

**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. Organizational DUNS: [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 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: <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"/>	