### For a fillable PDF version of SF-424, visit [https://www.grants.gov/web/grants/forms/sf-424-family.html](http://www.grants.gov/web/grants/forms/sf-424-family.html)

OMB Number: 4040-0004

Expiration Date: 12/31/2022

## Application for Federal Assistance SF-424

\* 1. Type of Submission: \* 2. Type of Application:

\* If Revision, select appropriate letter(s):

### Preapplication Application

New Continuation

\* Other (Specify):

### Changed/Corrected Application

Revision

* 3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier: 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: 7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:
* b. Employer/Taxpayer Identification Number (EIN/TIN): \* c. Organizational DUNS:
1. Address:
* Street1: Street2:
* City: County/Parish:
* State: Province:
* Country:
* Zip / Postal Code:

### USA: UNITED STATES

1. Organizational Unit:

Department Name: Division Name:

1. Name and contact information of person to be contacted on matters involving this application:

Prefix: \* First Name:

Middle Name:

* Last Name: Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:
* Email:

## Application for Federal Assistance SF-424

\* 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:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

\* Title:

1. Competition Identification Number:

Title:

1. Areas Affected by Project (Cities, Counties, States, etc.):

#

Add Attachment

Delete Attachment

View Attachment

\* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

#

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

1. Congressional Districts Of:
* a. Applicant

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

* b. Program/Project

#

Add Attachment

Delete Attachment

View Attachment

1. Proposed Project:
* a. Start Date: \* b. End Date:
1. 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?

### This application was made available to the State under the Executive Order 12372 Process for review on .

* 1. Program is subject to E.O. 12372 but has not been selected by the State for review.
	2. Program is not covered by E.O. 12372.
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

### Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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:
* Email:

Fax Number:

* Signature of Authorized Representative: \* Date Signed: