

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/>		2. DATE SUBMITTED January 6, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier DUNS # See instructions on how to acquire this number

5. APPLICANT INFORMATION Legal Name: Wythe County School System Address (give city, county, state, and zip code): 219 Main Street Wytheville, VA 12345		Organizational Unit: Office of Teacher Training Name and telephone number of the person to be contacted on matters involving this application (give area code): Janet Jones (TEL) (540) 223-4567 (FAX) (540) 223-7890
--	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> 1 2 - 3 4 5 6 7 8 9 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal 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. Non-Profit O. Other (Specify)
--	--

8. TYPE OF APPLICATION: <input checked="" 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):	9. NAME OF FEDERAL AGENCY: U.S. ENVIRONMENTAL PROTECTION AGENCY
--	--


10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;"> 6 6 - 9 5 1 </div> TITLE: ENVIRONMENTAL EDUCATION GRANT	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Eco-Blue" Teacher Training re: Ecosystems in the Blue Ridge Mountains
--	---

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 3 Counties: Wythe, Smith, Green	
--	--

13. PROPOSED PROJECT: Start Date: 7/1/04 Ending Date: 6/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 02 b. Project: 02, 04, 12
--	--

15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>10,000</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>3,000</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>334</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>13,334</td> <td>.00</td> </tr> </table>	a. Federal	\$	10,000	.00	b. Applicant	\$	3,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$	334	.00	f. Program Income	\$.00	g. TOTAL	\$	13,334	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	10,000	.00																										
b. Applicant	\$	3,000	.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$	334	.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	13,334	.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. Typed Name of Authorized Representative John Smith	b. Title Superintendent of Schools	c. Telephone number (540) 223-4231
d. Signature of Authorized Representative 		e. Date Signed January 6, 2004

EXAMPLE

Previous Editions Not Usable

Standard Form 424 REV. 1-83
Prescribed by OMB Circular 51

Authorized for Local Reproduction