Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preapplication</td>
<td>New</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application</td>
<td>Continuation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed/Corrected Application</td>
<td>Revision</td>
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</table>

5a. Federal Entity Identifier:  
5b. Federal Award Identifier: 

State Use Only:
6. Date Received by State:  
7. State Application Identifier: 

8. APPLICANT INFORMATION:

a. Legal Name: Insert Organization/Tribal Entity's name 

b. Employer/Taxpayer Identification Number (EIN/TIN): xx-xxxxxx 

c. Organizational DUNS: xxxxxxxx 

d. Address:

Street1: Insert street address 
Street2: 
City: Insert City Name 
County/Parish: 
State: State 
Province: 
Country: USA: UNITED STATES 
Zip/Postal Code: xxxxx-xxxx 

e. Organizational Unit:

Department Name: 
Division Name: 

f. Name and contact information of person to be contacted on matters involving this application: Typically, this is the Environmental Coordinator

Prefix:  
Middle Name:  
First Name: Insert First Name 
Middle Name:  
Last Name: Insert Last Name 
Suffix:  
Title: Enter main contact’s job title 
Organizational Affiliation: Insert Tribal Entity’s Name 

Telephone Number: xxx-xxxx-xxxx  
Fax Number: xxx-xxxx-xxxx 

Email: Insert email address of the main contact
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>I: Indian/Native American Tribal Government (Federally Recognized)</td>
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<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
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<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
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<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
</tr>
<tr>
<td>Environmental Protection Agency</td>
</tr>
<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
</tr>
<tr>
<td>66.926</td>
</tr>
<tr>
<td><strong>CFDA Title:</strong></td>
</tr>
<tr>
<td>Indian Environmental General Assistance Program (GAP)</td>
</tr>
<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
</tr>
<tr>
<td>EPA-CEP-02</td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td>EPA Mandatory Grant Programs</td>
</tr>
<tr>
<td><strong>13. Competition Identification Number:</strong></td>
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<tr>
<td></td>
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<tr>
<td><strong>Title:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>FY20 IGAP Project</td>
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</table>

Attach supporting documents as specified in agency instructions.

[Add Attachments] [Delete Attachments] [View Attachments]
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16. Congressional Districts Of:

* a. Applicant: AK-00
* b. Program/Project: AK-00

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project: Start date is the date your four-year grant cycle started. For some applicants, this will be earlier than 2019.

* a. Start Date: 10/01/2019
* b. End Date: 09/30/2020

18. Estimated Funding ($):

* a. Federal: 128,000.00
* b. Applicant: 0.00
* c. State: 0.00
* d. Local: 0.00
* e. Other: 0.00
* f. Program Income: (if relevant) 1,500.00
* g. TOTAL: 129,500.00

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 subject to E.O. 12372 but has not been selected by the 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 in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

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 Representative: Typically, this is the First Chief, Tribal Council President, or Tribal Administrator. The name on the 424 and the Key Contacts Form must match.

Prefix: * First Name: Insert First Name

Middle Name: 

* Last Name: Insert Last Name

Suffix: 

* Title: Insert Authorized Representative's Job Title

* Telephone Number: xxx-xxx-xxxx

Fax Number: 

* Email: Insert valid e-mail address for the Authorized Representative

* Signature of Authorized Representative: Insert digital signature

* Date Signed: Insert date