify): |
| **\* 10. Name of Federal Agency:** |
| **11. Catalog of Federal Domestic Assistance Number:**  CFDA Title: |
| **\* 12. Funding Opportunity Number:**  \* Title: |
| **13. Competition Identification Number:**  Title: |
| **14. Areas Affected by Project (Cities, Counties, States, etc.):**  Add Attachment Delete Attachment View Attachment |
| **\* 15. Descriptive Title of Applicant's Project:** |
| Attach supporting documents as specified in agency instructions.  Add Attachments Delete Attachments View Attachments |

**Application for Federal Assistance SF-424**

1. **Congressional Districts Of:**

* a. Applicant

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

* b. Program/Project

Add Attachment

Delete Attachment

View Attachment

1. **Proposed Project:**

* a. Start Date: \* b. End Date:

1. **Estimated Funding ($):**

* a. Federal

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* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

* 1. This application was made available to the State under the Executive Order 12372 Process for review on .
  2. Program is subject to E.O. 12372 but has not been selected by the State for review.
  3. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. \*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.

Authorized Representative:

Prefix:

Middle Name:

* Last Name: Suffix:
* Title:
* Telephone Number:
* Email:
* First Name:

Fax Number:

* Signature of Authorized Representative: \* Date Signed: