

# APPLICATION FOR FEDERAL ASSISTANCE

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

  

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>															
* Legal Name: <input type="text" value="Test"/>		Department: <input type="text"/>															
* Organizational DUNS: <input type="text"/>		Division: <input type="text"/>															
<b>Address:</b> * Street1: <input type="text"/> Street2: <input type="text"/> * City: <input type="text"/> County <input type="text"/> * State: <input type="text"/> * Zip Code: <input type="text"/> * Country <input type="text" value="USA"/>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <input type="text"/> * First Name: <input type="text"/> Middle Name: <input type="text"/> * Last Name: <input type="text"/> Suffix: <input type="text"/> * Email: <input type="text"/> * Phone Number (give area code) <input type="text"/> Fax Number (give area code) <input type="text"/>															
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <input type="text"/>																	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): <input type="text"/>		<b>7. * TYPE OF APPLICANT:</b> <input type="text" value="Select Applicant Type Code"/> Other (specify) <input type="text"/>															
		<b>9. * NAME OF FEDERAL AGENCY:</b> <input type="text" value="National Endowment for the Humanities"/>															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> <input type="text" value="45.130"/> TITLE: <input type="text" value="Promotion of the Humanities_Challenge Grants"/>		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <input type="text"/>															
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): <input type="text"/>																	
<b>13. * PROPOSED PROJECT:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>* Start Date <input type="text"/></td> <td>* Ending Date <input type="text"/></td> </tr> </table>		* Start Date <input type="text"/>	* Ending Date <input type="text"/>	<b>14. * CONGRESSIONAL DISTRICTS OF:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>* a. Applicant <input type="text"/></td> <td>* b. Project <input type="text"/></td> </tr> </table>		* a. Applicant <input type="text"/>	* b. Project <input type="text"/>										
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<b>15. * ESTIMATED FUNDING:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>* a. Federal</td> <td>\$ <input type="text"/></td> </tr> <tr> <td>* b. Applicant</td> <td>\$ <input type="text"/></td> </tr> <tr> <td>* c. State</td> <td>\$ <input type="text"/></td> </tr> <tr> <td>* d. Local</td> <td>\$ <input type="text"/></td> </tr> <tr> <td>* e. Other</td> <td>\$ <input type="text"/></td> </tr> <tr> <td>* f. Program Income</td> <td>\$ <input type="text"/></td> </tr> <tr> <td>g. TOTAL</td> <td>\$ <input type="text" value="0.00"/></td> </tr> </table>		* a. Federal	\$ <input type="text"/>	* b. Applicant	\$ <input type="text"/>	* c. State	\$ <input type="text"/>	* d. Local	\$ <input type="text"/>	* e. Other	\$ <input type="text"/>	* f. Program Income	\$ <input type="text"/>	g. TOTAL	\$ <input type="text" value="0.00"/>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES    DATE <input type="text"/> b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* a. Federal	\$ <input type="text"/>																
* b. Applicant	\$ <input type="text"/>																
* c. State	\$ <input type="text"/>																
* d. Local	\$ <input type="text"/>																
* e. Other	\$ <input type="text"/>																
* f. Program Income	\$ <input type="text"/>																
g. TOTAL	\$ <input type="text" value="0.00"/>																
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
<b>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.</b>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> <b>a. Authorized Representative</b>            Prefix: <input type="text"/> * First Name: <input type="text"/> Middle Name <input type="text"/>            * Last Name: <input type="text"/> Suffix: <input type="text"/> </td> </tr> <tr> <td colspan="2">           * b. Title: <input type="text"/> * c. Telephone Number (give area code): <input type="text"/>            * Email: <input type="text"/> Fax Number (give area code): <input type="text"/> </td> </tr> </table>				<b>a. Authorized Representative</b> Prefix: <input type="text"/> * First Name: <input type="text"/> Middle Name <input type="text"/> * Last Name: <input type="text"/> Suffix: <input type="text"/>		* b. Title: <input type="text"/> * c. Telephone Number (give area code): <input type="text"/> * Email: <input type="text"/> Fax Number (give area code): <input type="text"/>											
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d. Signature of Authorized Representative: <input type="text" value="Completed on submission to Grants.gov"/>		e. Date Signed: <input type="text" value="Completed on submission to Grants.gov"/>															