

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application Please select this option <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New Please select this option <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="Embassy will complete"/>	4. Applicant Identifier: <input type="text" value="N/A"/>
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5a. Federal Entity Identifier: <input type="text" value="N/A"/>	5b. Federal Award Identifier: <input type="text" value="This is the Funding Opportunity Number from the APS or NOFO you are applying to"/>
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State Use Only:

6. Date Received by State: <input type="text" value="N/A"/>	7. State Application Identifier: <input type="text" value="N/A"/>
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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="For U.S. organizations only with a TIN"/>	* c. UEI: <input type="text"/>
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d. Address:

* Street1:
Street2:
* City:
County/Parish:
* State:
Province:
* Country:
* Zip / Postal Code:

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application: This is the day to day POC for the program/project

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

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*** 9. Type of Applicant 1: Select Applicant Type:**

Select your organization type from the dropdown menu. If you can't see the menu, please enter W: Non-domestic (Non U.S.) Entity

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of State

11. Catalog of Federal Domestic Assistance Number:

19.040

CFDA Title:

Public Diplomacy Programs

*** 12. Funding Opportunity Number:**

Please enter the Funding Opportunity Number from the APS or NOFO you are applying to

* Title:

Please enter the title of the APS or NOFO you are applying to

13. Competition Identification Number:

N/A

Title:

N/A

14. Areas Affected by Project (Cities, Counties, States, etc.): Please enter all countries affected, i.e. New Zealand, NZ and U.S.A., etc.

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Please enter the title of your program/project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of: This is only applicable if you are based in the U.S.

* 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:

* a. Start Date: Date your proposed program/project would start

* b. End Date: Date your proposed program/project would end

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>	Funding you are requesting from the Embassy
* b. Applicant	<input type="text"/>	Funding you as an organization are putting towards the program/project
* c. State	<input type="text"/>	Only applicable if you are receiving funding from a U.S. State Government
* d. Local	<input type="text"/>	Only applicable if you are receiving funding from a U.S. Local Government
* e. Other	<input type="text"/>	Any other funding you will receive from other sources for the program/project
* f. Program Income	<input type="text"/>	Any income you will receive, such as ticket sales
* g. TOTAL	<input type="text"/>	Total of all rows above

*** 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 **Please select this option**

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No **Selection no, unless you have outstanding debt to the U.S. Federal Government of any kind**

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 **Please check this box**

** 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: This is the person will will sign the grant

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: