

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE []	State Application Identifier []
2. DATE SUBMITTED []		4. a. Federal Identifier []	
Applicant Identifier []		b. Agency Routing Identifier []	
		c. Previous Grants.gov Tracking ID []	
5. APPLICANT INFORMATION			
Legal Name: []		Organizational DUNS: []	
Department: []		Division: []	
Street1: []			
Street2: []			
City: []		County / Parish: []	
State: []		Province: []	
Country: []		ZIP / Postal Code: []	
USA: UNITED STATES			
Person to be contacted on matters involving this application			
Prefix: []		First Name: []	
Last Name: []		Middle Name: []	
Position/Title: []		Suffix: []	
Street1: []			
Street2: []			
City: []		County / Parish: []	
State: []		Province: []	
Country: []		ZIP / Postal Code: []	
USA: UNITED STATES			
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 <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION:		If Revision, mark appropriate box(es).	
<input type="checkbox"/> New <input type="checkbox"/> Resubmission		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> E. Other (specify): []	
Is this application being submitted to other agencies?		Yes <input type="checkbox"/> No <input type="checkbox"/> 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:		13. CONGRESSIONAL DISTRICT OF APPLICANT	
Start Date []		Ending Date []	
[]		[]	

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:					

15. ESTIMATED PROJECT FUNDING

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Total Federal Funds Requested	
b. Total Non-Federal Funds	
c. Total Federal & Non-Federal Funds	
d. Estimated Program Income	

a. YES	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
	DATE: <input type="text"/>
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

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 (Disclosure of Lobbying Activities) or other Explanatory Documentation

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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19. Authorized Representative

Prefix:		First Name:		Middle Name:	
Last Name:				Suffix:	
Position/Title:					
Organization:					
Department:		Division:			
Street1:					
Street2:					
City:		County / Parish:			
State:		Province:			
Country:	USA: UNITED STATES			ZIP / Postal Code:	
Phone Number:		Fax Number:			
Email:					

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment