Application for Federa	al Assistan	ce SF-424	4			Version 02		
*1. Type of Submission:		*2. Type	of Application	ion *	If Revision, select appropriate letter(s)			
Preapplication		🛛 New						
Application		Continuation		*(Other (Specify)			
Changed/Corrected Application Revision				_				
3. Date Received: 4. Applicant Identifier: 987654-321								
5a. Federal Entity Identifier:			*5b. I	Federal Award Identifier:				
State Use Only:								
6. Date Received by State	e:	7	7. State Ap	oplication	n Identifier:			
8. APPLICANT INFORMATION:								
*a. Legal Name: XX Department of Natural Resources								
*b. Employer/Taxpayer Identification Number (EIN/TIN): 12-3456789			*c. O 12345	rganizational DUNS: 56789				
d. Address:								
*Street 1:	2234 South	Hobson A	venue					
Street 2:								
*City:	Charleston							
County:	Charleston	County						
*State:	<u>SC</u>							
Province:								
*Country:	USA							
*Zip / Postal Code	29405							
e. Organizational Unit:								
Department Name: Division of Beaches and S	Shores			Divisi	on Name:			
		person to	be contact	cted on	matters involving this application:			
Prefix:		*Firs	st Name: <u>.</u>	Jane				
Middle Name:								
*Last Name: Doe								
Suffix:								
Title: Director								
Organizational Affiliation:								
*Telephone Number: 843-740-1200 Fax Number: 843-740-1290								
*Email: jane.doe@noaa.gov								

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
A.State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Creatify)	
*Other (Specify)	
*10 Name of Federal Agency:	
Department of Commerce, NOAA	
11. Catalog of Federal Domestic Assistance Number:	
11.473	
CFDA Title:	
Coastal Services Center	
*12 Funding Opportunity Number:	
NOS-CSC-XXXXXXX	
*Title:	
Broad Area Announcement (BAA)	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Charlesto, Charleston County, South Carolina	
Chanesto, Chaneston County, South Caronna	
*15. Descriptive Title of Applicant's Project:	
Using GIS for Coastal Change Analysis	

Application for Fee	deral Assistance SF-42	24		Version 02			
16. Congressional D	istricts Of:						
*a. Applicant: SC-08		*b	. Program/Project: S	C-08, GS-all, FL-all			
17. Proposed Project	:t:						
*a. Start Date: 4/1/07		*b	. End Date: 3/31/09				
18. Estimated Funding (\$):							
*a. Federal	750,030						
*b. Applicant	0						
*c. State							
*d. Local							
*e. Other							
*f. Program Income							
*g. TOTAL	750,030						
*19. Is Application S	ubject to Review By Sta	te Under Executive Order	12372 Process?				
 *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 subj	ect to E.O. 12372 but has	not been selected by the S	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.)							
*20. Is the Applicant	Delinquent On Any Fed	eral Debt? (If "Yes", prov	vide explanation.)				
*20. Is the Applicant □ Yes □		eral Debt? (If "Yes", prov	vide explanation.)				
 Yes 21. *By signing this ap herein are true, compl with any resulting term 	No plication, I certify (1) to the ete and accurate to the be is if I accept an award. I a	e statements contained in t est of my knowledge. I also am aware that any false, fic	he list of certifications provide the required titious, or fraudulent s	s** and (2) that the statements I assurances** and agree to comply statements or claims may subject			
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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102 Application for Federal Assistance SF-424

Version 02

*Applicant Federal Debt Delinquency Explanation

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.