



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

***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)

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.)

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.

***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:** _____