	n for Federal				EXHIBIT 9	
Assistance	9				OMB Approval No. 0348-0043	
			2. Date Submitted		Applicant Identifier	
1. Type of Submis	sion:		3. Date Received by S	tate	State Application Identifier	
Application Preapplication		tion				
Construction	Construction Construction		4. Date Received by Federal Agency		Federal identifier	
☐ Non-Const	ruction Non-Co	nstruction			,	
5. Applicant informs	ation					
Legal Name				Organizational Unit		
Address (give city, county, State, and zip code):				Name, telephone number, and facsimile number of the person to be contacted on matters involving this application (give area codes)		
6. Employer Identification Number (EIN):				7. Type of Applicant: (enter appropriate letter in box)		
				A. State H. Independent School Dist.		
A. Increase	Continuation in incomplete in	ward C.	Increase Duration	B. County I. C. Municipal J D. Township F E. Interstate L F. Intermunicipal M	State Controlled Institution of Higher Learning Private University Indian Tribe Individual Profit Organization Other (Specify):	
D. Decrease Duration Other (specify):				9. Name of Federal Agency:		
10, Catalog of Feder	ral Domestic Assistance Nur	nber:		11. Descriptive Title of Applica	ant's Project:	
Title:	by Project (cities, counties, Sta	ates, etc.):				
13. Proposed Projec	at:	14 Co	ngressional Districts of			
Start Date	Ending Date	a. Appl		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b. Project	
			1			
15. Estimated Fundi	ing:		16. Is Application Subjection Subjection 2. Yes This p	ect to Review by State Executive reapplication/application was n	o Order 12372 Process? nade available to the	
a. Federal	\$.00		Executive Order 12372 Proces		
b. Applicant	\$.00	Date:_ b. No [] Pr	ogram is not covered by E.O.	12372	
c. State	\$.00		ogram has not been selected t		
d. Local	\$	00		ilinquent on Any Federal Debt? s," explain below or attach an e	explanation No	
e. Other	\$.00				
f. Program Income	\$.00				
g. Total	\$.00			·	
18. To the best o	f my knowledge and beli g body of the applicant a	ief, all data and the app	in this application/pr dicant will comply w	eapplication are true and co ith the attached assurance	prrect, the document has been duly authorized is if the assistance is awarded.	
a. Typed Name of Au	thorized Representative		b. Title		c. Telephone Number	
d. Signature of Autho	prized Representative				e. Date Signed	

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