

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE (SF-424-S) - PAGE ONE

Please note: Questions 1–4 will auto-fill for Grants.gov applicants and are not required for paper applicants.

5. Applicant Information

a. Legal Name: _____

b. Address:

Street1: _____ Street2: _____

City: _____ County: _____

State: _____ Province: N/A

Country: _____ Zip+4/Postal Code: _____

c. Web Address: http://_____

d. Type of Applicant (check one):

- | | |
|---|--|
| <input type="checkbox"/> State Government | <input type="checkbox"/> Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education) |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Nonprofit without 501(c)3 IRS Status (Other than Institution of Higher Education) |
| <input type="checkbox"/> City or Township Government | <input type="checkbox"/> Private Institution of Higher Education |
| <input type="checkbox"/> Special District Government | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Regional Organization | <input type="checkbox"/> For-Profit Organization (Other than Small Business) |
| <input type="checkbox"/> U.S. Territory or Possession | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Independent School District | <input type="checkbox"/> Hispanic-serving Institution |
| <input type="checkbox"/> Public/State-Controlled Institution of Higher Education | <input type="checkbox"/> Historically Black Colleges and Universities (HBCUs) |
| <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) | <input type="checkbox"/> Tribally Controlled Colleges and Universities (TCCUs) |
| <input type="checkbox"/> Indian/Native American Tribal Government (Other than Federally Recognized) | <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions |
| <input type="checkbox"/> Indian/Native American Tribally Designated Organization | <input type="checkbox"/> Nondomestic (non-U.S.) Entity |
| <input type="checkbox"/> Public/Indian Housing Authority | <input type="checkbox"/> Other (specify) _____ |

e. Employer/Taxpayer Number (EIN/TIN): _____

f. Organizational DUNS: _____

6. Project Information

a. Project Title: _____

b. Project Description:

c. Proposed Project Start Date: _____

End Date: _____

7. Project Director

a. Social Security Number: N/A

b. Prefix: _____ c. First Name: _____

d. Middle Name: _____

e. Last Name: _____

f. Suffix: _____

g. Title: _____

h. E-mail: _____

i. Telephone Number: _____

j. Fax Number: _____ **A**

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7. Project Director (continued)

k. Address

Street1: _____ Street2: _____
City: _____ County: _____
State: _____ Province: N/A
Country: _____ Zip+4/Postal Code: _____

8. Primary Contact/Grants Administrator

Same as Project Director (skip to next item)

b. Prefix: _____ c. First Name: _____ a. Social Security Number: N/A
d. Middle Name: _____
e. Last Name: _____ f. Suffix: _____
g. Title: _____ h. E-mail: _____
i. Telephone Number: _____ j. Fax Number: _____

k. Address

Street1: _____ Street2: _____
City: _____ County: _____
State: _____ Province: N/A
Country: _____ Zip+4/Postal Code: _____

9. Authorized Representative

*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).

**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.

a. *I Agree

b. Prefix: _____ c. First Name: _____ d. Middle Name: _____
e. Last Name: _____ f. Suffix: _____
g. Title: _____ h. E-mail: _____
i. Telephone Number: _____ j. Fax Number: _____

k. Signature of Authorized Representative: _____

l. Date Signed: _____