

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application

- ☐ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received

4. Applicant Identifier

Completed by Grants.gov upon submission

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. Organizational DUNS:

asd

asd

d. Address:

* Street1:

asd

Street 2:

* City:

asd

County/Parish:

asd

* State

Province

* Country

asd

* Zip / Postal Code:

asd

e. Organizational Unit:

Department Name

Division Name

f. Name and contact information of person to be contacted on matters involving this application:

Prefix

* First Name

Middle Name

asd

Last Name

asd

Suffix:

Title

Organizational Affiliation

* Telephone Number

sad

Fax Number

* Email

asd@sadsedf.fhg

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

State Government

Type of Applicant 3: Select Applicant Type:

State Government

* Other (specify)

* 10. Name of Federal Agency

asd

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number

13. Competition Identification Number:

Title:

14. Areas affected by Project (Cities, Countries, States, etc.):

asd

* 15. Descriptive Title of Applicant's Project:

asd

Attach supporting documents as specified in agency instructions. [Download File](#)

16. Congressional Districts Of:

* a. Applicant

asd

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed No File

17. Proposed Project

* a. Start Date

asdad

* b. End Date:

sasda

18. Estimated Funding (\$):

* a. Federal

sdsadas

* b. Applicant

asdasd

* c. State

sad

* d. Local

asd

* e. Other

sad

* f. Program Income

sad

* g. Total

asd

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

☐ a. This application 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 the State for review

☐ c. Program is not covered by E.O. 12372.

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

☒ Yes

☐ No

If "Yes", provide explanation and attach

Add Attachement [Download File](#)

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 218, 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:

asd

Suffix:

* First Name

asd

* Title:

sad

* Telephone Number:

asd

Fax Number:

* Email:

sad

* Signature of Authorized Representative:

Please put in your name and last name in the box

* Date Signed:

below

asd

asd

DEMOCRACY COMMISSION SMALL GRANT APPLICATION

A. Project Details

Project justification (maximum half a page)

(Please provide brief analysis of the problem and description of target group / project beneficiaries)

ads

Project goals and objectives (maximum half a page)

(Please describe the objectives of your project and how they correspond to the DemCom Grant Program goals.)

sad

Project Description (maximum one page)

(Please describe how you plan to achieve your goals)

sad

Timetable

(Please provide project timetable following the suggested format or using Gant chart).

Month (1st, 2nd, ...)	Activity
1st	
2nd	
3rd	

Expected results and project's sustainability (maximum one page)

(Please describe results you expect to achieve at the project end and mechanisms for their evaluation).

sda

Project summary (maximum eight lines)

sad

Budget

(Please provide detailed budget including different lines under each category.)

Item	Item Number	Item Cost	Requested from US Gov.	Cost Share	Total
1. Personnel					
2. Fringe Benefit					

3. Travel					
4. Equipment					
5. Supplies					
6. Contractual					
7. Construction					
8. Other Direct Costs					
9. Total Direct Costs (Lines 1-8)					
GRAND TOTAL					

Budget Narrative

(Please justify need for major items. Use extra sheets if necessary.)

sad

B. Other Information

Other organizations you applied to with the same project and status of your application.

sad

Brief description of applicant's goals and activities. (maximum two paragraphs)

Please submit a copy of your charter and other materials, which you feel Democracy Commission (DemCom) should have in order to accurately assess your organization. Please submit copies and not originals as DemCom will make these materials part of its permanent files and will not return materials after consideration of your application

Upload No File

List of projects implemented by the applicant during last ten years.

#	Name of the Project	Donor Organization	Project amount	Project Timeframe