# Standard Form 424

**APPLICATION FOR FEDERAL ASSISTANCE**

1. **TYPE OF SUBMISSION:**
   - Application: Preapplication:
     - ______ Construction
     - ______ Non-Construction
     - ______ Construction
     - ______ Non-Construction

2. **DATE SUBMITTED**

3. **DATE RECEIVED BY STATE**

4. **DATE RECEIVED BY FEDERAL AGENCY**

5. **APPLICANT INFORMATION**
   - **Legal Name:**
   - **Address** (give city, county, state, and zip code):
   - **Name and telephone number of person to be contacted on matters involving this application (give area code):**

6. **EMPLOYER IDENTIFICATION NUMBER (EIN):**

7. **TYPE OF APPLICANT:** (enter appropriate letter in box)
   - A. State
   - B. County
   - C. Municipal
   - D. Township
   - E. Interstate
   - F. Special Dist.
   - G. Other
   - I. State Controlled Institution of Higher Learn.
   - J. Indian Tribe
   - K. Individual
   - L. Other (Specify): _____________
   - M. Profit Organization
   - N. Other (Specify): _____________
   - O. Other (Specify): _____________

8. **TYPE OF APPLICATION**
   - ______ New
   - ______ Continuation
   - ______ Revision

9. **NAME OF FEDERAL AGENCY:**

10. **CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

11. **DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

12. **AREAS AFFECTED BY PROJECT** (Cities, Counties, States, etc.):

13. **PROPOSED PROJECT**

14. **CONGRESSIONAL DISTRICTS OF:**

15. **ESTIMATED FUNDING:**
   - a. Federal
   - b. Applicant
   - c. State
   - d. Local
   - e. Other
   - f. Program Income
   - g. Total

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 REVIEW ON:**
     - DATE
   - b. NO. **PROGRAM IS NOT COVERED BY E.O. 12372**
     - OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. **IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
   - ______ Yes
   - ______ 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. Type Name of Authorized Representative
   - b. Title
   - c. Telephone Number
   - d. Signature of Authorized Representative
   - e. Date Signed