

APPLICATION FOR FEDERAL ASSISTANCE

APPENDIX "A"

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application Construction Non-Construction		2. DATE SUBMITTED		Applicant Identifier
		3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
Preapplication Construction Non-Construction				
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
Address (give city, county, State and zip code):			Name, telephone number and fax number of the person to be contacted on matters involving this application (give area code):	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> New Continuation Revision </div> <div style="margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> A. Increase Award B. Decrease Award C. Increase Duration </div> <div style="display: flex; justify-content: space-around;"> D. Decrease Duration Other (specify): </div>			<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipa D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ </div> </div>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> TITLE:			9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (cities, counties, States, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:		
Start Date	Ending Date	a. Applicant		b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE _____		
c. State	\$.00	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372		
d. Local	\$.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00			
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$.00	Yes If "Yes," attach an explanation. 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		b. Title		c. Telephone number
d. Signature of Authorized Representative				e. Date Signed

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