APPLICATION FOR FEDERAL ASSISTANCE

Standard Form 424 (Rev 2 2007) Prescribed by OMB Circular

1. TYPE OF SUBMISSION:		
2. a. DATE SUBMITTED:	**3. a. DATE RECEIVED BY STATE:**	3. b. STATE APPLICATION IDENTIFIER:
2 b APPLICATION	**4. a. DATE RECEIVED BY FEDERAL AGENCY:**	4. b. FEDERAL IDENTIFIER: (Staff Only)

5. APPLICANT INFORMATION

5. a. LEGAL NAME:

5. b. ORGANIZATIONAL DUNS:

5. d. ADDRESS *(give street address, city, county, state and zip code):*

STREET:

CITY: COUNTY:

STATE: COUNTRY:

5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give* NAME:

TELEPHONE NUMBER: ( ) -

FAX NUMBER: ( ) - EMAIL:

INTERNET E-MAIL ADDRESS:

WEBSITE:

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):*

7. a. TYPE OF APPLICANT: (*enter appropriate letter in box)*

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
O. Federal Government
Q. State Education Agency
S. Other (specify)_____
H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Private Non-Profit Organization
P. HQ Internal Organizations
R. Territory

7. b. CNCS APPLICANT CHARACTERISTICS *Enter appropriate codes:*

8. TYPE OF APPLICATION

☐ NEW ☐ NEW/PREVIOUS GRANTEE

☐ CONTINUATION ☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION:

C. NO COST EXTENSION to _____ *(enter date)*

E. OTHER (*specify below)*

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

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

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

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: ENDING DATE:

14. Performance Period (Staff Use Only_

15. ESTIMATED FUNDING: Check applicable box: Yr 1: ☐ Yr.2: ☐ Yr.

a. FEDERAL	$
b. APPLICANT	$
c. STATE	$
d. LOCAL	$
e. OTHER	$
f. PROGRAM	$
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 PROCESSS FOR REVIEW ON:
DATE _____

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372

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

a. TYPED NAME OF AUTHORIZED	b. TITLE:	c. TELEPHONE NUMBER:
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: