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| **APPLICATION FOR FEDERAL ASSISTANCE**  Standard Form 424 (Rev. 2-2007) Prescribed by OMB Circular A-102 | | | | | | 1.TYPE OF SUBMISSION: <<Application3\_Type\_of\_Submission>> | |
| 2. a. DATE SUBMITTED:  <<Application3\_Date\_Received>> | | 3. a. DATE RECEIVED BY STATE:  <<Application3\_Date\_Received\_by\_State>> | | | | 3. b. STATE APPLICATION IDENTIFIER:  <<Application3\_State\_Application\_Identifier>> | |
| 2. b. APPLICATION IDENTIFIER: <<Application3\_Applicant\_Identifier>> | | 4. a. DATE RECEIVED BY FEDERAL AGENCY:  <<Application3\_Date\_Received>> | | | | 4. b. FEDERAL IDENTIFIER: (Staff Only)  <<Application3\_Federal\_Award\_Identifier>> | |
| **5. APPLICANT INFORMATION** | | | | | | | |
| 5. a. LEGAL NAME: <<Application3\_Legal\_Name>>  5. b. ORGANIZATIONAL DUNS: <<Application3\_Organization\_DUNS>>  5. c. ORGANIZATIONAL UNIT (DEPARTMENT/DIVISION):<<Application3\_Department\_Name>> | | | | 5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON  MATTERS INVOLVING THIS APPLICATION *(give area code):* | | | |
| 5. d. ADDRESS *(give street address, city, county, state and zip code):*  STREET: <<Application3\_Street\_1>>  CITY: <<Application3\_City>>  COUNTY:  STATE: <<Application3\_State>>  COUNTRY: <<Application3\_Country>> | | | | NAME: <<Application3\_First\_Name>><<Application3\_MIddle\_Namee>><<Application3\_Last\_Name>>  TELEPHONE NUMBER: <<Application3\_Telephone\_Numbr>>  FAX NUMBER: <<Application3\_Fax\_Number>>  EMAIL: <<Application3\_Email>>  INTERNET E-MAIL ADDRESS: <<Application3\_Email>>  WEBSITE::<<Application3\_website>> | | | |
| 6. EMPLOYER IDENTIFICATION NUMBER *(EIN):*<<Application3\_Employer\_Taxpayer\_Number\_EIN\_TIN>> | | | | 7. a. TYPE OF APPLICANT:(*enter appropriate letter in box)*  **<<** Application3\_\_c\_Applicant\_Type\_\_c>>  (*enter appropriate letter in box)*  A. State H. Independent School District  B. County I. State Controlled Institution of Higher Learning  C. Municipal J. Private University  D. Township K. Indian Tribe  E. Interstate L. Individual  F. Intermunicipal M. Profit Organization  G. Special District N. Private Non-Profit Organization  O. Federal Government P. HQ Internal Organizations  Q. State Education Agency R. Territory  S. Other (specify)  7. b. CNCS APPLICANT CHARACTERISTICS *Enter appropriate codes:* | | | |
| 8. TYPE OF APPLICATION : <<Application3\_Type\_of\_Application>>  If Amendment, enter appropriate letter(s) in box(es):  A. AUGMENTATIONB. BUDGET REVISION:  C. NO COST EXTENSION to *(enter date)*  E. OTHER (*specify below)* | | | |
| 9. NAME OF FEDERAL AGENCY:  Corporation for National and Community Service | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<<Application3\_CFDA>> | | | | 11. a. DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:  <<Application3\_Descriptive\_Title\_of\_Applicant\_s\_Project>> | | | |
| 12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc.): <<Application3\_Areas\_Affected\_by\_Project\_Cities\_Coutn>>* | | | | 11.b. CNCS PROGRAM INITIATIVE (IF ANY): | | | |
| 13. PROPOSED PROJECT: START DATE: <<Application3\_Proposed\_Start\_Date>> ENDING DATE: <<Application3\_Proposed\_End\_Date>>  14. Performance Period (Staff Use Only\_ | | | | | | | |
| **15. ESTIMATED FUNDING:** Check applicable box: Yr 1:  Yr.2:  Yr. 3: | | | | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  ORDER 12372 PROCESS? <<Application3\_Review\_by\_State\_Under\_Executive\_Order>>    17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <<Application3\_Applicant\_Delinquent\_on\_any\_Federal\_Debt>> | | |
| a. FEDERAL | $<<Application3\_Federal>> | | | |
| b. APPLICANT | $<<Application3\_Applicant1>> | | | |
| c. STATE | $ <<Application3\_State2>> | | | |
| d. LOCAL | $ <<Application3\_Local>> | | | |
| e. OTHER | $ | | | |
| f. PROGRAM INCOME | $<<Application3\_\_Program\_Income\_\_c>> | | | |
| g. TOTAL | $ <<Application3\_TOTAL>> | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN  DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | | | |
| a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: | | | b. TITLE: | | | | c. TELEPHONE NUMBER: |
| d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: | | | | | | | e. DATE SIGNED: |

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NARRATIVES

Executive Summary <<Application3\_Executive\_Summary>>

Rationale and Approach/Program Design <<Application3\_Rationale\_and\_Approach>>

Organizational Capability <<Application3\_Organizational\_Capability>>

Cost Effectiveness and Budget Adequacy <<Application3\_Cost\_Effectiveness\_and\_Budget\_Adequacy>>

Evaluation Summary or Plan <<Application3\_Evaluation\_Summary\_or\_Plan>>

Amendment Justification <<Application3\_Amendment\_Justification>>

Clarification Summary <<Application3\_Clarification\_Summary>>

Continuation Changes <<Application3\_Continuation\_Changes>>

DEMOGRAPHICS

Characteristics & Priorities <<Application3\_Characteristics\_Priorities>>