APPLICA	TION FO)R	Print Form		OMD Approval No. 0249 0042	
FEDERAI			2. DATE SUBMITTED		OMB Approval No. 0348-0043 Applicant Identifier	
TYPE OF SU Application	JBMISSION:	Preapplication	3. DATE RECEIVED BY STATE	Ξ	State Application Identifier	
□ Constructi	on	□ Construction	4. DATE RECEIVED BY FEDER	RAL AGENCY	Federal Identifier	
□ Non-Cons	truction	☐ Non-Construction				
5. APPLICANT	INFORMATION	N				
Legal Name:				Organization	nal Unit:	
Address (give c	ity, county, state	e, and zip code):			elephone number of the person to be contacted on matters involving this (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): —				7. TYPE OF APPLICANT: (enter appropriate letter in box)		
8. TYPE OF APPLICATION:				A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) 9. NAME OF FEDERAL AGENCY:		
If Revision, enter appropriate letter(s) in box(es) A. Increase Award D. Decrease Duration Other (specify):						
TITLE:		COMESTIC ASSISTAN		11. DESCR	IPTIVE TITLE OF APPLICANT'S PROJECT:	
13. PROPOSEI	D PROJECT	14. CONGRES	SIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant		lb. Proj	ect	
15. ESTIMATE	D FUNDING:				APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal \$.00	ORDE	R 12372 PROCESS?		
b. Applicant		\$.00	a. Y	ES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
c. State		\$.00	0	DATE	
d. Local		\$.00	0	DATE	
				b. 1	NO . □ PROGRAM IS NOT COVERED BY E.O. 12372	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed

.00

.00

.00

☐ Yes

e. Other

g. TOTAL

f. Program Income

□ No

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR

If "Yes," attach an explanation.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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\$

APPLICATION FOR OMB Approval No. 0348-0043 FEDERAL ASSISTANCE 2. DATE SUBMITTED Applicant Identifier 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication □ Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier □ Non-Construction □ Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application (give area code) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist. B. County State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: Municipal Private University C. D. Township Indian Tribe □ New □ Continuation ☐ Revision E. Interstate Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): 9. NAME OF FEDERAL AGENCY: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project Start Date **Ending Date** a. Applicant 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 12372 PROCESS? ORDER a. Federal .00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE b. Applicant \$ TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$.00 DATE

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

b. Title

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□ Yes

d. Signature of Authorized Representative

Previous Edition Usable

\$

\$

\$

\$

d. Local

e. Other

g. TOTAL

f. Program Income

Standard Form 424 (Rev. 4-92) Prescribed by OMB Circular A-102

c. Telephone Number

e. Date Signed

□ No

b. NO .

PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

If "Yes," attach an explanation.

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR

a. Type Name of Authorized Representative

Authorized for Local Reproduction