Application for Federal Assistance SF-424				
* 1. Type of Submission: Preapplication Application Changed/Corrected Application	* 2. Type of Application: New Continuation Revision	* If Revision, select appropriate letter(s): * Other (Specify):		
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:			
5a. Federal Entity Identifier: * 5b. Federal Award Identifier:				
State Use Only:				
6. Date Received by State:	7. State Applicatio	n Identifier:		
8. APPLICANT INFORMATION:				
* a. Legal Name:				
* b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS:				
d. Address:		- ·		
* Street1: Street2: City:				
County/Parish: * State:				
Province:				
* Country: USA: UNITED STATES				
* Zip / Postal Code:				
e. Organizational Unit:				
Department Name:		Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Middle Name: * Last Name: Suffix:	* First Nar	ne:		
Title:				
Organizational Affiliation:				
* Telephone Number:		Fax Number:		
* Email:				

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9. Type of Applicant 1: Select Applicant Type:			
Type of Applicant 2: Select Applicant Type:	٦		
Type of Applicant 3: Select Applicant Type:	1		
* Other (specify):]		
* 10. Name of Federal Agency:			
14. Catalan of Fadaral Demostic Assistance Number			
11. Catalog of Federal Domestic Assistance Number:			
CFDA Title:			
* 12. Funding Opportunity Number:			
* Title:			
13. Competition Identification Number:			
Title:			
14. Areas Affected by Project (Cities, Counties, States, etc.):			
Add Attachment Delete Attachment View Attachment			
* 15. Descriptive Title of Applicant's Project:			
Attach supporting documents as specified in agency instructions.			
Add Attachments Delete Attachments View Attachments			

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16. Congressional Districts Of:				
* a. Applicant	* b. Program/Project			
Attach an additional list of Program/Project Congressional Distri	cts if needed.			
	Add Attachment Delete Attachment View Attachment			
17. Proposed Project:				
* a. Start Date:	* b. End Date:			
18. Estimated Funding (\$):				
* a. Federal				
* b. Applicant				
* c. State				
* d. Local				
* e. Other				
* f. Program Income				
* g. TOTAL				
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?				
a. This application was made available to the State under the Executive Order 12372 Process for review on				
b. Program is subject to E.O. 12372 but has not been selected by the State for review.				
c. Program is not covered by E.O. 12372.				
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)				
Yes No				
If "Yes", provide explanation and attach				
	Add Attachment Delete Attachment View Attachment			
	nents 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 218, Section 1001)			
specific instructions.	where you may obtain this list, is contained in the announcement or agency			
Authorized Representative:				
Prefix: * Fin	rst Name:			
Middle Name:				
* Last Name:				
Suffix:				
* Title:				
* Telephone Number:	Fax Number:			
* Email:				
* Signature of Authorized Representative: Completed by Grants.	gov upon submission. * Date Signed: Completed by Grants.gov upon submission.			