

# Application for Federal Assistance

OMB Approval No. 0348-0043

|  |   |                              |
|--|---|------------------------------|
| <b>1. Type of Submission</b><br><b>Application</b><br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br><b>Pre-application</b><br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction | 2. Date Submitted (mm/dd/yyyy)                  | Applicant Identifier         |
|  | 3. Date Received by State (mm/dd/yyyy)          | State Application Identifier |
|  | 4. Date Received by Federal Agency (mm/dd/yyyy) | 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 this application (give area code) |

**6. Employer Identification Number (EIN) (xx-yyyzzzz)**

-

**7. Type of Applicant** (enter appropriate letter in box)

|  |                         |
|--|-------------------------|
| A. State   | J. Private University   |
| B. County  | K. Indian Tribe         |
| C. Municipal                                       | L. Individual           |
| D. Township  | M. Profit Organization  |
| E. Interstate                                      | N Nonprofit             |
| F. Inter-municipal                                 | O Public Housing Agency |
| G. Special District                                | P. Other (Specify)      |
| H. Independent School Dist.                        |                         |
| I. State Controlled Institution of Higher Learning |                         |

**8. Type of Application:**

New     Continuation     Revision

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

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

**9. Name of Federal Agency**

**10. Catalog of Federal Domestic Assistance Number (xx-yyy)**

Title:  -

**11. Descriptive Title of Applicant's Project**

**12. Areas Affected by Project** (cities, counties, States, etc.)

|                             |                          |                                       |            |
|-----------------------------|--------------------------|---------------------------------------|------------|
| <b>13. Proposed Project</b> |                          | <b>14. Congressional Districts of</b> |            |
| Start Date (mm/dd/yyyy)     | Ending Date (mm/dd/yyyy) | a. Applicant                          | b. Project |

**15. Estimated Funding**

**Complete form HUD-424-M, Funding Matrix**

**16. Is Application Subject to Review by State Executive Order 12372 Process?**

a. **Yes** This pre-application/application was made available to the State Executive Order 12372 Process for review on:

Date (mm/dd/yyyy) \_\_\_\_\_

b. **No**  Program is not covered by E.O. 12372

**or**  Program has not been selected by State for review.

**17. Is the Applicant Delinquent on Any Federal Debt?**

Yes    If "Yes," attach an explanation     No

**18. To the best of my knowledge and belief, all data in this application/pre-application 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 (Include Area Code) |
| d. Signature of Authorized Representative  |          | e. Date Signed (mm/dd/yyyy)             |