



# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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): <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District  H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____
9. NAME OF FEDERAL AGENCY:	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
TITLE:	

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
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13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICTS OF:
Start Date      Ending Date	a. Applicant      b. Project

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal      \$      .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____
b. Applicant    \$      .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
c. State        \$      .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local        \$      .00	
e. Other        \$      .00	
f. Program Income    \$      .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL        \$      .00	<input type="checkbox"/> Yes    If "Yes," attach an explanation. <input type="checkbox"/> No

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. Typed Name of Authorized Representative	b. Title	c. Telephone number
d. Signature of Authorized Representative	e. Date Signed	

## Instructions for Completion of the Application for Federal Assistance (SF 424)

The Application for Federal Assistance is a standard form used by most Federal agencies. This form contains 18 different items, which are to be completed before submission. All applications should include a completed and signed SF 424.

Item	Instructions
1	<b>Type of Submission:</b> If this proposal is not for construction or building purposes, check “Non-Construction”.
2	<b>Date Submitted:</b> Indicate the date you sent the application to OJP. The “Application Identifier” is the number assigned by your jurisdiction, if any. If your jurisdiction does not assign an identifier number, leave this space blank.
3	<b>Date Received by State:</b> Leave blank. This block is completed by the State single point of contact, if applicable.
4	<b>Date Received by Federal Agency:</b> This item will be completed by OJP.
5	<b>Applicant Information:</b> The “Legal Name” is the unit of government of the parent organization. For example, the primary or parent organization of a law enforcement agency is the name of the city or township. Thus the city or township should be entered into the Legal Name box and the name of the law enforcement agency would be entered into the Organizational Unit box. Designate one person as the contact, and include their telephone number.
6	<b>Employer Identification Number:</b> Each employer receives an employer identification number from the Internal Revenue Service. Generally, this number can be easily obtained from your agency’s accountant or comptroller.
7	<b>Type of Applicant:</b> Enter the appropriate letter in this space. If the applicant is representing a consortium of agencies, specify by checking Block N and entering “consortium”.
8	<b>Type of Application:</b> Check either “new” or “continuation”. Check new if this will be your first award for this purpose described in the application, even if the applicant has received prior awards for other purposes. Check “continuation”, if the project will continue activities of a project, that was begun under a prior award.
9	<b>Name of Federal Agency:</b> Type in the name of the awarding agency, such as “Bureau of Justice Assistance”.
10	<b>Catalog of Federal Domestic Assistance Number:</b> This would be contained in the program announcement. An example would be 16.560.
11	<b>Descriptive Title of Applicants Project:</b> Type in the: (1) title of the program as it appears in the solicitation or announcement; (2) name of the cognizant Federal agency, ex. U. S. Department of Education; and (3) applicant’s fiscal year, i.e. twelve month audit period, ex: 10/1/95 - 9/30/96.
12	<b>Areas Affected by Project:</b> Identify the geographic area(s) of the project. Indicate “Statewide” or “National”, if applicable.
13	<b>Proposed Project Dates:</b> Fill in the proposed begin and end dates of the project.
14	<b>Congressional Districts:</b> Fill in the Congressional Districts in which the project will be located as well as the Congressional District(s) the project will serve. Indicate “Statewide” or “National”, if applicable.
15	<b>Estimated Funding:</b> In line “a,” enter the Federal funds requested, not to exceed the dollar amount allocated in the program announcement. Indicate any other resources that will available to the project and the source of those funds on lines “b-f,” as appropriate.
16	<b>State Executive Order 12372:</b> Some states require you to submit your application to a State “Single Point of Contact” (SPOC) to coordinate applications for Federal funds. If your State requires a copy of your application, indicate the date submitted. If a copy is not required, indicate the reason. (Refer to the “Administrative Requirements” section of the program announcement, for more information.) The SPOC is not responsible for forwarding your application.
17	<b>Delinquent Federal Debt:</b> This question applies to the applicant organization. Categories of debt include delinquent audit allowances, loans, and taxes.
18	<b>Authorized Representative:</b> Type the name of the person legally authorized to enter into agreements on behalf of your agency. This signature on the original application must be signed in blue ink and/or stamped as “original” to help identify the original.