

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission		2. Date Submitted (mm/dd/yyyy)	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	State Application Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. Date Received by Federal Agency (mm/dd/yyyy)	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) (xx-yyyymm) <input type="text"/> - <input type="text"/>		7. Type of Applicant (enter appropriate letter in box) <input 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 type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify)	
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: <input type="text"/> - <input type="text"/>		9. Name of Federal Agency	
12. Areas Affected by Project (cities, counties, States, etc.)		11. Descriptive Title of Applicant's Project	
13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)		14. Congressional Districts of a. Applicant b. Project	
15. Estimated Funding <div style="background-color: #cccccc; padding: 20px; text-align: center;">Complete form HUD-424-M, Funding Matrix</div>		16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) _____ b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.	
18. To the best of my knowledge and belief, all data in this application/pre-application 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.		17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input type="checkbox"/> No	
a. Typed Name of Authorized Representative		b. Title	c. Telephone Number (include Area Code)
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy)	

Previous Edition Usable
Authorized for Local Reproduction

form SF-424 (7/97)
Prescribed by OMB Circular A-102