

Application for Federal Assistance SF-424

Version 02

*** 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:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

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

*** c. Organizational DUNS:**

d. Address:

*** Street1:**

Street2:

*** City:**

County:

*** 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 application:

Prefix:

*** First Name:**

Middle Name:

*** Last Name:**

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

Fax Number:

*** Email:**

**PTFP NO LONGER ACCEPTS APPLICATIONS.
THIS INFORMATION IS FOR HISTORICAL PURPOSE ONLY.**

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9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

*** 10. Name of Federal Agency:**

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):

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

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| | | |
|---|-----------------------------|---|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| * a. Applicant | <input type="text"/> | * b. Program/Project <input type="text"/> |
| Attach an additional list of Program/Project Congressional Districts if needed. | | |
| 17. Proposed Project: | | |
| * a. Start Date: | <input type="text"/> | * b. End Date: <input type="text"/> |
| 18. Estimated Funding (\$): | | |
| * a. Federal | <input type="text"/> | |
| * b. Applicant | <input type="text"/> | |
| * c. State | <input type="text"/> | |
| * d. Local | <input type="text"/> | |
| * e. Other | <input type="text"/> | |
| * f. Program Income | <input type="text"/> | |
| * g. TOTAL | <input type="text"/> | |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on | <input type="text"/> | |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. | | |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372. | | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 21. *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) | | |
| <input type="checkbox"/> ** 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: | <input type="text"/> | * First Name: <input type="text"/> |
| Middle Name: | <input type="text"/> | |
| * Last Name: | <input type="text"/> | |
| Suffix: | <input type="text"/> | |
| * Title: | <input type="text"/> | |
| * Telephone Number: | <input type="text"/> | Fax Number: <input type="text"/> |
| * Email: | <input type="text"/> | |
| * Signature of Authorized Representative: | <input type="text"/> | * Date Signed: <input type="text"/> |

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