

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

<p>* 1.a. Type of Submission:</p> <input type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input style="width:100%; height:30px;" type="text"/>	<p>* 1.b. Frequency:</p> <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input style="width:100%; height:30px;" type="text"/>	<p>* 1.d. Version:</p> <input type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <hr/> <p>2. Date Received:</p> <input style="width:100%; height:20px;" type="text"/>
		<p>STATE USE ONLY:</p>
		<p>3. Applicant Identifier:</p> <input style="width:100%; height:20px;" type="text"/>
		<p>5. Date Received by State:</p> <input style="width:100%; height:20px;" type="text"/>
		<p>4a. Federal Entity Identifier:</p> <input style="width:100%; height:20px;" type="text"/>
		<p>6. State Application Identifier:</p> <input style="width:100%; height:20px;" type="text"/>
		<p>4b. Federal Award Identifier:</p> <input style="width:100%; height:20px;" type="text"/>
<p>1.c. Consolidated Application/Plan/Funding Request?</p> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p>7. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name:</p> <input style="width:100%; height:20px;" type="text"/>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input style="width:100%; height:20px;" type="text"/>	<p>* c. Organizational DUNS:</p> <input style="width:100%; height:20px;" type="text"/>	
<p>d. Address:</p>		
<p>* Street1:</p> <input style="width:100%; height:20px;" type="text"/>	<p>Street2:</p> <input style="width:100%; height:20px;" type="text"/>	
<p>* City:</p> <input style="width:100%; height:20px;" type="text"/>	<p>County:</p> <input style="width:100%; height:20px;" type="text"/>	
<p>* State:</p> <input style="width:100%; height:20px;" type="text"/>	<p>Province:</p> <input style="width:100%; height:20px;" type="text"/>	
<p>* Country:</p> <input style="width:100%; height:20px;" type="text"/> <p style="text-align: center; font-size: small;">USA: UNITED STATES</p>	<p>* Zip / Postal Code:</p> <input style="width:100%; height:20px;" type="text"/>	
<p>e. Organizational Unit:</p>		
<p>E Department Nam^</p> <input style="width:100%; height:20px;" type="text"/>	<p>Division Name:</p> <input style="width:100%; height:20px;" type="text"/>	
<p>f. Name and contact information of person to be contacted on matters involving this submission:</p>		
<p>Prefix:</p> <input style="width:100%; height:20px;" type="text"/>	<p>* First Name:</p> <input style="width:100%; height:20px;" type="text"/>	<p>Middle Name:</p> <input style="width:100%; height:20px;" type="text"/>
<p>* Last Name:</p> <input style="width:100%; height:20px;" type="text"/>		<p>Suffix:</p> <input style="width:100%; height:20px;" type="text"/>
<p>Title:</p> <input style="width:100%; height:20px;" type="text"/>		
<p>Organizational Affiliation:</p> <input style="width:100%; height:20px;" type="text"/>		
<p>* Telephone Number:</p> <input style="width:100%; height:20px;" type="text"/>	<p>Fax Number:</p> <input style="width:100%; height:20px;" type="text"/>	
<p>* Email:</p> <input style="width:100%; height:20px;" type="text"/>		

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*** 8a. TYPE OF APPLICANT:**

A - State Government

* Other (specify):

b. Additional Description:

*** 9. Name of Federal Agency:**

U.S. Department of Labor / VETS

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

b. Program/Project:

Statewide

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

13. FUNDING PERIOD:

~~Ea. Start Date:~~ ~~EB. End Date:~~

14. ESTIMATED FUNDING:

* a. Federal (\$):

b. Match (\$):

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission 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 State for review.

c. Program is not covered by E.O. 12372.

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*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

17. 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

** This 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:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

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*** Applicant Federal Debt Delinquent Explanation**

Empty box for Applicant Federal Debt Delinquent Explanation.