### SF 424 (R&R)

**1. TYPE OF SUBMISSION**
- [ ] Pre-application
- [ ] Application
- [ ] Changed/Corrected Application

**2. DATE SUBMITTED**

**3. DATE RECEIVED BY STATE**

**4. a. Federal Identifier**

**4. b. Agency Routing Identifier**

**4. c. Previous Grants.gov Tracking ID**

**5. APPLICANT INFORMATION**

- **Legal Name:**
- **Department:**
- **Division:**
- **Street1:**
- **Street2:**
- **City:**
- **State:**
- **ZIP / Postal Code:**
- **Country:**

**Organizational DUNS:**

**Person to be contacted on matters involving this application**

- **Prefix:**
- **First Name:**
- **Middle Name:**
- **Last Name:**
- **Suffix:**
- **Position/Title:**
- **Street1:**
- **Street2:**
- **City:**
- **County / Parish:**
- **State:**
- **Province:**
- **ZIP / Postal Code:**
- **Country:**

**Phone Number:**

**Fax Number:**

**Email:**

**6. EMPLOYER IDENTIFICATION (EIN) or (TIN):**

**7. TYPE OF APPLICANT:**

- Other (Specify):

- Small Business Organization Type:
  - [ ] Women Owned
  - [ ] Socially and Economically Disadvantaged

**8. TYPE OF APPLICATION:**

- [ ] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision

**If Revision, mark appropriate box(es).**

- [ ] A. Increase Award
- [ ] B. Decrease Award
- [ ] C. Increase Duration
- [ ] D. Decrease Duration
- [ ] E. Other (specify):

**Is this application being submitted to other agencies?**

- [ ] Yes
- [ ] No

**What other Agencies?**

**9. NAME OF FEDERAL AGENCY:**

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

**12. PROPOSED PROJECT:**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Ending Date</th>
</tr>
</thead>
</table>

**13. CONGRESSIONAL DISTRICT OF APPLICANT**
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: First Name: Middle Name: Last Name: Suffix:
Position/Title:
Organization Name:
Department: Division:
Street1:
Street2:
City: County / Parish: Province: Country:
State: ZIP / Postal Code:
Phone Number: Fax Number:
Email:

15. ESTIMATED PROJECT FUNDING
a. Total Federal Funds Requested
b. Total Non-Federal Funds
c. Total Federal & Non-Federal Funds
d. Estimated Program Income

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

17. 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 18, 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative
Prefix: First Name: Middle Name: Last Name: Suffix:
Position/Title:
Organization Name:
Department: Division:
Street1:
Street2:
City: County / Parish: Province: Country:
State: ZIP / Postal Code:
Phone Number: Fax Number:
Email:

Signature of Authorized Representative Date Signed

20. Pre-application

21. Cover Letter Attachment