

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application      Pre-application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<b>2. DATE SUBMITTED</b> 08-13-1967	Applicant Identifier
	<b>3. DATE RECEIVED BY STATE</b> 08-13-1967	State Application Identifier
	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 08-13-1967	Federal Identifier

  

<b>5. APPLICANT INFORMATION</b>		
* Legal Name:	<b>Organizational Unit:</b>	
	Department:	
* Organizational DUNS:	Division:	
<b>Address:</b>	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
* Street 1: Street 2:	Prefix:	* First Name:
* City:	Middle Name:	
County:	* Last Name:	
* State: St             * Zip Code:	Suffix:	
* Country: AFG	Email:	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b>	* Phone Number (give area code)	Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <u>  A  </u> <u>  A  </u> Other (specify)	<b>7. * TYPE OF APPLICANT:</b> State Government Other (specify)	
	<b>9. * NAME OF FEDERAL AGENCY:</b>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>	<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
TITLE:		
<b>12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>		
<b>13. * PROPOSED PROJECT</b>	<b>14. * CONGRESSIONAL DISTRICTS OF:</b>	
* Start Date: 08-13-1967             * Ending Date: 08-13-1967	* a. Applicant	* b. Project
<b>15. * ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
* a. Federal      \$      0.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION / APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08-13-1967 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* b. Applicant      \$      0.00		
* c. State      \$      0.00		
* d. Local      \$      0.00		
* e. Other      \$      0.00		
* f. Program Income      \$      0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
g. TOTAL      \$      0.00	<input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input 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.</b>		
a. Authorized Representative		
Prefix:	* First Name:	Middle Name:
* Last Name:	Suffix:	
* b. Title:	* c. Telephone Number (give area code):	
* Email:	Fax Number (give area code):	
d. Signature of Authorized Representative:	e. Date Signed: 08-13-1967	

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Prescribed by OMB Circular A-102

Tracking Number:

**DELINQUENT FEDERAL DEBT 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.