OMB Number: 4040-0004

Expiration Date: 08/31/2016

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| **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: | | | |
| 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: | | |
| **d. Address:** | | | | | | |
| \*Street 1: | | | | | | |
| Street 2: | | | | | | |
| \*City: | | | | | | |
| 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: | | | | | | |

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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.):** |
| **\*15. Descriptive Title of Applicant’s Project**:  Attach supporting documents as specified in agency instructions. |

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| **Application for Federal Assistance SF-424** | | | |
| **16. Congressional Districts Of:** | | | |
| \*a. Applicant: | | | \*b. Program/Project: |
| Attach an additional list of Program/Project Congressional Districts if needed. | | | |
| **17. Proposed Project**: | | | |
| \*a. Start Date: | | | \*b. End Date: |
| **18. Estimated Funding ($):** | | | |
| \*a. Federal | $ |  | |
| \*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?**  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 attachment.)**  Yes  No  If “Yes”, provide explanation and attach. | | | |
| **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: \*First Name:  Middle Name:  \*Last Name:  Suffix: | | | |
| \*Title: President | | | |
| \*Telephone Number: | | | Fax Number: |
| \* Email: | | | |
| \*Signature of Authorized Representative: | | | \*Date Signed: |