



## Application for Federal Financial Assistance (ARC Form with Core Elements of SF-424)

**\*1. Type of Submission:**

- ☐ Preapplication
- ☐ Application
- ☐ Changed/Corrected Application

**\*2. Type Of Application:**

- ☐ New
- ☐ Continuation
- ☐ Revision

\*Date Received by ARC: \_\_\_\_\_

**State Use Only**

Date Received by State: \_\_\_\_\_

State Application Identifier: \_\_\_\_\_

**Applicant Information**

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**\*3. Legal Name:** \_\_\_\_\_

**\*4. Employer/Taxpayer Identification Number (EIN/TIN):** \_\_\_\_\_

**\*5. UEI:** \_\_\_\_\_

**Address**

**\*6. Street1:** \_\_\_\_\_

**7. Street2:** \_\_\_\_\_

**\*8. City:** \_\_\_\_\_

**9. County/Parish:** \_\_\_\_\_

**\*10. State:** \_\_\_\_\_

**\*11. Country:** \_\_\_\_\_

**\*12. Zip Code:** \_\_\_\_\_

**Name and contact information of person to be contacted on matters involving this application**

**13. Prefix:** \_\_\_\_\_

**\*14. First Name:** \_\_\_\_\_

**\*15. Last Name:** \_\_\_\_\_

**16. Title:** \_\_\_\_\_

**\*17. Organizational Affiliation:** \_\_\_\_\_

**\*18. Telephone Number:** \_\_\_\_\_

**\*19. Email:** \_\_\_\_\_

**\*20. Applicant Type:**

- ☐ A: State Government
  - ☐ B: County Government
  - ☐ C: City or Township Government
  - ☐ D: Special District Government
  - ☐ E: Regional Organization
  - ☐ F: U.S. Territory or Possession
  - ☐ G: Independent School District
  - ☐ H: Public/State Controlled Institution of Higher Education
  - ☐ I: Indian/Native American Tribal Government (Federally Recognized)
  - ☐ J: Indian/Native American Tribal Government (Other than Federally Recognized)
  - ☐ K: Indian/Native American Tribally Designated Organization
  - ☐ L: Public/Indian Housing Authority
  - ☐ M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
  - ☐ N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
  - ☐ O: Private Institution of Higher Education
  - ☐ P: Individual
  - ☐ Q: For-Profit Organization (Other than Small Business)
  - ☐ R: Small Business
  - ☐ S: Hispanic-serving Institution
  - ☐ T: Historically Black Colleges and Universities (HBCUs)
  - ☐ U: Tribally Controlled Colleges and Universities (TCCUs)
  - ☐ V: Alaska Native and Native Hawaiian Serving Institutions
  - ☐ W: Non-domestic (non-US) Entity
  - ☐ X: Other (specify)
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**21. Name of Federal Grant-Making Agency:** Appalachian Regional Commission

**22. Assistance Listing Number:** 23.002

**\*23. Areas Affected by Project:** (Cities, Counties, States, etc.)

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**24. ARC Project Number:** \_\_\_\_\_

**\*Descriptive Title of Applicant's Project:**

\_\_\_\_\_  
\_\_\_\_\_

**\*25a. Congressional District of Applicant:** \_\_\_\_\_

**\*25b. Congressional District(s) of Project:** \_\_\_\_\_

**\*26a. Proposed Project Start Date:** \_\_\_\_\_

**\*26b. Proposed Project End Date:** \_\_\_\_\_

**\*Estimated Funding (\$)**

**27a. ARC Amount:** \_\_\_\_\_

**27b. Other Federal Amount:** \_\_\_\_\_

**27c. State Amount:** \_\_\_\_\_

**27d. Other Amount:** \_\_\_\_\_

**27e. Program Income:** \_\_\_\_\_

**27f. Total Amount:** \_\_\_\_\_

**28. Is Application Subject to Review By State Under Executive Order 12372 Process?:**

Program is not covered by E.O. 12372.

**\*29. Is the Applicant Delinquent On Any Federal Debt?:**

- ☐ Yes  
☐ No

If "Yes", please indicate the amount of debt(s) owed and to whom. You may be asked to provide further information to ARC.

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**\*30. Certification:**

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, and the False Claims Act. (U.S. Code, Title 18, 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**

**Prefix:** \_\_\_\_\_

**\*First Name:** \_\_\_\_\_

**\*Last Name:** \_\_\_\_\_

**\*Title:** \_\_\_\_\_

**\*Organizational Affiliation:** \_\_\_\_\_

**\*Telephone Number:** \_\_\_\_\_

**\*Email:** \_\_\_\_\_

**\*Signature of Authorized Representative:** \_\_\_\_\_

**\*Date Signed:** \_\_\_\_\_