

**APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational**

Version 01

\* 1. NAME OF FEDERAL AGENCY:

[Redacted]

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

[Redacted]

CFDA TITLE:

[Redacted]

\* 3. DATE RECEIVED:

[Redacted]

SYSTEM USE ONLY

\* 4. FUNDING OPPORTUNITY NUMBER:

[Redacted]

\* TITLE:

[Redacted]

**5. APPLICANT INFORMATION**

\* a. Legal Name:

[Redacted]

b. Address:

\* Street1:

[Redacted]

Street2:

[Redacted]

\* City:

[Redacted]

County:

[Redacted]

\* State:

[Redacted]

Province:

[Redacted]

\* Country:

[Redacted]

\* Zip/Postal Code:

[Redacted]

c. Web Address:

http:// [Redacted]

\* d. Type of Applicant: Select Applicant Type Code(s):

[Redacted]

Type of Applicant:

[Redacted]

Type of Applicant:

[Redacted]

\* Other (specify):

[Redacted]

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

[Redacted]

\* f. Organizational DUNS:

[Redacted]

\* g. Congressional District of Applicant:

[Redacted]

**6. PROJECT INFORMATION**

\* a. Project Title:

[Redacted]

\* b. Project Description:

[Redacted]

c. Proposed Project:

\* Start Date:

[Redacted]

\* End Date:

[Redacted]

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**7. PROJECT DIRECTOR**

Social Security Number (SSN) - Optional:

000-00-

Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

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"/>	* Email: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: <input type="text"/>	Street2: <input type="text"/>	
* City: <input type="text"/>	County: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text"/>	* Zip/Postal Code: <input type="text"/>	

**8. PRIMARY CONTACT/GRANTS ADMINISTRATOR**

Same as Project Director (skip to item 9):

Social Security Number (SSN) - Optional:

000-00-

Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

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"/>	* Email: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: <input type="text"/>	Street2: <input type="text"/>	
* City: <input type="text"/>	County: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text"/>	* Zip/Postal Code: <input type="text"/>	

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9. \* 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)

\*\* 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"/>	* Email: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Signature of Authorized Representative: <input type="text"/>	* Date Signed: <input type="text"/>	

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