Application for Federal Assistance SF-424

**1. Type of Submission:**
- Preapplication
- Application
- Changed/Corrected Application

**2. Type of Application:**
- New
- Continuation
- Revision

**If Revision, select appropriate letter(s):**
- AC: Increase Award, Increase Duration
- Other (Specify):

**3. Date Received:**

**4. Applicant Identifier:**

**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:**

**b. Employer/Taxpayer Identification Number (EIN/TIN):**

**c. Organizational DUNS:**

**d. Address:**

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

**e. Organizational Unit:**

- Department Name: Enter name of your department
- Division Name: 

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

- Prefix: 
- * First Name: 
- Middle Name: 
- * Last Name: 
- Suffix: 
- Title: Enter main contact's job title
- Organizational Affiliation: Enter tribal entity's Name

**Telephone Number:**

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

**Email:**

* Email: Enter email address of the main contact
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.605

CFDA Title:
Performance Partnership Grant

* 12. Funding Opportunity Number:

EPA-CEP-01

* Title:
EPA Mandatory Grant Programs

13. Competition Identification Number:

Leave blank

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment  Delete Attachment  View Attachment

15. Descriptive Title of Applicant's Project:
Enter "Tribal name" FY20 PPG

Attach supporting documents as specified in agency instructions.

Add Attachments  Delete Attachments  View Attachments
### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:
- **a. Applicant**
- **b. Program/Project**

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 ($):

<table>
<thead>
<tr>
<th>Decade</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>*a. Federal</td>
<td>239,000.00</td>
</tr>
<tr>
<td>*b. Applicant</td>
<td>5,842.00</td>
</tr>
<tr>
<td>*c. State</td>
<td>0.00</td>
</tr>
<tr>
<td>*d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>*e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>*f. Program Income</td>
<td>(if applicable)</td>
</tr>
<tr>
<td>*g. TOTAL</td>
<td>244,842.00</td>
</tr>
</tbody>
</table>

#### 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.
- ☑ x. Program is not covered by E.O. 12372.

#### 20. Is the Applicant Delinquent On Any Federal Debt?  
(If "Yes," provide explanation in attachment.)
- ☐ Yes  ☑ x 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)

☐ ☑ x ** 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.

**Typically, this is the Tribal Council Chair or Tribal Administrator. The name on the 424 and the Key Contacts Form must match.

#### Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>* First Name:</th>
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</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

| * Title: | Insert Authorized Representative's Job Title |

| * Telephone Number: | xxx-xxx-xxxx |
| Fax Number: |

| * Email: | Enter e-mail address for the Authorized Representative |

| * Signature of Authorized Representative: | Enter digital signature | * Date Signed: |

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Tracking Number: GRANT12322942  
Funding Opportunity Number: EPA-OW-OWOW-17-01  
Received Date: Jan 25, 2017 04:03:04 PM EST