Application for Federal Assistance SF-424	**Version 02**

* 1. Type of Submission:

☐ Preapplication

☐ Application

☐ Changed/Corrected Application

* 2. Type of Application:

☐ New

☐ Continuation

☐ Revision

* If Revision, select appropriate letter(s):

[   ]

* Other (Specify)

[   ]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[   ]

5a. Federal Entity Identifier:

[   ]

* 5b. Federal Award Identifier:

[   ]

State Use Only:

6. Date Received by State: [   ]   **7. State Application Identifier:** [   ]

8. APPLICANT INFORMATION:

* a. Legal Name: [   ]

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

[   ]

* c. Organizational DUNS:

[   ]

d. Address:

* Street1: [   ]

Street2: [   ]

* City: [   ]

County: [   ]

* State: [   ]

Province: [   ]

* Country: [USA: UNITED STATES   ]

* Zip / Postal Code: [   ]

e. Organizational Unit:

Department Name: [   ]

Division Name: [   ]

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: [   ]   *** First Name:** [   ]

Middle Name: [   ]

* Last Name: [   ]

Suffix: [   ]

Title: [   ]

Organizational Affiliation:

[   ]

* Telephone Number: [   ]   Fax Number: [   ]

* Email: [   ]

Application for Federal Assistance SF-424	Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALLFORMS

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424	**Version 02**

16. Congressional Districts Of:

* a. Applicant [   ]   * b. Program/Project [   ]

Attach an additional list of Program/Project Congressional Districts if needed.

[   ] [Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

* a. Start Date: [   ]   * b. End Date: [   ]

18. Estimated Funding ($):

* a. Federal [   ]

* b. Applicant [   ]

* c. State [   ]

* d. Local [   ]

* e. Other [   ]

* f. Program Income [   ]

* g. TOTAL [   ]

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on [   ] .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes   ☐ No   [Explanation]

21. *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: [   ]   * First Name: [   ]

Middle Name: [   ]

* Last Name: [   ]

Suffix: [   ]

* Title: [   ]

* Telephone Number: [   ]   Fax Number: [   ]

* Email: [   ]

* Signature of Authorized Representative: [Completed by Grants.gov upon submission.]   * Date Signed: [Completed by Grants.gov upon submission.]

| Application for Federal Assistance SF-424 | Version 02 |

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

| Application for Federal Assistance SF-424 | Version 02 |