

APPLICATION FOR FEDERAL ASSISTANCE SF424 - MANDATORY

Version 01

* 1.a. Type of Submission: <input checked="" type="radio"/> Application <input type="radio"/> Plan <input type="radio"/> Funding Request <input type="radio"/> Other * Other (specify) <input style="width: 100%;" type="text"/>	* 1.b. Frequency: <input checked="" type="radio"/> Annual <input type="radio"/> Quarterly <input type="radio"/> Other * Other (specify) <input style="width: 100%;" type="text"/>	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update	
		* 2. Date Received: <input style="width: 100%;" type="text" value="08/13/1967"/>	STATE USE ONLY:
		3. Applicant Identifier: <input style="width: 100%;" type="text"/>	5. Date Received by State: <input style="width: 100%;" type="text" value="08/13/1967"/>
		4a. Federal Entity Identifier: <input style="width: 100%;" type="text"/>	6. State Application Identifier: <input style="width: 100%;" type="text"/>
* 1.c. Consolidated Application/Plan/Funding Request? Yes <input checked="" type="radio"/> No <input type="radio"/>		4b. Federal Award Identifier: <input style="width: 100%;" type="text"/>	
7. APPLICANT INFORMATION:			
* a. Legal Name: <input style="width: 100%;" type="text"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width: 100%;" type="text" value="StringStringStringString"/>		* c. DUNS Number: <input style="width: 100%;" type="text" value="0000000000000"/>	
d. Address:			
* Street1 <input style="width: 100%;" type="text"/>		Street2 <input style="width: 100%;" type="text"/>	
* City <input style="width: 100%;" type="text"/>		County <input style="width: 100%;" type="text"/>	
* State <input style="width: 100%;" type="text" value="AL: Alabama"/>		Province <input style="width: 100%;" type="text"/>	
* Country <input style="width: 100%;" type="text" value="AFG: AFGHANISTAN"/>		* Zip / Postal Code <input style="width: 100%;" type="text"/>	
e. Organizational Unit:			
Department Name <input style="width: 100%;" type="text"/>		Division Name <input style="width: 100%;" type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix <input style="width: 100%;" type="text"/>	* First Name <input style="width: 100%;" type="text"/>	Middle Name <input style="width: 100%;" type="text"/>	
* Last Name <input style="width: 100%;" type="text"/>		Suffix <input style="width: 100%;" type="text"/>	
Title <input style="width: 100%;" type="text"/>			
Organizational Affiliation <input style="width: 100%;" type="text"/>			
* Phone Number <input style="width: 100%;" type="text"/>		Fax Number <input style="width: 100%;" type="text"/>	
* Email <input style="width: 100%;" type="text"/>			

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*** 8a. TYPE OF APPLICANT:**

A: State Government

* Other (specify)

b. Additional Description

*** 9. Name of Federal Agency:****10. Catalog of Federal Domestic Assistance Number (Use continuation sheet on page 4 if necessary):**

CFDA Title

11. Areas Affected by Funding (Cities, Counties, States, etc. Use continuation sheet on page 5 if necessary):**12. CONGRESSIONAL DISTRICTS OF (Use continuation sheet on page 5 if necessary):**

* a. Applicant

b. Program/Project

13. FUNDING PERIOD:

a. Start Date:

b. End Date:

08/13/1967

08/13/1967

14. ESTIMATED FUNDING:

* a. Federal (\$)

b. Match (\$)

0.00

0.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**☒ a. This submission was made available to the State under the Executive Order 12372 Process for review 08/13/1967☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.☐ c. Program is not covered by E.O. 12372.

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* 16. Is The Applicant Delinquent On Any Federal Debt? (If "Yes" Use continuation sheet on page 5 to explain.)

Yes ☒ No ☐

17. 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 ☒

Authorized Representative:

Prefix

* First Name

Middle Name

* Last Name

Suffix

Title

Organizational Affiliation

* Phone Number

* Fax Number

* Email

* Signature of Authorized Representative

* Date Signed

08/13/1967

Add Attachments

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF424 - MANDATORY CONTINUATION SHEET

Version 01

10. Catalog of Federal Domestic Assistance Numbers (List any additional Catalog of Federal Domestic Assistance Numbers, if applicable)

CFDA Numbers

CFDA Titles

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Version 01

11. Areas Affected by Funding (List additional areas affected by funding)

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12.b. Congressional Districts (Program/Project):

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Additional Congressional Districts:

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16. Delinquent Federal Debt (Enter an explanation if the applicant organization is delinquent on any Federal Debt)

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Attachments

File Name

Mime Type