

Application Information Form

1. TYPE OF SUBMISSION

<input type="radio"/> Grant Plan
<input type="radio"/> Grant Plan Revision

2. FISCAL YEAR

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3. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (CFDA):

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4. APPLICANT INFORMATION

a. Legal Name:
b. Employer/Taxpayer Identification Number (EIN/TIN):
c. Organizational DUNS:
d. Address: <ul style="list-style-type: none">i. Street 1: _____ii. Street 2: _____iii. City: _____iv. County/Parish: _____v. State: _____vi. Province: _____vii. Country: _____viii. Zip/Postal Code: _____
e. Organizational Unit: <ul style="list-style-type: none">i. Department Name: _____ii. Division Name: _____

f. Name and Contact Information of Person to be Contacted on Matters Involving this Application:

- i. Prefix: _____
- ii. First Name: _____
- iii. Last Name: _____
- iv. Title: _____
- v. Organizational Affiliation: _____
- vi. Telephone Number: _____
- vii. Fax Number: _____
- viii. Email: _____

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 18, Section 1001)

**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.

- I agree

Authorized Representative:

- i. Prefix: _____
- ii. First Name: _____
- iii. Last Name: _____
- iv. Title: _____
- v. Telephone Number: _____
- vi. Email: _____
- vii. Signature of Authorized Representative: _____
- viii. Date Signed: _____