

# APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

## 1.a. Type of Submission:

- ☒ Application  
☐ Plan  
☐ Funding Request  
☐ Other

Other (specify):

## 1.b. Frequency:

- ☒ Annual  
☐ Quarterly  
☐ Other

Other (specify):

## 1.d. Version:

- ☒ Initial ☐ Resubmission ☐ Revision ☐ Update

## 2. Date Received:

## STATE USE ONLY:

## 3. Applicant Identifier:

## 5. Date Received by State:

## 4a. Federal Entity Identifier:

## 6. State Application Identifier:

## 4b. Federal Award Identifier:

## 1.c. Consolidated Application/Plan/Funding Request?

Yes ☐ No ☒

## 7. APPLICANT INFORMATION:

### a. Legal Name:

### b. Employer/Taxpayer Identification Number (EIN/TIN):

### c. UEI:

### d. Address:

Street1:

Street2:

City:

County / Parish:

State:

Province:

Country:

Zip / Postal Code:

### e. Organizational Unit:

Department Name:

Division Name:

### f. Name and contact information of person to be contacted on matters involving this submission:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

### 8a. TYPE OF APPLICANT:

Other (specify):

b. Additional Description:

### 9. Name of Federal Agency:

### 10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

### 11. Descriptive Title of Applicant's Project:

### 12. Areas Affected by Funding:

### 13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

### 14. FUNDING PERIOD:

a. Start Date:

b. End Date:

### 15. ESTIMATED FUNDING:

a. Federal (\$):

b. Match (\$):

### 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

- ☐ a. This submission 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 State for review.
- ☐ c. Program is not covered by E.O. 12372.

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

### 17. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☐

18. 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 218, Section 1001)

\*\* I Agree ☐

\*\* This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

### Authorized Representative:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Consolidated Application/Plan/Funding Request Explanation:**

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Applicant Federal Debt Delinquency Explanation:**