

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: _____

Address: _____

Organizational Unit

City _____

State _____

County _____

ZIP Code + 4 _____

2. Applicant's D-U-N-S Number **6. Novice Applicant** ☐ Yes ☐ No**3. Applicant's T-I-N** - **7. Is the applicant delinquent on any Federal debt?** ☐ Yes ☐ No
(If "Yes," attach an explanation.)**4. Catalog of Federal Domestic Assistance #:** 8 4 2 1 5 X
Title: Teaching American History Grant Program**8. Type of Applicant (Enter appropriate letter in the box.)** **5. Project Director:** _____

Address: _____

City _____ State _____ ZIP Code + 4 _____

Tel. #: _____ Fax #: _____

E-Mail Address: _____

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
- G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify): _____

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☐ Non-Construction**10. Is application subject to review by Executive Order 12372 process?**☐ Yes (Date made available to the Executive Order 12372 process for review): _____☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

Start Date: _____

End Date: _____

11. Proposed Project Dates:

12. Are any research activities involving human subjects planned at any time during the proposed project period?☐ Yes (Go to 12a.) ☐ No (Go to item 13.)**12a. Are all the research activities proposed designated to be exempt from the regulations?**☐ Yes (Provide Exemption(s) #): _____☐ No (Provide Assurance #): _____**13. Descriptive Title of Applicant's Project:**

Estimated Funding

14a. Federal	\$.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/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.**a. Authorized Representative (Please type or print name clearly.)****b. Title****c. Tel. #:** _____ **Fax #:** _____**d. E-Mail Address:** _____**e. Signature of Authorized Representative****Date:** _____