

# 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"/>

**1. \* TYPE OF SUBMISSION**

Pre-application  Application  Changed/Corrected Application

**4. a. Federal Identifier**

**b. Agency Routing Identifier**

**2. DATE SUBMITTED**

**Applicant Identifier**

**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:

\* Phone Number:  Fax Number:

Email:

**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:**

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

TITLE:

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

**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:

<p><b>15. ESTIMATED PROJECT FUNDING</b></p> <p>a. Total Federal Funds Requested <input type="text" value="869,982.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal &amp; Non-Federal Funds <input type="text" value="869,982.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>16. * 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: DATE: <input type="text"/></p> <p>b. NO <input checked="" 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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**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 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:

<p><b>* Signature of Authorized Representative</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div>	<p><b>* Date Signed</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div>
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**20. Pre-application**