

APPLICATION CHECKLIST

Date Application Received: _____

Grant Recipient: _____ DUNS Number: _____ EIN: _____

Grant Contact: Name: _____ Email Address: _____

Type of Grant: Regulatory (A&E) _____ Abandoned Mine Lands _____

SOAP _____ Watershed Cooperative Agreement _____

Grant Identifiers: NOFA ID: _____

Application Number: _____

Grant Number: _____

Amendment 01ID: _____

Amendment 02ID: _____

Amendment 03ID: _____

Amendment 04ID: _____

Grant Amount: _____

Funding Availability Verified: Yes _____ No _____

Grant Period: From _____ To _____

Public Notifications

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Weekly (White House) Report Submitted: Yes _____ No _____

Other Required Public Notices Sent: Yes _____ No _____

Most Current Indirect Cost Rate Submitted: Yes _____ No _____
(If No Please Explain).

Congressional District ID provided SF 424: Yes _____ No _____

Down Time, Please Explain:

Recommended Action: