APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

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

2. DATE SUBMITTED
   Applicant Identifier

3. DATE RECEIVED BY STATE
   State Application Identifier

4. a. Federal Identifier
   b. Agency Routing Identifier
   c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION
   Organizational DUNS:
   - Legal Name:
   - Department:
   - Division:
   - Street1:
   - Street2:
   - City:
   - State:
   - County / Parish:
   - Province:
   - Country:
   - ZIP / Postal Code:
   - USA: UNITED STATES

   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:
   - Country:
   - ZIP / Postal Code:
   - USA: UNITED STATES
   - Phone Number:
   - Fax Number:
   - Email:

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

7. TYPE OF APPLICANT:
   - Other (Specify):
   - Women Owned
   - Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
   - New
   - Resubmission
   - Renewal
   - Continuation
   - Revision
   - Increase Award
   - Decrease Award
   - Increase Duration
   - Decrease Duration
   - 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:
   - Start Date
   - Ending Date

13. CONGRESSIONAL DISTRICT OF APPLICANT
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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15. ESTIMATED PROJECT FUNDING

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

- a. YES [ ] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
  - DATE: 

- b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR [ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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)

*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

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Signature of Authorized Representative: 
Date Signed: 

20. Pre-application

21. Cover Letter Attachment