

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|---|--|-----------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED | Applicant Identifier |
| <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 3. DATE RECEIVED BY STATE | State Application Identifier | |
| | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier N/A, Assigned after award | |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: | | Organizational Unit: | |
| UEI Number: | | Department: | |
| Address: Street: | | Division: | |
| City: | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| County: | | Prefix: | First Name: |
| State: | | Middle Name | |
| Zip Code | Last Name | | |
| Country: | Suffix: | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): - | | Phone Number (give area code) | Fax Number (give area code) |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Amendment | | 7. TYPE OF APPLICANT: Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): | | 9. NAME OF FEDERAL AGENCY: | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | |
| 13. PROPOSED PROJECT Start Date: Ending Date: | | 14. CONGRESSIONAL DISTRICTS OF: MT (enter MT 01 or MT 02) a. Applicant b. Project | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant | \$ | DATE: | |
| c. State | \$ | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$ | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program Income | \$ | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No | |
| g. TOTAL | \$ | | |
| 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. Authorized Representative | | | |
| Prefix | First Name | Middle Name | |
| Last Name | | Suffix | |
| b. Title | | c. Telephone Number (give area code) | |
| d. Signature of Authorized Representative | | e. Date Signed | |