

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): AC: Increase Award, Increase Duration * Other (Specify):
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* 3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	5b. Federal Award Identifier: <i>Enter current grant number</i>
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): xx-xxxxxxx	* c. Organizational DUNS: xxxxxxxxxx
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d. Address:

* Street1:	<i>Enter street address</i>
Street2:	
* City:	<i>Enter City Name</i>
County/Parish:	
* State:	<i>State</i>
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	xxxxx-xxxx

e. Organizational Unit:

Department Name: <i>Enter name of your department</i>	Division Name:
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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
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* 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:**

Enter "Tribal name" FY22 PPG

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 2021.*

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="239,000.00"/>
* b. Applicant	<input type="text" value="5,842.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="(if applicable)"/>
* g. TOTAL	<input type="text" value="244,842.00"/>

*** 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

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. The name on the 424 and the Key Contacts Form must match.*

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed: