

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/> NA	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> WestEd		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-3233542	* c. Organizational DUNS: <input type="text"/> 0746538820000	
d. Address:		
* Street1: <input type="text"/> 730 Harrison Street	Street2: <input type="text"/>	
* City: <input type="text"/> San Francisco	County/Parish: <input type="text"/>	
* State: <input type="text"/> CA: California	Province: <input type="text"/>	
* Country: <input type="text"/> USA: UNITED STATES	* Zip / Postal Code: <input type="text"/> 94107-1242	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/> Policy Center	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text"/> Marie	
Middle Name: <input type="text"/>	* Last Name: <input type="text"/> Mancuso	
Suffix: <input type="text"/>	Title: <input type="text"/> Co-Director, West Comprehensive Center	
Organizational Affiliation: <input type="text"/> WestEd		
* Telephone Number: <input type="text"/> (b)(4)	Fax Number: <input type="text"/>	
* Email: <input type="text"/> (b)(4)@wested.org		

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Joint Powers Agency

* 10. Name of Federal Agency:

Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.283

CFDA Title:

Comprehensive Centers

* 12. Funding Opportunity Number:

ED-GRANTS-040419-001

* Title:

Office of Elementary and Secondary Education (OESE): Comprehensive Centers (CC) Program CFDA Number 84.283B

13. Competition Identification Number:

84-283B2019-1

Title:

Comprehensive Centers (CC) Program CFDA Number 84.283B

14. Areas Affected by Project (Cities, Counties, States, etc.):

R13_SEAs&States_Served.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Region 13 Comprehensive Center

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

