

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

		3. DATE RECEIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION		4. a. Federal Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		b. Agency Routing Identifier	
2. DATE SUBMITTED	Applicant Identifier	c. Previous Grants.gov Tracking ID	
5. APPLICANT INFORMATION		Organizational DUNS: [REDACTED]	
Legal Name: [REDACTED]			
Department: [REDACTED]		Division: [REDACTED]	
Street1: [REDACTED]			
Street2: [REDACTED]			
City: [REDACTED]		County / Parish: [REDACTED]	
State: [REDACTED]		Province: [REDACTED]	
Country: [REDACTED] USA: UNITED STATES		ZIP / Postal Code: [REDACTED]	
Person to be contacted on matters involving this application			
Prefix: [REDACTED]	First Name: [REDACTED]	Middle Name: [REDACTED]	
Last Name: [REDACTED]	Suffix: [REDACTED]		
Position/Title: [REDACTED]			
Street1: [REDACTED]			
Street2: [REDACTED]			
City: [REDACTED]		County / Parish: [REDACTED]	
State: [REDACTED]		Province: [REDACTED]	
Country: [REDACTED] USA: UNITED STATES		ZIP / Postal Code: [REDACTED]	
Phone Number: [REDACTED]		Fax Number: [REDACTED]	
Email: [REDACTED]			
6. EMPLOYER IDENTIFICATION (EIN) or (TIN):		[REDACTED]	
7. TYPE OF APPLICANT:		[REDACTED] Please select one of the following	
Other (Specify): [REDACTED]			
Small Business Organization Type		<input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
8. TYPE OF APPLICATION:		If Revision, mark appropriate box(es).	
<input 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): [REDACTED]	
Is this application being submitted to other agencies?		Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies? [REDACTED]	
9. NAME OF FEDERAL AGENCY:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
[REDACTED]		TITLE: [REDACTED]	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
[REDACTED]			
12. PROPOSED PROJECT:		13. CONGRESSIONAL DISTRICT OF APPLICANT	
Start Date	Ending Date		
[REDACTED]	[REDACTED]	[REDACTED]	

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
 b. Total Non-Federal Funds
 c. Total Federal & Non-Federal Funds
 d. Estimated Program Income

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

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