

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____
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3. Date Received:	4. Applicant Identifier: 987654-321
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*a. Legal Name: XX Department of Natural Resources	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 12-3456789	*c. Organizational DUNS: 123456789

d. Address:

*Street 1:	<u>2234 South Hobson Avenue</u>
Street 2:	_____
*City:	<u>Charleston</u>
County:	<u>Charleston County</u>
*State:	<u>SC</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>29405</u>

e. Organizational Unit:

Department Name: Division of Beaches and Shores	Division Name:
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____	*First Name: <u>Jane</u>
Middle Name: _____	
*Last Name: <u>Doe</u>	
Suffix: _____	

Title: Director

Organizational Affiliation:

*Telephone Number: 843-740-1200	Fax Number: 843-740-1290
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*Email: jane.doe@noaa.gov

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***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 (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

***15. Descriptive Title of Applicant's Project:**

Using GIS for Coastal Change Analysis

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16. Congressional Districts Of:		
*a. Applicant: SC-08	*b. Program/Project: SC-08, GS-all, FL-all	
17. Proposed Project:		
*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 Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *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)		
<input checked="" type="checkbox"/> ** I AGREE		
** The 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: <u>Jane</u> _____	
Middle Name: _____		
*Last Name: <u>Doe</u> _____		
Suffix: _____		
*Title: Director		
*Telephone Number: 843-740-1200	Fax Number: 843-740-1290	
* Email: jane.doe@noaa.gov		
*Signature of Authorized Representative:		*Date Signed:

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***Applicant Federal Debt Delinquency Explanation**

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