

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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|--|-------------|---|------------------------------|
| | | 2. DATE SUBMITTED | Applicant Identifier |
| 1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: | | Organizational Unit: | |
| Address (give city, county, state, and zip code): | | Name and telephone number of the person to be contacted on matters involving this application (give area code) | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input style="width:50px;" type="text"/> - <input style="width:50px;" type="text"/> | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <input style="width:20px; height:20px;" type="checkbox"/> | |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input style="width:20px; height:20px;" type="checkbox"/> <input style="width:20px; height:20px;" type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____ | | A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____ | |
| | | 9. NAME OF FEDERAL AGENCY: | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input style="width:50px;" type="text"/> - <input style="width:50px;" type="text"/> 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 | Ending Date | a. Applicant | b. Project |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| b. Applicant | \$.00 | | |
| c. State | \$.00 | | |
| d. Local | \$.00 | | |
| e. Other | \$.00 | | |
| f. Program Income | \$.00 | | |
| g. TOTAL | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No | |
| 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. | | | |
| a. Type Name of Authorized Representative | | b. Title | c. Telephone Number |
| d. Signature of Authorized Representative | | e. Date Signed | |