

Application for Hurricane Katrina Foreign Contributions



U.S. Department of Education

Form Approved
OMB No. 1890-0017
Exp. 04/30/2008

Archived Information

Applicant Information

1. Name and Address

Legal Name: _____

Address: _____

City

State

County

_____ - _____

ZIP Code + 4

2. Applicant's D-U-N-S Number | |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

3. Applicant's T-I-N | |_|_|_| - |_|_|_|_|_|_|_|_|_|_|_|_|

4. Catalog of Federal Domestic Assistance #: 84.9|4|0|F

Title: _____

5. Project Director: _____

Address: _____

City State Zip code + 4

Tel. #: () _____ - _____ Fax #: () _____ - _____

E-Mail Address: _____

6. Type of Applicant (*Enter appropriate letter in the box.*) | |_|_|

A - State

F - Independent School District

B - Local

G - Public College or University

C - Special District

H - Private, Non-profit College or University

D - Indian Tribe

I - Non-profit Organization

E - Individual

J - Private, Profit-Making Organization

K - Other (*Specify*): _____

Application Information

7. Type of Submission:

-Application

___ Construction

___ Non-Construction

8. Proposed Project Dates: ____/____/____ - ____/____/____

Start Date:

End Date:

9. Descriptive Title of Applicant's Project:

Estimated Funding

10. \$ _____ **.00**

Authorized Representative Information

11. 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 all assurances that are on file at ED.

a. Authorized Representative (*Please type or print name clearly.*)

b. Title: _____

c. Tel. #: () _____ - _____ Fax #: () _____ - _____

e. Signature of Authorized Representative _____

Instructions for Form ED 424

- 1. Legal Name and Address.** Enter the legal name of applicant and the name of the primary organizational unit which will undertake the assistance activity.
 - 2. D-U-N-S Number.** Enter the applicant's D-U-N-S Number. If your organization does not have a D-U-N-S Number, you can obtain the number by calling 1-800-333-0505 or by completing a D-U-N-S Number Request Form. The form can be obtained via the Internet at the following URL: <http://www.dnb.com>.
 - 3. Tax Identification Number.** Enter the taxpayer's identification number as assigned by the Internal Revenue Service.
 - 4. Catalog of Federal Domestic Assistance (CFDA) Number.** Enter the CFDA number and title of the program under which assistance is requested. The CFDA number can be found in the federal register notice and the application package.
 - 5. Project Director.** Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application.
 - 6. Type of Applicant.** Enter the appropriate letter in the box provided.
 - 7. Type of Submission.** "Construction" includes construction of new buildings and acquisition, expansion, remodeling, and alteration of existing buildings, and initial equipment of any such buildings, or any combination of such activities (including architects' fees and the cost of acquisition of land). "Construction" also includes remodeling to meet standards, remodeling designed to conserve energy, renovation or remodeling to accommodate new technologies, and the purchase of existing historic buildings for conversion to public libraries. For the purposes of this paragraph, the term "equipment" includes machinery, utilities, and built-in equipment and any necessary enclosures or structures to house them; and such term includes all other items necessary for the functioning of a particular facility as a facility for the provision of library services.
 - 8. Proposed Project Dates.** Please enter the month, day, and four (4) digit year (e.g., 12/12/2001).
 - 9. Project Title.** Enter a brief descriptive title of the project. If more than one proposal is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
 - 10. Estimated Funding.** Enter the amount of funds you are requesting from the Hurricane Katrina Foreign Contributions.
 - 11. Authorized Representative Certification.** To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. Be sure to enter the telephone and fax number and e-mail address of the authorized representative. Also, in item 11e, please enter the month, day, and four (4) digit year (e.g., 12/12/2001) in the date signed field.
- Paperwork Burden Statement.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0017. The time required to complete this information collection is estimated to average between 15 and 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4700. **If you have comments or concerns regarding the status of your individual submission of this form write directly to:** Joyce I. Mays, Application Control Center, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-4260.