

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

Pre-application Application Changed/Corrected Application

| | | |
|---|--|----------------------|
| 4. a. Federal Identifier | <input type="text"/> | |
| b. Agency Routing Identifier | THIS MAY APPLY DEPENDING ON TYPE OF APPLICATION OR SPONSOR: REVIEW GUIDELINES | |
| c. Previous Grants.gov Tracking ID | | <input type="text"/> |

| | |
|--------------------------|-----------------------------|
| 2. DATE SUBMITTED | Applicant Identifier |
| <input type="text"/> | <input type="text"/> |

5. APPLICANT INFORMATION

Organizational DUNS:

Legal Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email: **PLEASE USE THIS EMAIL ADDRESS FOR TIMELY PROCESSING OF SUBMISSION & AWARD MATERIALS.**

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. TYPE OF APPLICANT:

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:

New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es). A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):

Is this application being submitted to other agencies? Yes No What other Agencies?

9. NAME OF FEDERAL AGENCY:

WILL AUTOFILL OR REVIEW GUIDELINES

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: **WILL AUTOFILL OR REVIEW GUIDELINES**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

SOME PROGRAMS MAY HAVE SPECIFIC REQUIREMENTS FOR THE PROJECT TITLE.

12. PROPOSED PROJECT:

Start Date Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT

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: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

15. ESTIMATED PROJECT FUNDING

| | |
|--------------------------------------|---|
| a. Total Federal Funds Requested | <input type="text" value="100,000.00"/> |
| b. Total Non-Federal Funds | <input type="text" value="0.00"/> |
| c. Total Federal & Non-Federal Funds | <input type="text" value="100,000.00"/> |
| d. Estimated Program Income | <input type="text" value="0.00"/> |

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

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

ANSWER WILL BE NO - CHECK GUIDELINES RE: SELECTION BELOW.

b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR 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

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

| | |
|--|--|
| Signature of Authorized Representative | Date Signed |
| <input type="text" value="Completed on submission to Grants.gov"/> | <input type="text" value="Completed on submission to Grants.gov"/> |

20. Pre-application

21. Cover Letter Attachment