

**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**

**c. Previous Grants.gov Tracking ID**

**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:

Position/Title:

Street1:

Street2:

City:  County / Parish:

State:  Province:

Country:  ZIP / Postal Code:

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:

**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**