

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> 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> Legal Name:		<b>Organizational Unit:</b> Department:			
Organizational DUNS:		Division:			
<b>Address:</b> Street:		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix:                      First Name:			
City:		Middle Name			
County:		Last Name			
State:	Zip Code	Suffix:			
Country:		Email:			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> □□-□□□□□□□□		Phone Number (give area code)		Fax Number (give area code)	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)  Other (specify)			
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>9. NAME OF FEDERAL AGENCY:</b>			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program):                      □□-□□□□		<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> Start Date:                      Ending Date:		<b>14. CONGRESSIONAL DISTRICTS OF:</b> 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. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$	DATE:			
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No			
f. Program Income	\$				
g. TOTAL	\$				
<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>					
<b>a. Authorized Representative</b>					
Prefix		First Name		Middle Name	
Last Name				Suffix	
b. Title		c. Telephone Number (give area code)			
d. Signature of Authorized Representative		e. Date Signed			