

US EPA ARCHIVE DOCUMENT

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED	Applicant Identifier												
1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Applicant Identifier												
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier												
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST ACRONYM(S)															
Legal Name:		Organizational Unit:													
Address (give city, county, state, and zip code):		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) PI: ADMIN. CONTACT:													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table style="border: 1px solid black; width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table>														7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____													
		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCERQA													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table style="border: 1px solid black; width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">.</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">0</td> </tr> </table> TITLE: 97-NCERQA - _ _ _ _		6	6	.	5	0	0	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:							
6	6	.	5	0	0										
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):															
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:													
Start Date	Ending Date	a. Applicant	b. Project												
15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW													
a. Federal	\$.00														
b. Applicant	\$.00														
c. State	\$.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. TOTAL	\$.00														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Typed Name of Authorized Representative		b. Title	c. Telephone number												
d. Signature of Authorized Representative		e. Date Signed													

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INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal Assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry: | Item: | Entry: |
|-------|--|-------|---|
| 1. | Self-explanatory. | 12. | List only the largest political entities affected (e.g., State, counties, cities.) |
| 2. | Date application submitted to Federal agency (or State, if applicable) & applicant's control number (if applicable). | 13. | Self-explanatory. |
| 3. | State use only (if applicable). | 14. | List the applicant's Congressional Districts and any District(s) affected by the program or project. |
| 4. | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank. | 15. | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, include <i>only</i> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans and taxes. |
| 7. | Enter the appropriate letter in the space provided. | 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided:
— "New" means a new assistance award.
— "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.
— "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. | | |
| 9. | Name of Federal agency from which assistance is being requested with this application. | | |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is required. | | |
| 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. | | |

KEY CONTACTS FORM

■ **Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: _____
Title: _____
Complete Address: _____

Phone Number: _____

■ **Payee:** *Individual authorized to accept payments.*

Name: _____
Title: _____
Complete Address: _____

Phone Number: _____

■ **Administrative Contact:** *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)*

Name: _____
Title: _____
Complete Address: _____

Phone Number: _____
FAX Number: _____
E-Mail Number: _____

■ **Principal Investigator:** *Individual responsible for the technical completion of the proposed work.*

Name: _____
Title: _____
Complete Address: _____

Phone Number: _____
FAX Number: _____
E-Mail Number: _____

Abstract Format (*Example Format*)

1. Sorting Code:

2. Title:

3. Investigators:

4. Project Summary:

a. Objectives/Hypotheses:

b. Approach:

SAMPLE ONLY

c. Expected Results:

**d. Estimated Improvement in Risk Assessment
or Risk Management**

Itemized Budget for ORD Grant Applications (*Example Format*)

CATEGORIES	YEAR ONE	YEAR TWO	YEAR THREE	TOTAL PROJECT
a. Personnel Principal Investigator Co-PI Research Scientists Postdoctoral Scientists Other Personnel				
TOTAL PERSONNEL COSTS				
b. Fringe Benefits _____ % of _____				
c. Travel Trip 1 Trip 1 Trip 1 ...etc.				
TOTAL TRAVEL COSTS				
d. Equipment Item 1 Item 2 Item 3 ...etc.				
TOTAL EQUIPMENT COSTS				
e. Supplies Item 1 Item 2 Item 3 ...etc.				
TOTAL SUPPLY COSTS				
f. Contracts 1 2 3 ...etc.				
TOTAL CONTRACTUAL COSTS				
g. Other Item 1 Item 2 Item 3 ...etc.				
TOTAL OTHER COSTS				
h. TOTAL DIRECT COSTS (sum of a-g)				
i. Indirect Costs/Charges _____ % of _____ (base)				
j. TOTAL PROJECT COSTS (sum of i & j)				
k. TOTAL REQUESTED FROM EPA				

