APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

* 1. NAME OF FEDERAL AGENCY:

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

CFDA TITLE:

* 3. DATE RECEIVED: **SYSTEM USE ONLY**

* 4. FUNDING OPPORTUNITY NUMBER:

* TITLE:

5. APPLICANT INFORMATION

* a. Legal Name:

b. Address:

* Street1:	Street2:
* City:	County/Parish:
* State:	Province:
* Country:	* Zip/Postal Code:

c. Web Address:

http://

* d. Type of Applicant: Select Applicant Type Code(s):	* e. Employer/Taxpayer Identification Number (EIN/TIN):
Type of Applicant:	* f. Organizational DUNS:
Type of Applicant:	* g. Congressional District of Applicant:
* Other (specify):	

6. PROJECT INFORMATION

* a. Project Title:

* b. Project Description:

c. Proposed Project: * Start Date: * End Date:

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7. PROJECT DIRECTOR

Prefix:	* First Name:	Middle Name:

* Last Name:	Suffix:

* Title:	* Email:

* Telephone Number:	Fax Number:

* Street1:	Street2:

* City:	County/Parish:

* State:	Province:

* Country:	* Zip/Postal Code:

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

☐ Same as Project Director (skip to item 9):

Prefix:	* First Name:	Middle Name:

* Last Name:	Suffix:

* Title:	* Email:

* Telephone Number:	Fax Number:

* Street1:	Street2:

* City:	County/Parish:

* State:	Province:

* Country:	* Zip/Postal Code:

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9. * 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 ☐

** 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.

AUTHORIZED REPRESENTATIVE

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Email:

* Telephone Number:

Fax Number:

* Signature of Authorized Representative:

* Date Signed: