FY 2019 Community Policing Development (CPD)

Appendix D. Blank SF-424

This appendix contains a blank copy of form SF-424.
Application for Federal Assistance SF-424

1. Type of Submission:
   [ ] Preapplication
   [ ] Application
   [ ] Changed/Corrected Application

2. Type of Application:
   [ ] New
   [ ] Continuation
   [ ] Revision
   [ ] Other (Specify):

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:

b. Employer/Taxpayer Identification Number (EIN/TIN):

c. Organizational DUNS:

d. Address:
   * Street1:
   Street2:
   * City:
   County/Parish:
   * State:
   Province:
   * Country: USA: UNITED STATES
   * Zip / Postal Code:

e. Organizational Unit:
   Department Name:
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application:
   Prefix:
   * First Name:
   Middle Name:
   * Last Name:
   Suffix:
   Title:
   Organizational Affiliation:
   * Telephone Number:
   Fax Number:
   * Email:
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Add Attachments  Delete Attachments  View Attachments
**Application for Federal Assistance SF-424**

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment  Delete Attachment  View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding ($):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on __________.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

- [ ] Yes  
- [ ] No

If "Yes", provide explanation and attach

Add Attachment  Delete Attachment  View Attachment

21. 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:  

* First Name:  

Middle Name:  

* Last Name:  

Suffix:  

* Title:  

* Telephone Number:  

Fax Number:  

* Email:  

* Signature of Authorized Representative:  

* Date Signed: