					0	MB Approval No. 0348-0043
APPLICATION FOR FEDERAL ASSISTANCE		E	2. DATE SUBMITTED		Applicant Identifier	
Application	Construction Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
			4. DATE RECEIVED BY	FEDERAL AGENCY	EDERAL AGENCY Federal Identifier	
Non-Constructio		Construction	<u> </u>	<del></del>		
S. APPLICANT INFORMA	TION	<del></del>	<del></del>	1_		
Legal Name:				Organizational Unit:		
Address (give city, cou	nty, state, and zi	p code):		Name and telephone number of the person to be contected on matters involving this application (give area code)		
6. EMPLOYER IDENTIFIC	ATION NUMBER (	EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in l	box)
				A. State H. Independent School Dist.		
				B. County		stitution of Higher Learning
E. TYPE OF APPLICATION	N±			C. Municipal D. Township	J. Private University K. Indian Tribe	
	New	☐ Continuatio	on 🗌 Revision	E. Interstate	L. Individual	
	C wen	- Communic	XI () (400000)	F. Intermunici		•
If Revision, enter appropriate letter(s) in box(es):				G. Special Dis	,	-
A. Increase Award B. Decrease Award C. Increase Duration						
O. Decrease Duration Other (specify):					ral agency:	
16. CATALOG OF FEDERAL DOMESTIC				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
ASSISTANCE HUMB	er:	لــــــــا	<b>-</b>	4		
TITLE						
				-		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):				1		
				<u> </u>		
11. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF:						
Start Date Ending Date a. Applicant			b. Project			
	<del></del>	J			:	
15. ESTIMATED FUNDING	<del></del>			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PF		
a. Federal	\$ .00			a. YES. THIS PREAPPLICATIONAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
b. Applicant	3		œ o	ATE		
c. State	\$ .00 b NO. (			PROGRAM IS NOT COVERED BY E.O. 12372		
d. Local \$ .00						
				OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ .00		00			
f. Program Income	s .00		00 17. IS THE APPL	. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEST?		
g. TOTAL	\$ .00		00 Yes	H "Yes;" attach an explanation.		□ No
-	<u> </u>					
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 BORY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED						
a. Typed Name of Authorized Representative				b. Title		c Telephone number
d. Signature of Author	ized Representati	ive	<u> </u>	L		e. Date Signed
Previous Editions Not L	Jsable					Indard Form 424 (REV 4-88) ibed by OMB Circular A-102

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