

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="Enter Organization/Tribal Entity's name"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="XX-XXXXXXX"/>		* c. Organizational DUNS: <input type="text" value="XXXXXXXXXX"/>	
d. Address:			
* Street1: <input type="text" value="Enter street address"/> Street2: <input type="text"/> * City: <input type="text"/> County/Parish: <input type="text"/> * State: <input type="text" value="State"/> Province: <input type="text"/> * Country: <input type="text" value="USA: UNITED STATES"/> * Zip / Postal Code: <input type="text"/>			
e. Organizational Unit:			
Department Name: <input type="text" value="Enter name of your department"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application: <i>Typically, this is the Director or Coordinator</i>			
Prefix: Middle Name: * Last Name: Suffix:	<input type="text"/>	* First Name: <input type="text"/>	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Title: <input type="text" value="Enter main contact's job title"/>			
Organizational Affiliation: <input type="text" value="Enter tribal entity's name"/>			
* Telephone Number: <input type="text" value="xxx-xxx-xxxx"/>		Fax Number: <input type="text" value="xxx-xxx-xxxx"/>	
* Email: <input type="text" value="Enter email address of the main contact"/>		<input type="text"/>	

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* 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:

"Tribal name" PPG - FY20

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

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	239,000
* b. Applicant	5,842
* c. State	
* d. Local	
* e. Other	
* f. Program Income	(if applicable)
* g. TOTAL	244,842

* 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

Add Attachment

Delete Attachment

View Attachment

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 Tribal Council Chair or Tribal Administrator, as identified on the Key Contacts form.*

Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text"/>		
Suffix:	<input type="text"/>	<input type="text"/>	
* Title:	<input type="text"/> Enter Authorized Representative's Job Title		
* Telephone Number:	<input type="text"/> xxx-xxx-xxxx	Fax Number:	<input type="text"/> xxx-xxx-xxxx
* Email:	<input type="text"/> Enter email address for the Authorized Representative		
* Signature of Authorized Representative:	<input type="text"/> Enter digital signature	* Date Signed:	<input type="text"/> Insert date