

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE		State Application Identifier
<input type="text"/>		<input type="text"/>
1. TYPE OF SUBMISSION		
<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
2. DATE SUBMITTED	Applicant Identifier	
<input type="text"/>	<input type="text"/>	
4. a. Federal Identifier		<input type="text"/>
b. Agency Routing Identifier		<input type="text"/>
c. Previous Grants.gov Tracking ID		<input type="text"/>
5. APPLICANT INFORMATION		
		UEI: <input type="text"/>
Legal Name: <input type="text"/>		
Department: <input type="text"/>		
Division: <input type="text"/>		
Street1: <input type="text"/>		
Street2: <input type="text"/>		
City: <input type="text"/>		County / Parish: <input type="text"/>
State: <input type="text"/>		Province: <input type="text"/>
Country: <input type="text" value="USA: UNITED STATES"/>		ZIP / Postal Code: <input type="text"/>
Person to be contacted on matters involving this application		
Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
Last Name: <input type="text"/>		Suffix: <input type="text"/>
Position/Title: <input type="text"/>		
Street1: <input type="text"/>		
Street2: <input type="text"/>		
City: <input type="text"/>		County / Parish: <input type="text"/>
State: <input type="text"/>		Province: <input type="text"/>
Country: <input type="text" value="USA: UNITED STATES"/>		ZIP / Postal Code: <input type="text"/>
Phone Number: <input type="text"/> Fax Number: <input type="text"/>		
Email: <input type="text"/>		
6. EMPLOYER IDENTIFICATION (EIN) or (TIN): <input type="text"/>		
7. TYPE OF APPLICANT: <input type="text" value="Please select one of the following"/>		
Other (Specify): <input type="text"/>		
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): <input type="text"/>
Is this application being submitted to other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No		What other Agencies? <input type="text"/>
9. NAME OF FEDERAL AGENCY:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
<input type="text"/>		TITLE: <input type="text"/>
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
<input type="text"/>		
12. PROPOSED PROJECT:		13. CONGRESSIONAL DISTRICT OF APPLICANT
Start Date	Ending Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

Add Attachment

Delete Attachment

View Attachment

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

Completed on submission to Grants.gov

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

Delete Attachment

View Attachment

21. Cover Letter Attachment

Add Attachment

Delete Attachment

View Attachment