

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):

* 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: *Enter Organization/Tribal Entity's name*

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

xx-xxxxxxx

* c. Organizational DUNS:

xxxxxxxxx

d. Address:

* Street1:

Enter street address

Street2:

* City:

County/Parish:

* State:

State

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

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: xxx-xxx-xxxx

Fax Number: xxx-xxx-xxxx

* Email: *Enter email address of the main contact*

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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

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.

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"/>		<input type="text"/>
* Last Name:	<input type="text"/>		
Suffix:	<input type="text"/>		<input type="text"/>

* Title: Enter Authorized Representative's Job Title

* Telephone Number: xxx-xxx-xxxx

Fax Number: xxx-xxx-xxxx

* Email: Enter email address for the Authorized Representative

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

Insert date