

SF 424 (R&R)

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| | | 2. DATE SUBMITTED 08/13/1967 | Applicant Identifier | |
| | | 3. DATE RECEIVED BY STATE 08/13/1967 | State Application Identifier | |
| 1. * TYPE OF SUBMISSION <input checked="" type="radio"/> Pre-application <input type="radio"/> Application <input type="radio"/> Changed/Corrected Application | | 4. Federal Identifier | | |
| 5. APPLICANT INFORMATION * Organizational DUNS: | | | | |
| * Legal Name: | | | | |
| Department: | | Division: | | |
| * Street1: | | Street2: | | |
| * City: | | County: | | * State: |
| * Country: AFG | | | | * ZIP Code: |
| Person to be contacted on matters involving this application | | | | |
| Prefix: | | Middle Name: | | * Last Name: |
| * First Name: | | | | Suffix: |
| * Phone Number: | | Fax Number: | | Email: |
| 6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): Stringaaa | | 7. * TYPE OF APPLICANT A: State Government | | |
| 8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision | | Other (Specify): Small Business Organization Type <input checked="" type="radio"/> Women Owned <input checked="" type="radio"/> Socially and Economically Disadvantaged | | |
| If Revision, mark appropriate box(es). <input checked="" type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify): | | 9. * NAME OF FEDERAL AGENCY: | | |
| * Is this application being submitted to other agencies? <input checked="" type="radio"/> Yes <input type="radio"/> No What other Agencies? | | 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: | | |
| 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | | |
| 12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) | | | | |
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTRICTS OF: | | |
| * Start Date 08/13/1967 | * Ending Date 08/13/1967 | a. * Applicant | | b. * Project |
| 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION | | | | |
| Prefix: | | Middle Name: | | * Last Name: |
| * First Name: | | | | Suffix: |
| Position/Title: | | * Organization Name: | | |
| Department: | | Division: | | |
| * Street1: | | Street2: | | |
| * City: | | County: | | * State: |
| * Country: AFG | | | | * ZIP Code: |
| * Phone Number: | | Fax Number: | | * Email: |

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| <p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding \$0.00</p> <p>b. * Total Federal & Non-Federal Funds \$0.00</p> <p>c. * Estimated Program Income \$0.00</p> | <p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 08/13/1967</p> <p>b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p> |
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18. 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.

19. Authorized Representative

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|-------------------|----------------------|--------------|--------------|---------|
| Prefix: | * First Name: | Middle Name: | * Last Name: | Suffix: |
| * Position/Title: | * Organization Name: | | | |
| Department: | Division: | | | |
| * Street1: | Street2: | | | |
| * City: | County: | * State: | * ZIP Code: | |
| * Country: AFG | Fax Number: | | * Email: | |
| * Phone Number: | | | | |

| | |
|--|---------------|
| * Signature of Authorized Representative | * Date Signed |
| _____ | 08/13/1967 |

20. Pre-application File Name: Mime Type: