

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

Other (Specify):

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:

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\* b. Employer/Taxpayer Identification Number (EIN/TIN):

\* c. Organizational DUNS:

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d. Address:

\* Street1:

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Street 2:

\* City:

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County/Parish:

State

Province

\* Country

\* 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

\* First Name

Middle Name

Last Name

Suffix:

Title

Organizational Affiliation

\* Telephone Number

Fax Number

\* Email

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

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13. Competition Identification Number:

Title:

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

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\* 15. Descriptive Title of Applicant's Project:

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Attach supporting documents as specified in agency instructions in ZIP format. No File

16. Congressional Districts Of:

a. Applicant

b. Program/Project

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

17. Proposed Project

\* a. Start Date

enter

\* b. End Date:

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18. Estimated Funding (\$):

\* a. Federal

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b. Applicant

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c. State

d. Local

e. Other

f. Program Income

\* g. Total

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\* 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 No 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:

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Suffix:

\* First Name

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\* Title:

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\* Telephone Number:

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Fax Number:

\* Email:

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\* Signature of Authorized Representative:

Please put in your name and last name in the box below

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\* Date Signed:

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## A. Project Details

Project justification (maximum half a page)

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

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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.)

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Project Description (maximum one page)

(Please describe how you plan to achieve your goals)

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Timetable

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

Month (1st, 2nd, ...)	Activity
1st	
2nd	
3th	
4th	
5th	
6th	
7th	
8th	
9th	
10th	
11th	
12th	
13th	

Upload Gant chart if applicable No File

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).

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Project summary (maximum eight lines)

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Budget

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

	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			

Upload detailed budget No File

Upload budget narrative. (Detail the costs presented in the budget. Please justify the need for major items.)

No File

B. Other Information:

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

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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 should have in order to accurately assess your organization.

Upload additional files in ZIP format No File

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

#	Name Of The Project	Donor Organization	Project Amount	Project Timeframe

Upload a spreadsheet of additional projects if applicable No File