

SF 424 (R&R)

		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
1. * TYPE OF SUBMISSION		4. DATE RECEIVED BY GRANTS.GOV	Federal Identifier
<input checked="" type="radio"/> Pre-application <input type="radio"/> Application <input type="radio"/> Changed/Corrected			
5. APPLICANT INFORMATION			* Organizational DUNS:
* Legal Name:			
Department:		Division:	
* Street1:		Street2:	
* City:		County:	* State: * ZIP Code:
* Country:			
Person to be contacted on matters involving this application			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
* Phone Number:		Fax Number:	Email:
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): aaa		7. * TYPE OF APPLICANT A. State Government	
8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New		Other (Specify):	
<input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGENCY:	
<input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
* Is this application being submitted to other agencies? What other Agencies?		TITLE:	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
12. * AREAS AFFECTED BY PROJECT (cities, countries, states, etc.)			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
* Start Date	* Ending Date	a. * Applicant	b. * Project
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
Title:	* Organization Name:		
Department:	Division:		
* Street1:	Street2:		
* City:	County:	* State:	* ZIP Code:
* Country:			
* Phone Number:	Fax Number:	* Email:	

<p>16. ESTIMATED PROJECT FUNDING</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="border: 1px solid black; text-align: center;">Project Period</td> </tr> <tr> <td>a. * Total Funds Requested</td> <td style="text-align: right;">NaN</td> </tr> <tr> <td>b. * Total Federal & Non-Federal Funds</td> <td style="text-align: right;">NaN</td> </tr> <tr> <td>c. * Estimated Program Income</td> <td style="text-align: right;">NaN</td> </tr> </table>		Project Period	a. * Total Funds Requested	NaN	b. * Total Federal & Non-Federal Funds	NaN	c. * Estimated Program Income	NaN	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p style="margin-left: 20px;">DATE:</p> <p>b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>																																
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b. * Total Federal & Non-Federal Funds	NaN																																								
c. * Estimated Program Income	NaN																																								
<p>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 18, Section 1001)</p> <p style="margin-left: 20px;"><input type="radio"/> * I agree</p> <p style="font-size: small; margin-left: 20px;">* 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.</p>																																									
<p>19. Authorized Representative</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Prefix:</td> <td style="width:30%;">* First Name:</td> <td style="width:20%;">Middle Name:</td> <td style="width:20%;">* Last Name:</td> <td style="width:10%;">Suffix:</td> </tr> <tr> <td>* Title:</td> <td colspan="4">* Organization Name:</td> </tr> <tr> <td>Department:</td> <td colspan="4">Division:</td> </tr> <tr> <td>* Street1:</td> <td colspan="4">Street2:</td> </tr> <tr> <td>* City:</td> <td>County:</td> <td colspan="2">* State:</td> <td>* ZIP Code:</td> </tr> <tr> <td>* Country:</td> <td colspan="2">Fax Number:</td> <td colspan="2">* Email:</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 20px;">* Signature of Authorized Representative</td> <td colspan="2" style="text-align: center; padding-top: 20px;">* Date Signed</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____</td> <td colspan="2" style="text-align: center;">_____</td> </tr> </table>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	* Title:	* Organization Name:				Department:	Division:				* Street1:	Street2:				* City:	County:	* State:		* ZIP Code:	* Country:	Fax Number:		* Email:		* Signature of Authorized Representative			* Date Signed		_____			_____	
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* Signature of Authorized Representative			* Date Signed																																						
_____			_____																																						
<p>20. Pre-application File Name: Mime Type:</p>																																									