APPLICATION FOR

FEDERAL ASSISTANCE			2. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISSION Application	Preapplication	3.	3. DATE RECEIVED BY STATE		State Application Identifier			
~ Construction	~ Construction	DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier				
~ Non-Construction ~ Non-Construction 5. APPLICANT INFORMATION								
		Ourseringstianal Units						
Legal Name:					Organizational Unit:			
Address (give city, county, State and zip code):					Name and telephone number of the person to be contacted on matters involving this application (give area code):			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):					7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H Independent School Dist. B. County I State Controlled Institution of Higher Learning C. Municipa J . Private University D. Township K Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):			
8. TYPE OF APPLICATION: New ~ Continuation ~ Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award D. Decrease Duration Other (specify):								
					9. NAME OF FEDERAL AGENCY:			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: GGGGG TITLE: 12. AREAS AFFECTED BY PROJECT (cities, counties, States, etc.):					11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
13. PROPOSED PROJECT: 14. CONGRESS			ONAL DISTRICTS OF:					
Start Date Ending Date a. Applicant							b. Project	
15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY ST						STATE EXECUTIVE ORDER 1237	72 PROCESS?	
a. Federal	\$		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE					
b. Applicant	\$.00 DATE				ECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
c. State								
d. Local	\$.00				RAM IS NOT COVERED BY E.O. 12372			
e. Other	\$	~ 0.	~ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
f. Program Income	\$.00 17. IS THE APP				CANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$	~ Yes If "Yes," attach an explanation. ~ 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	

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