

## Standard Form 424

### APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application: _____ Construction      Preapplication: _____ Construction _____ Non-Construction      _____ Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> Address (give city, county, state, and zip code):		<b>Organizational Unit:</b> Name and telephone number of person to be contacted on matters involving this application (give area code)	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> _____		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <input type="checkbox"/>	
<b>8. TYPE OF APPLICATION</b> ___ New    ___ Continuation    ___ Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/>  A. Increase Award                      D. Decrease Duration B. Decrease Award                      E. Other (specify): _____ C. Increase Duration                      _____		A. State                                      H. Independent School Dist. B. County                                    I. State Controlled Institution of Higher Learn. C. Municipal                                K. Indian Tribe D. Township                                L. Individual E. Interstate                                M. Profit Organization F. Intermunicipal                        N. Other (Specify): _____ G. Special Dist.	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE:		<b>9. NAME OF FEDERAL AGENCY:</b>  <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>  _____			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
START DATE	END DATE	a. Applicant	b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS REVIEW ON:  DATE _____  b. NO. ___ PROGRAM IS NOT COVERED BY E.O. 12372  ___ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ -		
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> ___ Yes    If "Yes," attach an explanation.      ___ No			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed	