

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Applicant Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST ACRONYM(S)																	
Legal Name:		Organizational Unit:															
Address (give city, county, state, and zip code):		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) PI: ADMIN. CONTACT:															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCERQA															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; text-align: center;"><tr><td>6</td><td>6</td><td>.</td><td>5</td><td>0</td><td>0</td></tr></table> TITLE: 98-NCERQA - _ _ _ _		6	6	.	5	0	0	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:									
6	6	.	5	0	0												
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):																	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:															
Start Date	Ending Date	a. Applicant	b. Project														
15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
a. Federal	\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____															
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372															
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?															
g. TOTAL	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No															
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.																	
a. Typed Name of Authorized Representative		b. Title	c. Telephone number														
d. Signature of Authorized Representative		e. Date Signed															

Previous Editions Not Usable Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal Assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry: | Item: | Entry: |
|-------|--|-------|---|
| 1. | Self-explanatory. | 12. | List only the largest political entities affected (e.g., State, counties, cities.) |
| 2. | Date application submitted to Federal agency (or State, if applicable) & applicant's control number (if applicable). | 13. | Self-explanatory. |
| 3. | State use only (if applicable). | 14. | List the applicant's Congressional Districts and any District(s) affected by the program or project. |
| 4. | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank. | 15. | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, include <i>only</i> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans and taxes. |
| 7. | Enter the appropriate letter in the space provided. | 18. | 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. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided:

— "New" means a new assistance award.

— "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.

— "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. | | |
| 9. | Name of Federal agency from which assistance is being requested with this application. | | |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is required. | | |
| 11. | Enter a brief descriptive title of the project. If more than one program 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. | | |

KEY CONTACTS FORM

■ **Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: _____
Title: _____
Complete Address: _____

Phone Number: _____

■ **Payee:** *Individual authorized to accept payments.*

Name: _____
Title: _____
Complete Address: _____

Phone Number: _____

■ **Administrative Contact:** *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)*

Name: _____
Title: _____
Complete Address: _____

Phone Number: _____
FAX Number: _____
E-Mail Number: _____

■ **Principal Investigator:** *Individual responsible for the technical completion of the proposed work.*

Name: _____
Title: _____
Complete Address: _____

Phone Number: _____
FAX Number: _____
E-Mail Number: _____

EPA STAR Grant Abstract (*Example Format*)

Sorting Code: 98-NCERQA-XX (*use the correct code that corresponds to the appropriate RFA topic*)

Title: *Use the exact title as it appears in the rest of the application.*

Investigators: *List the names and affiliations of each investigator who will significantly contribute to the project. Start with the Principal Investigator.*

Institution: *Name of university or other applicant.*

Project Period: *October 1, 1998--September 30, 2000, for example.*

Research Category: *Enter your research topic name.*

Project Summary:

Objectives/Hypothesis: *include a short statement on the context of the proposed research in relation to other environmental research in the particular area of work*

Approach: *outline the methods, approaches, and techniques you intend to employ in meeting the objectives*

Expected Results:

including a brief description of the

Improvements in Risk Assessment or Risk Management

that will be realized if the expected results are achieved

Supplemental Keywords: *see attached suggestions. Do not duplicate terms used in the text of the abstract.*

SUGGESTED KEYWORDS

Media: (media, air, ambient air, atmosphere, ozone, water, drinking water, watersheds, groundwater, land, soil, sediments, acid deposition, global climate, indoor air, mobile sources, CASTNET, stratospheric ozone, tropospheric, marine, estuary, precipitation, leachate, adsorption, absorption, chemical transport)

Risk Assessment: (exposure, risk, risk assessment, effects, health effects, ecological effects, human health, bioavailability, metabolism, vulnerability, sensitive populations, dose-response, carcinogen, teratogen, mutagen, animal, mammalian, organism, cellular, population, enzymes, infants, children, elderly, stressor, age, race, diet, metabolism, genetic pre-disposition, genetic polymorphisms, sex, ethnic groups, susceptibility, cumulative effects)

Chemicals, toxics, toxic substances: (chemicals, toxics, particulates, ODS, VOC, CFC, PAH, PNA, PCB, dioxin, metals, heavy metals, solvents, oxidants, nitrogen oxides, sulfates, organics, DNAPL, NAPL, pathogens, viruses, bacteria, acid rain, effluent, discharge, dissolved solids, intermediates)

Ecosystem Protection: (ecosystem, indicators, restoration, regionalization, scaling, terrestrial, aquatic, habitat, integrated assessment)

