

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application
Only if requested by AoA

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: **Leave Blank** 4. Applicant Identifier: **Leave Blank**

Completed by Grants.gov upon submission.

5a. Federal Entity Identifier: **Leave Blank**

* 5b. Federal Award Identifier: **If new application - Leave Blank**

AWARD (GRANT) NUMBER - Continuation or revision

State Use Only:

6. Date Received by State: **Leave Blank**

7. State Application Identifier: **Leave Blank**

8. APPLICANT INFORMATION:

* a. Legal Name: **Name registered with Central Contractor Registry**

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address: **Mail Address**

* Street1:

Street2:

* City:

County:

Required

* State:

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

e. Organizational Unit:

Department Name: **Enter primary unit that will undertake the activity**

Division Name: **If Applicable**

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

If other than applicant organization.

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Enter only applicant organization

Enter appropriate letter from # 9 instructions (A - F for Gov'ts ; "M" for NonProfit)

Type of Applicant 2: Select Applicant Type:

Leave Blank

Type of Applicant 3: Select Applicant Type:

Leave Blank

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Administration on Aging

11. Catalog of Federal Domestic Assistance Number:

First Page of P.A.

CFDA Title:

First Page of P.A.

*** 12. Funding Opportunity Number:**

First Page of P.A.

* Title:

- From Grants.gov > Opportunity Title Column
or
- First Page of Full Announcement

13. Competition Identification Number:

Leave Blank

Title:

Leave Blank

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

State **MD** Congressional District **- 001**
* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

Amount to be contributed.

Must equal at minimum, the amount required as match under the program

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process? See P.A.**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant organization**

Yes No

21. *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 218, 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed: