

APPLICATION FOR FEDERAL ASSISTANCE

**SF 424 (R&R)**

	<b>2. DATE SUBMITTED</b> <input type="text"/>	<b>Applicant Identifier</b> <input type="text"/>
	<b>3. DATE RECEIVED BY STATE</b> <input type="text"/>	<b>State Application Identifier</b> <input type="text"/>
<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>4. Federal</b> <input type="text"/>	
<b>5. APPLICANT INFORMATION</b> <span style="float:right">* Organizational DUNS: <input type="text"/></span>		
* 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: <input type="text"/>	* State: <input type="text"/> * ZIP Code: <input type="text"/>
* Country: <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"/>
* Phone Number: <input type="text"/> Fax Number: <input type="text"/> Email: <input type="text"/>		
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <input type="text"/>	<b>7. * TYPE OF APPLICANT:</b> <input type="text"/>	
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Other (Specify): <b>Small Business Organization Type</b> <input checked="" type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input checked="" type="checkbox"/> B. Decrease Award <input checked="" type="checkbox"/> C. Increase Duration <input checked="" type="checkbox"/> D. Decrease Duration <input checked="" type="checkbox"/> E. Other (specify):	<b>9. * NAME OF FEDERAL AGENCY:</b> <input type="text"/>	
* Is this application being submitted to other agencies?   Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies?	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <input type="text"/> TITLE: <input type="text"/>	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <input type="text"/>		
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> <input type="text"/>		
<b>13. PROPOSED PROJECT:</b> * Start Date <input type="text"/> * Ending Date <input type="text"/>	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant <input type="text"/> b. * Project <input type="text"/>	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>		
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"/>	* Organization 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: <input type="text"/>	* State: <input type="text"/> * ZIP Code: <input type="text"/>
* Country: <input type="text"/>		
* Phone Number: <input type="text"/> Fax Number: <input type="text"/> * Email: <input type="text"/>		

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width:150px;" type="text"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: _____</p> <p>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</p>
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**18. 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.

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative** **\* Date Signed**

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**20. Pre-application**