Risk Management: pollution prevention (green chemistry, life-cycle analysis, alternatives, sustainable development, clean technologies, innovative technology, renewable, waste reduction, waste minimization, environmentally conscious manufacturing); treatment (remediation, bioremediation, cleanup, incineration, disinfection, oxidation, restoration)

Public Policy: (public policy, decision making, community-based, cost-benefit, conjoint analysis, observation, non-market valuation, contingent valuation, survey, psychological, preferences, public good, Bayesian, socio-economic, willingness-to-pay, compensation, conservation, environmental assets, sociological)

Scientific Disciplines: (environmental chemistry, marine science, biology, physics, engineering, social science, ecology, hydrology, geology, histology, epidemiology, genetics, pathology, mathematics, limnology, entomology, zoology)

Methods/Techniques: (EMAP, modeling, monitoring, analytical, surveys, measurement methods, general circulation models, climate models, satellite, landsat, remote sensing)

Geographic Areas: (Northeast, central, Northwest, Chesapeake Bay, Great Lakes, Midwest, Mid-Atlantic, states: {use both full name and two letter abbreviation}, EPA Regions 1 through 10)

Sectors: (agriculture, business, transportation, industry {petroleum, electronics, printing, etc}):{identify 4 digit SIC codes}, service industry, food processing, etc)

BIOGRAPHICAL SKETCH

Provide the following information for the senior personnel on the project. Begin with the Principal Investigator/Project Director (PI/PD).

DO NOT EXCEED 2 PAGES PER PERSON

- A. Vitae, listing professional and academic essentials and mailing address.
- B. List up to 5 publications most closely related to the proposed project and up to 5 other significant publications, including those accepted for publication. Patents, copyrights or software systems developed may be substituted for publications. Do not include additional lists of publications, invited lectures, etc. Only the list of up to 10 will be used in merit review.
- C. A list of persons (including their organizational affiliations) who have collaborated on a project or a book, article, report or paper within the last 48 months, including collaborators on this proposal. If there are no other collaborators, this should be indicated.
- D. A list of the names of persons (including their organizational affiliations) over the past five years, with whom this individual has had an association as thesis advisor and postdoctoral scholar sponsor. Also include a summary of the total number of graduate students advised and postdoctoral scholars sponsored.
- E. The names and institutions of this individual's own graduate and postgraduate advisors.

The information in C, D, and E is used to help identify potential conflicts or bias in the selection of reviewers.

Current and Pending Support

The following information should be provided for each investigator and other senior personnel. Failure to provide this information may delay consideration of this proposal.

Investigator:	Other agencies (including NSF) to which this proposal has been/will be submitted.
Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> Transfer of Support Project/Proposal Title:	
Source of Support: Total Award Amount: \$ _____ Total Award Period Covered: _____ Location of Project: _____ Person-Months Per Year Committed to the Project. Cal: Acad: Sumr:	
Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> Transfer of Support Project/Proposal Title:	
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Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> Transfer of Support Project/Proposal Title:	
Source of Support: Total Award Amount: \$ _____ Total Award Period Covered: _____ Location of Project: _____ Person-Months Per Year Committed to the Project. Cal: Acad: Sumr:	

*If this project has previously been funded by another agency, please list and furnish information for immediately preceding funding period.

Itemized Budget for EPA STAR Grant Applications (*Example Format*)

CATEGORIES	YEAR ONE	YEAR TWO	YEAR THREE	TOTAL PROJECT
a. Personnel Principal Investigator Co-PI Research Scientists Postdoctoral Scientists Other Personnel				
TOTAL PERSONNEL COSTS				
b. Fringe Benefits _____ % of _____				
c. Travel Trip 1 Trip 1 Trip 1 ...etc.				
TOTAL TRAVEL COSTS				
d. Equipment Item 1 Item 2 Item 3 ...etc.				
TOTAL EQUIPMENT COSTS				
e. Supplies Item 1 Item 2 Item 3 ...etc.				
TOTAL SUPPLY COSTS				
f. Contracts 1 2 3 ...etc.				
TOTAL CONTRACTUAL COSTS				
g. Other Item 1 Item 2 Item 3 ...etc.				
TOTAL OTHER COSTS				
h. TOTAL DIRECT COSTS (sum of a-g)				
i. Indirect Costs/Charges _____ % of _____ (base)				
j. TOTAL PROJECT COSTS (sum of h & i)				
k. TOTAL REQUESTED FROM EPA				