	SF-424 ON	MB Approval No. 0348-0043		
Application for	2. Date Submitted	Applicant Identifier		
Federal Assistance	2002.5.29			
1. Type of Submission Application Preapplication	3. Date Received by State	State Application Identifier		
Construction Construction X Non-Construction Non-Construction	4. Date Rec'd by Fed. Agen	Federal Identifier		
5. Applicant Information Legal Name	Organizational Unit:			
American Widget Association	n.a.			
Address (including City/County/State/Zip):	Name/phone/email of pers	on to be contacted regarding application:		
1717 Widget Lane	Andrew Gibb, AWA Marketi	ing Manager 602-555-5555		
Phoenix (Maricopa), AZ 89999	AGibb@AmWidgetAssoc.org			
6. Employer Identificatin Number (EIN):	7. Type of Applicant (enter	appropriate code):N		
89-1234567	A. State	H. Independent School Dist.		
8. Type of Application	B. County	I. State Controlled Inst. Higher Learning		
X NewContinuation Revision	C. Municipal	J. Private University		
	D. Township	K. Indian Tribe		
9. Name of Federal Agency:	E. Interstate	L. Individual		
U.S. Department of Commerce	•	M. Profit Organization		
10. Catalog of Fed. Domestic Assistance Nu	•	N. Other (specify)trade assoc		
Market Development Cooperator Program 11-				
12. Areas Affected by Projec (industry/markets Widgets / Sinfonia		motion of U.S. widget exports to Sinfonia.		
Widgets / Simona	Simoma initiative. Tion	motion of 0.3. widget exports to simolina.		
13. Proposed Project 14. Congression	onal Districts of:			
Start Date Ending Dat a. Applicant		b. Project		
2003.1.1 2005.12.31 1		Mostly 1. Will vary based on activity.		
15. Estimated Funding:		t to Review by State Executive Order 372 Process?		
a. Federal 289,398	a. Yes. This application v	vas made available to the State Executive		
b. Applicant 415,797	•	ocess for review on:		
c. State 1,000	·			
d. Local 1,100	b. NoX_ Program is no	ot covered by E.O. 12372.		
e. Other 270,919	Or, program has not been selected by state for review			
f. Program Income 9,000	17. Is Applicant Delinqent On Any Federal Debt?			
g. TOTAL 987,214	Yes. If "yes," attach an explanationX_			
18. To the best of my knowledge and belief, all data in this application 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/Email:		
Anna Purna	Executive Director	602-555-5556		
		APurna@AmWidgetAssoc.org		
		e. Date Signed		

2001.5.29