
APPENDIX A

Application for Federal Assistance (Form SF-424)

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Address (give city, county, state and zip code):		Name and telephone number of the person to be contacted on matters involving the application (give area code)	
6. EMPLOYER IDENTIFICATION (EIN) <input type="text"/> <input type="text"/> - <input type="text"/>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private Industry K. Indian Tribe L. Individual M. Profit Organization N. Other (specify): _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		9. NAME OF FEDERAL AGENCY:	
TITLE:		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$.00	a. YES. THIS PREAPPLICATION/APPLICATIN WAS MADE A VALIABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$.00		
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. Typed Name of Authorized Representative		b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed	

Instructions for Completion of the Application for Federal Assistance (SF 424)

The Application for Federal Assistance is a standard form used by most federal agencies. This form contains 18 different items which are to be completed before submission. All applications should include a completed and signed SF 424.

Item	Instructions
1	Type of Submission: If this proposal is not for construction or building purposes, check the “Non-Construction” box in the application section.
2	Date Submitted: Indicate the date you sent the application to OJP. The “Application Identifier” is the number assigned by your jurisdiction, if any, to track applications. If your jurisdiction does not assign an identifier number, leave this space blank.
3	Date Received by State: Leave blank. This item is completed by the State single point of contact, if applicable.
4	Date Received by Federal Agency: Leave blank. This item will be completed by OJP.
5	Applicant Information: The “Legal Name” is the unit of government of the parent organization. For example, the primary or parent organization of a law enforcement agency is the name of the city or township. Thus the city or township should be entered into the Legal Name box and the name of the law enforcement agency would be entered into the Organizational Unit box. Designate one person as the contact and include their telephone number. It is not unusual for the name of the contact person to differ from the authorized representative in Item 18 below.
6	Employer Identification Number: Each employer receives an employer identification number from the Internal Revenue Service. Generally, this number can be easily obtained from your agency’s accountant or comptroller.
7	Type of Applicant: Enter the appropriate letter in this space. If the applicant is representing a consortium of agencies, specify by checking Block N and entering “consortium”.
8	Type of Application: Check either “new” or “continuation”. Check “new”, if this will be your first award for the purpose described in the application, even if the applicant has received prior awards for other purposes. Check “continuation”, if the project will continue activities of a project, including minor modifications, or implement the next phase of a project that was begun under a prior award.
9	Name of Federal Agency: Type in the name of the awarding agency, “[insert agency name]”
10	Catalog of Federal Domestic Assistance Number: This would be contained in the program announcement. The number for this program would be [insert number].
11	Descriptive Title of Applicant’s Project: Type in the: (1) title of the program as it appears in the solicitation or announcement; (2) name of the cognizant Federal agency, ex. U.S. Department of Education; and (3) applicant’s fiscal year, i.e. twelve month audit period, ex. 10/1/97 - 9/30/98.
12	Areas Affected by Project: Identify the geographic area(s) of the project. Indicate “Statewide” or “National”, if applicable.
13	Proposed Project Dates: Fill in the proposed begin and end dates of the project. These dates may be adjusted by the Office of Justice Programs when the award is made.
14	Congressional Districts: Fill in the Congressional Districts in which the project will be located as well as the Congressional District(s) the project will serve. Indicate “Statewide” or “National”, if applicable.
15	Estimated Funding: In line “a”, enter the Federal funds requested, not to exceed the dollar amount allocated in the program announcement. Indicate any other resources that will be available to the project and the source of those funds on lines “b-f,” as appropriate.
16	State Executive Order 12372: Some states require you to submit your application to a State “Single Point of Contact” (SPOC) to coordinate applications for Federal funds within the state. If your State requires a copy of your application, indicate the date submitted. If a copy is not required, indicate the reason. (Refer to the “Administrative Requirements” section of the program announcement, for more information.) The SPOC is not responsible for forwarding your application to the Federal awarding agency.
17	Delinquent Federal Debt: This question applies to the applicant organization. Categories of debt include delinquent audit allowances, loans, and taxes.
18	Authorized Representative: Type in the name of the person legally authorized to enter into agreements on behalf of your agency. The signature on the original application must be signed in blue ink and/or stamped as “original” to help distinguish the original from the photocopies.