

Application for Federal Assistance SF-424		Version 02	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> • Other (Specify) <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>		
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>		
8. APPLICANT INFORMATION:			
• a. Legal Name: <input type="text"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>		* c. Organizational DUNS: <input type="text"/>	
d. Address:			
• Street 1: <input type="text"/>			
Street 2: <input type="text"/>			
* City: <input type="text"/>			
County: <input type="text"/>			
* State: <input type="text"/>			
Province: <input type="text"/>			
* Country: <input type="text"/> USA: UNITED STATES			
• Zip / Postal Code: <input type="text"/>			
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: <input type="text"/>	* First Name: <input type="text"/>		
Middle Name: <input type="text"/>			
• Last Name: <input type="text"/>			
Suffix: <input type="text"/>			
Title: <input type="text"/>			
Organizational Affiliation: <input type="text"/>			
* Telephone Number: <input type="text"/>		Fax Number: <input type="text"/>	
* Email: <input type="text"/>			

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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-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

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

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

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

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: * Date Signed:

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*** 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.