

U.S. Department of Education
Washington, D.C. 20202-5335



**APPLICATION FOR GRANTS
UNDER THE**

OIE Demonstration Grants

CFDA # 84.299A

PR/Award # S299A150047

Grants.gov Tracking#: GRANT11950535

OMB No. , Expiration Date:

Closing Date: Jun 29, 2015

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This application was generated using the PDF functionality. The PDF functionality automatically numbers the pages in this application. Some pages/sections of this application may contain 2 sets of page numbers, one set created by the applicant and the other set created by e-Application's PDF functionality. Page numbers created by the e-Application PDF functionality will be preceded by the letter e (for example, e1, e2, e3, etc.).

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="06/29/2015"/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Phoenix Indian Center, Inc."/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="86-6006566"/>	* c. Organizational DUNS: <input type="text" value="0744614760000"/>

d. Address:

* Street1:	<input type="text" value="4520 North Central Ave."/>
Street2:	<input type="text" value="Suite 250"/>
* City:	<input type="text" value="Phoenix"/>
County/Parish:	<input type="text" value="Maricopa"/>
* State:	<input type="text" value="AZ: Arizona"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="85012-7814"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Patricia"/>
Middle Name: <input type="text" value="K."/>	
* Last Name: <input type="text" value="Hibbeler"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="CEO"/>	

Organizational Affiliation: <input type="text" value="Phoenix Indian Center"/>

* Telephone Number: <input type="text" value="602-264-6768"/>	Fax Number: <input type="text" value="602-274-7486"/>
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* Email: <input type="text" value="phibbeler@phxindcenter.org"/>
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Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.299

CFDA Title:

Indian Education -- Special Programs for Indian Children

*** 12. Funding Opportunity Number:**

ED-GRANTS-042815-001

* Title:

Office of Elementary and Secondary Education (OESE): Office of Indian Education (OIE): Indian Education Discretionary Grants Programs: Demonstration Grants for Indian Children Program CFDA Number 84.299A

13. Competition Identification Number:

Title:

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

FP target areas.pdf

Add Attachment

Delete Attachment

View Attachment

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

Forward Promise:.. Future Inspired Native American Leaders
A College and Career Readiness Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

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

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="2,031,425.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,031,425.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. 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

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: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:



