

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R) IPM PIPE

2. DATE SUBMITTED []	Applicant Identifier []
3. DATE RECEIVED BY STATE []	State Application Identifier []
4. Federal Identifier []	

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: []

* Legal Name: []

Department: [] Division: []

* Street1: [] Street2: []

* City: [] County: [] * State: []

Province: [] * Country: USA * ZIP / Postal Code: []

Person to be contacted on matters involving this application

Prefix: [] * First Name: [] Middle Name: [] * Last Name: [] Suffix: []

* Phone Number: [] Fax Number: [] Email: []

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

[]

7. * TYPE OF APPLICANT:

Please select one of the following

Other (Specify):

Small Business Organization Type

Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

- New
 Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).

- A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

[]

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

[]

TITLE: []

* Is this application being submitted to other agencies? Yes No

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

[]

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

[]

13. PROPOSED PROJECT:

* Start Date [] * Ending Date []

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant [] b. * Project []

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [] * First Name: [] Middle Name: [] * Last Name: [] Suffix: []

Position/Title: [] * Organization Name: []

Department: [] Division: []

* Street1: [] Street2: []

* City: [] County: [] * State: []

Province: [] * Country: USA * ZIP / Postal Code: []

* Phone Number: [] Fax Number: [] * Email: []

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * 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 PROGRAM IS NOT COVERED BY E.O. 12372; OR
 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative** *** Date Signed**

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