

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

* 1. NAME OF FEDERAL AGENCY:
[Redacted]

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
[Redacted]

CFDA TITLE:
[Redacted]

* 3. DATE RECEIVED: **SYSTEM USE ONLY**

* 4. FUNDING OPPORTUNITY NUMBER:
[Redacted]

* TITLE:
[Redacted]

5. APPLICANT INFORMATION

* a. Legal Name:
[Redacted]

b. Address:

* Street1: [Redacted] Street2: [Redacted]

* City: [Redacted] County/Parish: [Redacted]

* State: [Redacted] Province: [Redacted]

* Country: * Zip/Postal Code: [Redacted]

c. Web Address:
http:// [Redacted]

* d. Type of Applicant: Select Applicant Type Code(s): [Redacted] * e. Employer/Taxpayer Identification Number (EIN/TIN): [Redacted]

Type of Applicant: [Redacted] * f. UEI: [Redacted]

Type of Applicant: [Redacted] * g. Congressional District of Applicant: [Redacted]

* Other (specify): [Redacted]

6. PROJECT INFORMATION

* a. Project Title:
[Redacted]

* b. Project Description:
[Redacted]

c. Proposed Project: * Start Date: [Redacted] * End Date: [Redacted]

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7. PROJECT DIRECTOR

Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
* Title: <input type="text"/>	* Email: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: <input type="text"/>	Street2: <input type="text"/>	
* City: <input type="text"/>	County/Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip/Postal Code: <input type="text"/>	

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

<input type="checkbox"/> Same as Project Director (skip to item 9):		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
* Title: <input type="text"/>	* Email: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: <input type="text"/>	Street2: <input type="text"/>	
* City: <input type="text"/>	County/Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip/Postal Code: <input type="text"/>	

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9. * 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.

AUTHORIZED REPRESENTATIVE

Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
* Title: <input type="text"/>	* Email: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Signature of Authorized Representative: <input type="text"/>	* Date Signed: <input type="text"/>	