

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input type="text"/>	<input type="text"/>

<b>1. TYPE OF SUBMISSION</b>
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application

<b>4. a. Federal Identifier</b>	<input type="text"/>
<b>b. Agency Routing Identifier</b>	<input type="text"/>
<b>c. Previous Grants.gov Tracking ID</b>	<input type="text"/>

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

<b>5. APPLICANT INFORMATION</b>	<b>UEI:</b> JBQ9M3PLFDP5
Legal Name: <input type="text" value="Brd of Regents of UW System for U of Wisconsin-Milwaukee"/>	
Department: <input type="text"/>	
Division: <input type="text"/>	
Street1: <input type="text" value="PO Box 340"/>	
Street2: <input type="text"/>	
City: <input type="text" value="Milwaukee"/> County / Parish: <input type="text"/>	
State: <input type="text" value="WI: Wisconsin"/> Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text" value="53201-0340"/>	

<b>Person to be contacted on matters involving this application</b>		
Prefix: <input type="text"/>	First Name: <input type="text" value="Kate"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Mollen"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text" value="Director, Office of Sponsored Programs"/>		
Street1: <input type="text" value="PO Box 340"/>		
Street2: <input type="text"/>		
City: <input type="text" value="Milwaukee"/> County / Parish: <input type="text"/>		
State: <input type="text" value="WI: Wisconsin"/> Province: <input type="text"/>		
Country: <input type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input type="text" value="53201-0340"/>		
Phone Number: <input type="text" value="414-229-4853"/> Fax Number: <input type="text" value="414-229-5000"/>		
Email: <input type="text" value="grant-notice@uwm.edu"/>		

<b>6. EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <input type="text" value="39-1805963"/>	<b>For projects to the Public Health Service (including NIH), use: 1-391805963-B5.</b>
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<b>7. TYPE OF APPLICANT:</b> <input type="text" value="H: Public/State Controlled Institution of Higher Education"/>
Other (Specify): <input type="text"/>
<b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged

<b>8. TYPE OF APPLICATION:</b>	If Revision, mark appropriate box(es).
<input checked="" 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? <input type="text"/>
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<b>9. NAME OF FEDERAL AGENCY:</b> <input type="text" value="Will autofill"/>	<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" value="Enter project title"/>

<b>12. PROPOSED PROJECT:</b>	<b>13. CONGRESSIONAL DISTRICT OF APPLICANT</b>
Start Date <input type="text" value="Enter date"/> Ending Date <input type="text" value="Enter date"/>	<input type="text" value="WI-004"/>

**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="1,000,000.00"/>
b. Total Non-Federal Funds	<input type="text" value="0.00"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="0.00"/>
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:  
DATE:

b. NO  PROGRAM IS NOT COVERED BY E.O. 12372 OR  PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

*Always select "NO." Review program guidelines to determine whether "not covered" or "not been selected."*

**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**

**20. Pre-application**

**21. Cover Letter Attachment**