

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

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

1. Name and Address

Legal Name: _____

Address: _____

Organizational Unit

City _____

State _____

County _____

ZIP Code + 4 _____

2. Applicant's D-U-N-S Number

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6. Novice Applicant

☐

Yes

☐

No

3. Applicant's T-I-N

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7. Is the applicant delinquent on any Federal debt?

☐

Yes

☐

No

(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #:

8	4	3	5	1	D
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Title: Arts in Education Model Development and Dissemination
Grant Program

8. Type of Applicant (Enter appropriate letter in the box.)

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A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify): _____

F Independent School

District _____

5. Project Director:

Address: _____

City _____

State _____

ZIP Code + 4 _____

Tel. #: _____

Fax #: _____

E-Mail Address: _____

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-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.

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:

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11. Proposed Project Dates:

Start Date: _____

End Date: _____

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: _____