Application for Federal Ass	istance SF-424	Version 02
* 1. Type of Submission: Preapplication Application Changed/Corrected Application	* 2. Type of Application: New Continuation Revision	* If Revision, select appropriate letter(s): * Other (Specify)
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application	on Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name:		
* b. Employer/Taxpayer Identification	Number (EIN/TIN):	* c. Organizational DUNS:
d. Address:		
* Street1: Street2: * City: County: * State: Province: * Country: * Zip / Postal Code:	· ·	USA: UNITED STATES
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information	of person to be contacted on	matters involving this application:
Prefix: Middle Name: * Last Name: Suffix:	* First Nam	me:
Title:		
Organizational Affiliation:		
* Telephone Number:		Fax Number:
* Email:		

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9. Type of Applicant 1: Select Applicant Type:	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
NGMS Agency	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
MBL-SF424FAMILY-ALLFORMS	
* Title:	
MBL-SF424Family-AllForms	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
[
* 15. Descriptive Title of Applicant's Project:	
Attack association decomposition in a constitution of the state of the	
Attach supporting documents as specified in agency instructions. Add Attachments Delete Attachments View Attachments	

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16. Congressio	nal Districts Of:							
* a. Applicant				* b. Prog	gram/Project			
Attach an additional list of Program/Project Congressional Districts if needed.								
		Add Attachment	Delete Attach	ment View Atta	achment			
17. Proposed P	Project:							
* a. Start Date:				*	b. End Date:			
18. Estimated F	Funding (\$):							
* a. Federal								
* b. Applicant								
* c. State			Ī					
* d. Local			Ī					
* e. Other			1					
* f. Program Inc	come							
* g. TOTAL								
* 19. Is Applica	tion Subject to Review E	By State Under Execu	ıtive Order 123	372 Process?				
a. This applic	cation was made available	to the State under the	Executive Orde	r 12372 Process	s for review on			
b. Program is	s subject to E.O. 12372 but	has not been selected	d by the State fo	or review.				
c. Program is	s not covered by E.O. 1237	7 2.						
* 20. Is the App	olicant Delinquent On An	y Federal Debt? (If "	Yes", provide	explanation.)				
☐ Yes	☐ No Exp	olanation						
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) **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 Rep	presentative:							
Prefix:		* First N	lame:					
Middle Name:								
* Last Name:								
Suffix:								
* Title:]		
* Telephone Nur	mber:			Fax Number:				
* Email:								
* Signature of A	uthorized Representative:	Completed by Grants.gov	upon submission.	* Date Sign	ed: Completed by	y Grants.gov upon submission.		

* Applicant Federal Debt Delinquency Explanation The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	
The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	