

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED _____	Applicant Identifier _____
3. DATE RECEIVED BY STATE _____	State Application Identifier _____
4. Federal Identifier _____	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Legal Name: _____ * Organizational DUNS: _____

Department: _____ Division: _____

* Street1: _____ Street2: _____

* City: _____ County: _____ * State: _____ * ZIP Code: _____

* Country:

Person to be contacted on matters involving this application

Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____

* Phone Number: _____ Fax Number: _____ Email: _____

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. * TYPE OF APPLICANT:

Other (Specify): _____

Small Business Organization Type

Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration E. Other (specify) _____

* Is this application being submitted to other agencies? Yes No

What other Agencies? _____

9. * NAME OF FEDERAL AGENCY:

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:

* Start Date * Ending Date

_____ _____

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

_____ _____

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____

Position/Title: _____ * Organization Name: _____

Department: _____ Division: _____

* Street1: _____ Street2: _____

* City: _____ County: _____ * State: _____ * ZIP Code: _____

* Country:

* Phone Number: _____ Fax Number: _____ * Email: _____

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width: 150px;" type="text"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width: 150px;" type="text"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input style="width: 100px;" type="text"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><input type="checkbox"/> 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

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative** *** Date Signed**
 _____ _____
Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
Total Other Direct Costs	<input type="text"/>

G. Direct Costs Funds Requested (\$)
Total Direct Costs (A thru F)

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs				0.00

Cognizant Federal Agency
 (Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)

J. Fee Funds Requested (\$)

K. * Budget Justification
 (Only attach one file.)