

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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