
Application Kit 1998

Certifications and Assurances

Sponsored by the

U.S. Department of Housing and Urban Development
Andrew Cuomo, Secretary

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted	Applicant Identifier
	3. Date Received by State	State Application Identifier
	4. Date Received by Federal Agency	Federal Identifier

5. Applicant Information

Legal Name	Organizational Unit
Address (give city, county, State, and zip code): matters	Name, telephone number, and facsimile number of the person to be contacted on involving this application (give area codes)

6. Employer Identification Number (EIN):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7. Type of Applicant: (enter appropriate letter in box)

A. State	J. Private University
B. County	K. Indian Tribe
C. Municipal	L. Individual
D. Township	M. Profit Organization
E. Interstate	N. Nonprofit
F. Intermunicipal	O. Public Housing Agency
G. Special District	P. Other (Specify):
H. Independent School Dist.	
I. State Controlled Institution of Higher Learning	

8. Type of Application:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. Name of Federal Agency:
U.S. Department of Housing and Urban Development

10. Catalog of Federal Domestic Assistance Number:

Title:

11. Descriptive Title of Applicant's Project:

12. Areas Affected by Project (cities, counties, States, etc.):

13. Proposed Project:		14. Congressional Districts of:	
Start Date	Ending Date	a. Applicant	b. Project

15. Estimated Funding:

See attached Funding Matrix

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. **Yes** This pre-application/application was made available to the State Executive Order 12372 Process for review on:
Date: _____

b. **No** Program is not covered by E.O. 12372
or Program has not been selected by State for review.

17. Is the Applicant Delinquent on Any Federal Debt?
 Yes If "Yes," explain below or attach an explanation No

18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed

Instructions for the SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency .

This is a standard form used by applicants as a required facesheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item	Entry	Item	Entry
1.	Self-explanatory.	9.	Name of Federal agency from which assistance is being requested with this application.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
3.	State use only (if applicable).	11.	Enter a brief descriptive title of the project.
4.	If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.	12.	List only the largest political entities affected (e.g., State, counties, cities).
5.	Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.	13.	Self-explanatory.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	14.	List the applicant's Congressional District and any District(s) affected by the program or project.
7.	Enter the appropriate letter in the space provided.	15.	Not applicable.
8.	Check appropriate box and enter appropriate letter(s) in the space(s) provided: <ul style="list-style-type: none">– "New" means a new assistance award.– "Continuation" means an extension for an additional funding budget period for a project with a projected completion date.– "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process
		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
		18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

Application for Federal Assistance Funding Matrix

The applicant must provide a funding matrix as shown below listing each program for which Federal funding is being requested.

Program*	Requested Dollar Amount	Federal Share	State Share	Local	Other

* For FHIPs, show both initiative and component

You are our Client!

Your comments and suggestions, please!

In the spirit of reinventing government, as outlined in Vice-President Al Gore's National Performance Review, much attention has been given to streamlining and simplifying the application process. While working within the statutes governing the application and selection process, we have, in preparing this Notice of Funding Availability (NOFA) and application form, tried to produce a more user-friendly, customer driven document. Please let us have your comments and suggestions. You may leave this form attached to your application, or feel free to detach the form and return to us.

Please Provide Comments on HUD's Efforts:

The NOFA (please circle one):

(a) is clear and easily understandable

(b) better than before, but still needs improvement (please specify)

(c) other comments (please specify):

The application form (please circle one):

(a) is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.

(b) is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify):

Name & Organization (optional):

Attach additional pages as necessary.

Page no:

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

(fold line)

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying: _____

To Be Completed by HUD

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
- Enclosed
 - Being sent under separate cover

Processor's Name _____

Date of Receipt _____